

Inhaler Technique Assessment			
Name		DOB	
Completed by		Date	
Inspiratory Flow		Peak flow	
	L/min		L/min

All Devices			
Must demonstrate:	Y	N	Advice
Can remove cap where applicable	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
Exhales fully	<input type="checkbox"/>	<input type="checkbox"/>	
Seals lips around mouthpiece	<input type="checkbox"/>	<input type="checkbox"/>	
Inhales fully and holds breath for as long as comfortable after inhalation (approx 5-10secs)	<input type="checkbox"/>	<input type="checkbox"/>	
For a 2 nd dose, waits for approx 30s before repeating	<input type="checkbox"/>	<input type="checkbox"/>	
How to check or assign expiry date	<input type="checkbox"/>	<input type="checkbox"/>	
Aware to rinse mouth after use (ICS only)	<input type="checkbox"/>	<input type="checkbox"/>	

pMDI (and with holding chamber – steps 5-7)			
Must demonstrate:	Y	N	Advice
1 Removes protective cover & check for debris	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
2 Shakes inhaler	<input type="checkbox"/>	<input type="checkbox"/>	
3 Able to activate/ depress canister	<input type="checkbox"/>	<input type="checkbox"/>	Use HalerAid®
4 Able to co-ordinate depressing the canister and inhaling at the same time	<input type="checkbox"/>	<input type="checkbox"/>	Use holding chamber
With holding chamber:			
5 Able to attach spacer device	<input type="checkbox"/>	<input type="checkbox"/>	Demonstrate
6 Able to undertake tidal breathing	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
7 Awareness of how to clean holding chamber	<input type="checkbox"/>	<input type="checkbox"/>	

Breath actuated pMDI			
Must demonstrate:	Y	N	Advice
Shakes device	<input type="checkbox"/>	<input type="checkbox"/>	
Able to open mouthpiece cover	<input type="checkbox"/>	<input type="checkbox"/>	Use table edge
Aware of need to close and re-open mouthpiece cover for subsequent doses	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
Seals lips around mouthpiece without blocking vents	<input type="checkbox"/>	<input type="checkbox"/>	

Recheck _____ months	Advice/aids given	Refer to GP <input type="checkbox"/>
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Dry powder inhalers (Turbohaler; Accuhaler; Ellipta; Genuair)			
Must demonstrate:	Y	N	Advice
Able to open device	<input type="checkbox"/>	<input type="checkbox"/>	1)Demonstrate 2)offer alternative
Able to activate device where this is a separate step	<input type="checkbox"/>	<input type="checkbox"/>	E.g. ClickAid® for TH
Positions device correctly whilst inspiring	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
Able to breathe steadily and deeply	<input type="checkbox"/>	<input type="checkbox"/>	Counsel

Powder for inhalation capsules (Handihaler; Breezhaler)			
Must demonstrate:	Y	N	Advice
Able to remove cap and open device	<input type="checkbox"/>	<input type="checkbox"/>	1)Demonstrate 2)offer alternative
Able to retrieve capsule from blister packaging	<input type="checkbox"/>	<input type="checkbox"/>	
Able to insert capsule and close device	<input type="checkbox"/>	<input type="checkbox"/>	
Able to pierce the capsule once	<input type="checkbox"/>	<input type="checkbox"/>	
Holds device horizontally and inhales rapidly and steadily	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
Checks that capsule is empty after inhalation	<input type="checkbox"/>	<input type="checkbox"/>	

Soft mist Inhaler			
Must demonstrate:	Y	N	Advice
Able to load the canister into the device	<input type="checkbox"/>	<input type="checkbox"/>	Push down on a hard surface.
Able to twist to prime the inhaler	<input type="checkbox"/>	<input type="checkbox"/>	1)Demonstrate 2)offer alternative
Able to open the mouthpiece cover	<input type="checkbox"/>	<input type="checkbox"/>	Counsel
Able to co-ordinate activation with breathing	<input type="checkbox"/>	<input type="checkbox"/>	