Inhaler Audit Pro-forma

*Before starting the questionnaire, check with a nurse or another health professional who knows the patient whether he/she/they considers that the patient has capacity to answer these questions.

Also, before starting to complete the questionnaire, check with the patient whether they are happy to take part and whether this is a convenient time for them or they would like you to return later.

Date	Location (Ward & Hospital)	
MRN	Confirmed that the	
IVIKIN	patient has capacity *	

What is the patient's condition?

Asthma	COPD	Other? If so, please write below
Y/N	Y/N	Y/N

Prescribed inhalers

1) Can I check which inhalers you are on?

Inhalers that the patient is prescribed in primary care (according to summary care record or patient notes)	Inhalers that the patient is prescribed for this admission (according to inpatient script)	Inhalers at patient's bedside (and number of each type)

Inhaler technique (DPI) – hold up relevant inhaler

2) How confident are you with your inhaler technique for this inhaler? (DPI)

Very confident	Confident	Somewhat confident	Not at all confident	

3) Has a healthcare professional demonstrated good inhaler technique for this inhaler to you before? If so, was that in the last one month, the last one year, or longer ago? (DPI)

Yes, <1 month ago	Yes, 1m-12m ago	Yes, >1 year ago	No, never	Unsure

4) Please demonstrate your inhaler technique. (DPI)

	Demonstrated correctly	Not demonstrated correctly
Prepare the inhaler (as per		
inhaler, e.g. shake inhaler,		
remove mouth piece)		
Empty lungs		
Positioning (sat up straight, chin inclined up)		
Mouth seal		
Fast, deep inhalation		
Hold breath for 3 seconds		

- 5) **This question is optional:** After you complete this review of inhaler technique, you may have the facilities and time available to check whether the patient's inspiratory effort is sufficient to effectively use a DPI. If so, please answer these questions:
 - a. Which device was used to check inspiratory effort?

Incheck device	Trainhaler / Placebo inhaler device	Other? Please give name
Y/N	Y/N	Y/N

b. Was the patient's inspiratory effort sufficient to use a DPI?

Yes	No

Replacement (DPI)

6) Do you know when this inhaler needs replacing? (DPI)

Yes	No	

If yes, how do you know when it needs replacing? (DPI)

7) Do you get a new one of these inhalers automatically on your repeat prescription, or do you have to request a new inhaler when yours is nearly empty? (DPI)

Automatically	Request when required	Unsure	

- → If the patient also takes an MDI then complete Q8 to 13. If not, then skip to Q14.
- → If the patient is on a soft mist inhaler (SMI) please also complete the SMI supplementary questions (Appendix, Q18-24) and then return to this part of the proforma.

Inhaler technique (MDI) – hold up relevant inhaler

8) How confident are you with your inhaler technique for this inhaler? (MDI)

Very confident	Confident	Somewhat confident	Not at all confident

9) Has a healthcare professional demonstrated good inhaler technique for this inhaler to you before? If so, was that in the last one month, the last one year, or longer ago? (MDI)

Yes, <1 month ago	Yes, 1m-12m ago	Yes, >1 year ago	No, never	Unsure

10) Please demonstrate your inhaler technique (MDI)

	Demonstrated correctly	Not demonstrated correctly
Prepare inhaler e.g. remove mouthpiece, attach spacer		
Empty lungs		
Positioning (sat up straight, chin inclined up)		
Mouth seal		
Appropriate inhalation – slow and gentle if no spacer / five tidal breaths with spacer		

11) Are you prescribed this inhaler for more than one dose at a time, e.g. 'two puffs once a day' or 'two puffs twice a day'? (MDI)

If the patient answers yes to this question, please ask them to demonstrate how they take the second dose. An appropriate technique for taking a second dose is to complete the first dose and then repeat the steps above. Some patients may already have demonstrated inappropriate technique, e.g. by spraying two doses into a spacer at once.

