ASTHMA SOCIETY OF IRELAND

IRISH PHARMACY UNION

Title: Inhaler Technique Review – Metered Dose Inhaler (MDI)   NMI-01

Patient details

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	NOTE: Test spray the inhaler before first use and if it has not been used in the past 5 days (see SPC)							
2	Remove cap and hold inhaler upright with thumb on the base and first finger on the top of the inhaler.							
3	Shake inhaler vigorously up and down.							
4	In the sitting or standing position, with the head upright, breathe out gently as far as you comfortably can. (Do NOT breathe out into the device).							
5	Put mouthpiece in mouth between the teeth and close lips around the mouthpiece							
6	At start of inspiration…which should be slow and deep… …press canister down and continue to inhale deeply.							
7	Take the inhaler out of the mouth and hold breath for 10 seconds, or as close to 10 seconds as possible…							
8	… then breathe out slowly							
9	If a second dose is required at this point, wait 30-60 seconds before repeating stages 2 to 9. (If a second dose is not required, reviewer adds 1 point to score.)							
10	Especially if using a controller inhaler, rinse mouth with water after using the inhaler.							
Total/10								
	Signed/initialled by pharmacist/professional staff: **Date of assessment:**							

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: