



Title: Technique Review – Nasal Drops NMI-28

Patient det a Title: Address:	Name:	Ref number: 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	Blow nose gently to clear nostrils	
2	Shake the bottle	
3	Remove cap and check the dropper tip is not chipped or c (NEVER insert anything into the dropper as this alters the delivered)	
4	Avoid touching the dropper tip against your nose.	
5	Tilt head as far back as possible, or lie down on back on a fl (such as a bed) and hang head over the edge.	flat surface
6	Squeeze the dropper gently to place the correct number of the nose.	of drops into
7	Sniff gently to let the drops penetrate	
8	Remain in this position for 2-3 minutes	
9	Clean the dropper tip with warm water and dry with a tissu	sue
10	Replace the cap.	
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: 		