Not prescribed two puffs at one time	Prescribed two puffs at one time and demonstrated	Prescribed two puffs at one time and demonstrated
	appropriate technique	inappropriate technique

Replacement (MDI)

12) Do you know when this inhaler needs replacing? (MDI)

Yes	No

If yes, how do you know when it needs replacing? (MDI)

13) Do you get a new one of this inhaler automatically on your repeat prescription, or do you have to request a new inhaler when yours is nearly empty? (MDI)

Automatically	Request when required	Unsure	

Questions about all inhalers, to complete with all patients

14) How do you most frequently dispose of your inhalers?

In order not to bias the response, please ask the question above and document which of the following they reply. If the patient has variable approach to disposing of their inhaler, ask them to describe the most common method.

Household	Recycling bin	Return to	Other – please write the patient's
waste bin		pharmacy	response here in free text

15) Did you know that your used inhalers cannot be recycled in the local council recycling bin?

Yes	No

Inhaler Preference questions as per NICE asthma decision aid:

16) How important to you is:

a. Being able to use your inhaler correctly and easily

Very important	Important	Somewhat important	Not important

b. Being able to tell how many doses are left in your inhaler

Very important	Important	Somewhat important	Not important

c. Having to clean your spacer frequently

`	Very important	Important	Somewhat important	Not important	Not applicable

d. Being able to carry your inhaler (and your spacer, if applicable) around with you easily

Very important	Important	Somewhat important	Not important

e. That your inhaler has a low carbon footprint

Very important	Important	Somewhat important	Not important

17) Would you consider changing to a different inhaler that has any of the following features?

Easier to use correctly and easily	Smaller or easier to carry around	Does not require you to use or wash a spacer	Has a lower carbon footprint than your current inhaler	Another reason – please write in free text	I would not change my inhaler by choice
Y / N	Y / N	Y / N	Y / N	Y / N	Y / N

Would you like to say anything more about your answer(s)?

Appendix: Soft Mist Inhaler (SMI)

Inhaler technique (SMI) – hold up relevant inhaler

18) How confident are you with your inhaler technique for this inhaler? (SMI)

Very confident	Confident	Somewhat confident	Not at all confident

19) Has a healthcare professional demonstrated good inhaler technique for this inhaler to you before? If so, was that in the last one month, the last one year, or longer ago? (SMI)

Yes, <1 month ago	Yes, 1m-12m ago	Yes, >1 year ago	No, never	Unsure

20) Please demonstrate your inhaler technique (SMI)

	Demonstrated correctly	Not demonstrated correctly
Prepare inhaler e.g.		
Keep cap closed		
Turn the clear base in		
direction of arrows on		
label until it clicks (1/2		
turn)		
 OPEN cap until it snaps 		
fully open		
Breathe out slowly and fully		
Mouth seal		
Appropriate inhalation: –		
PRESS dose -release button		
during one slow and deep		
breath inhalation		
Hod breathe for 10s or for as		
long as is comfortable		

21) Are you prescribed this inhaler for more than one dose at a time, e.g. 'two puffs once a day'? (SMI)

If the patient answers yes to this question, please ask them to demonstrate how they take the second dose. An appropriate technique for taking a second dose is to complete the first dose and then repeat the steps above. Some patients may already have demonstrated inappropriate technique, e.g. by spraying two doses into a spacer at once.

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Replacement (SMI)

22) Do you know when this inhaler needs replacing? (SMI)

Yes	No

If yes, how do you know that it needs replacing? (SMI)

23) Do you get a new one of this inhaler automatically on your repeat prescription, or do you have to request a new inhaler when yours is nearly empty? (SMI)

Automatically	Request when required	Unsure

24) (If prescribed SMI) Do you get a whole new inhaler every time? Or do you get a pack of 5 refill cartridges and only a new inhaler every 6 months (minimum)?

Whole new inhaler every time	Refill pack	Unsure