**Inhaler Audit Pro-forma**

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Location  (Ward & Hospital) |  |
| MRN |  | Patient confused\* Y/N |  |

\*Confused is defined as a nurse who is looking after and knows the patient says that they are not able to reliably answer the questions, OR AMTS < 8

**From patient notes**

Patient’s main respiratory complaint as recorded on e-record (clerking, notes or recent letter):

|  |  |  |
| --- | --- | --- |
| Asthma | COPD | Other – please give details |
|  |  |  |

Patient’s prescribed inhalers as recorded on e-record (prescribed on medications for this admission)

|  |
| --- |
| Inhalers that the patient is prescribed on e-record (including brand name) |
|  |

**At patient bedside**

1. Can I check which inhalers you are on?

|  |
| --- |
| Inhalers at patient’s bedside (including brand name and number of each type) |
|  |

**A. Inhaler technique (DPI) – *hold up relevant inhaler***

1. How confident are you with your inhaler technique for this inhaler?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Confident | Confident | Somewhat Confident | Not at all confident |
|  |  |  |  |

1. Has a healthcare professional demonstrated good inhaler technique for this inhaler to you before?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |
|  |  |  |

1. Please demonstrate your inhaler technique

|  |  |  |
| --- | --- | --- |
|  | Demonstrated correctly | **Not** demonstrated correctly |
| Prime the inhaler |  |  |
| Empty lungs |  |  |
| Positioning  (sat up straight, head up) |  |  |
| Mouth seal and deep inhale |  |  |
| Hold breath 10 seconds |  |  |

**B. Replacement (DPI)**

1. Do you know when your inhaler needs replacing?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

If yes, how?

1. Do you get a new inhaler on every repeat prescription? *– here we are trying to capture whether there are excess inhalers being ordered on a repeat basis without the prior inhaler having been used up. Noted difficulty due to individual variance – how do we phrase this clearly?*

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |
|  |  |  |

**C. Inhaler technique (MDI) – *hold up relevant inhaler***

1. How confident are you with your inhaler technique for this inhaler?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Confident | Confident | Somewhat Confident | Not at all confident |
|  |  |  |  |

1. Has a healthcare professional demonstrated good inhaler technique for this inhaler to you before?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |
|  |  |  |

1. Please demonstrate your inhaler technique

|  |  |  |
| --- | --- | --- |
|  | Demonstrated correctly | **Not** demonstrated correctly |
| Attach spacer |  |  |
| Empty lungs |  |  |
| Positioning  (sat up straight, head up) |  |  |
| Mouth seal and deep inhale |  |  |
| *Other* |  |  |

**D. Replacement (MDI)**

1. Do you know when your inhaler needs replacing?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

If yes, how?

1. Do you get a new inhaler on every repeat prescription?

|  |  |  |
| --- | --- | --- |
| Yes | No | Unsure |
|  |  |  |

**E. Recycling (relates to all inhalers)**

1. Did you know that your used inhalers can be recycled at some local pharmacies?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

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

|  |  |
| --- | --- |
| Yes | No |
|  |  |

**F. Inhaler Preferences:**

1. When starting a new inhaler, how important is it to you that you are able to use it easily?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Important | Important | Somewhat Important | Not Important |
|  |  |  |  |

1. How concerned are you about being able to tell how many doses are left in your inhaler?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Important | Important | Somewhat Important | Not Important |
|  |  |  |  |

1. Do you use a spacer? (If no, skip to next question)
   1. If you use a spacer, how much of an inconvenience is it to have to clean your spacer frequently?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Inconvenient | Inconvenient | Somewhat Inconvenient | Not Inconvenient |
|  |  |  |  |

* 1. If you use a spacer, how much of an inconvenience is it to having to carry the spacer around?

|  |  |  |  |
| --- | --- | --- | --- |
| Very Inconvenient | Inconvenient | Somewhat Inconvenient | Not Inconvenient |
|  |  |  |  |

1. Would you consider changing to a different inhaler if there was one available that was easier to use?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. Would you consider changing to a different inhaler if there was one available that was more effective?

|  |  |
| --- | --- |
| Yes | No |
|  |  |

1. Would you consider changing to a different inhaler if there was one available that had a lower carbon footprint and was just as effective and easy to use as the inhaler you are currently on?

|  |  |  |
| --- | --- | --- |
| Yes | No | Don’t understand the question |
|  |  |  |