



Title: Top 10 Inhaler Issues to Address with the Patient NMI-26

<b>Patient details</b>							
Title:	Name:					Ref number:	
Address:					Date of review:		
GP, pharmacist, practice nurse or clinical specialist observes the patient completing the following steps and scores 1 (satisfactory) or 0 (not satisfactory) depending on whether the step is completed satisfactorily							
1	Rationale for each medication and device. Explain how best to use inhalers where 2 or more inhalers are prescribed. Which inhaler to use first and how long to wait between each inhalation.						
2	Clarify expectations re: dose, onset of action and duration of treatment. What to do if breathing symptoms deteriorate.						
3	Rationale for checking inhaler technique REGULARLY with pharmacist, doctor, nurse or clinical specialist						
4	How to clean and how often to clean device						
5	Expiry date of device (Is the device reusable? For how long? Is there a specific discard date after first opening?)						
6	How to store and dispose of device safely						
7	How to prime the device						
8	What to do if the device malfunctions						
9	How to know when device is empty and needs to be replaced.						
10	Sign-post further information e.g. Patient Information Leaflet, Asthma Society Resources, consult with Health Care Professional						
Total/10							
	<b>Signed/initialled by pharmacist/professional staff:</b> <b>Date of assessment:</b>						

**Recording of Patient Informed Consent:**

- a) Patient's reason for choosing to attend for Inhaler Technique Review:
- b) I have received information about the Inhaler technique review process and give my consent \_\_\_\_\_:
- c) I agree that information may be shared with my GP or carer (specify) \_\_\_\_\_ Date: \_\_\_\_\_
- d) I consent to the use of Inhaler Technique Review results, my name/identification having been removed, being used for audit purposes, including the accumulation of such data for research purposes.

Patient signature:

Date: