

**Factsheet 16**

Updated on 13 August 2020

Assessing inhaler technique remotely (Part 2)

The following information has been designed for healthcare professionals.

Incorrect or poor technique when using inhaler devices impacts mortality, morbidity, adverse events, health outcomes, risk of exacerbations and hospital admissions. With approximately 73 million inhalers prescribed in 2018 it is important that inhaler technique is reviewed at every opportunity to ensure better health outcomes.

What are the seven steps to using an inhaler device?

1. Prepare the inhaler device
2. Prepare or load the dose
3. Breathe out, fully and gently, but not into the inhaler
4. Place inhaler mouthpiece in the mouth and seal the lips around the mouthpiece
5. Breathe in: pMDI: Slow and steady DPI: Quick and deep
6. Remove inhaler from the mouth and hold the breath for up to 10 seconds
Wait for a few seconds then repeat as necessary

What vehicles could you use to access technique remotely?

The following table provides an overview of some of the techniques that can be used to support remote consultations and the advantages and limitations of each.

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Remote Inhaler Assessment		
Method	Advantages	Limitations
Video Consultation [VC]	<ul style="list-style-type: none"> • Can observe/assess Step 1- 7 • Patient can access their inhalers during the consultation • Supplement consultation with whistles/countdown timer/Flo or ClipTone/ apps e.g. Rafi-tone app to assess technique • Can observe patient handling dexterity, co-ordination, effort and dosing pattern (e.g. error by depressing cannister twice then inhaling or re-priming for second dose) 	<ul style="list-style-type: none"> • Cannot use InCheck (Infection control or access) • Lip seal maybe challenging to get a good visual • Provide patient access to placebos and consider storage of these
Telephone Consultation [TC]	<ul style="list-style-type: none"> • Can receive verbal information and audible cues to cover Step 1- 7 • Patient can commonly use their Inhalers during the consultation • Supplement consultation with whistles to assess consultation and 'teach-back' which can incorporate dosing pattern • Use Flo or Clip Tone/ apps e.g. Rafi-tone app during the consultation to support with technique 	<ul style="list-style-type: none"> • Cannot observe preparing, priming/repriming, dexterity, lip-seal or coordination • Cannot use InCheck (Infection control or access) • Consider placebo storage as they are single use and providing access to the patient

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Remote Inhaler Assessment		
Method	Advantages	Limitations
Car Park assessment +/- TC or VC]	<ul style="list-style-type: none"> • Can observe Step 1-7 and provides swift adjunct to TC for visual assessment. • Inhalers commonly present. • Can use apps/whistles/countdown timer. • Can observe handling dexterity, lip-seal, co-ordination, effort and dosing pattern (e.g. error by depressing cannister twice then inhaling or re-priming for second dose). 	<ul style="list-style-type: none"> • Cannot use InCheck (Infection control or access) • Consider placebo storage as they are single use and providing access to the patient • The environment may be noisy and maintaining confidentiality may be an issue

Other tips that you can use to support your consultation:

- Reinforce and send tools/resources by SMS/email/direct/refer to web-based self-management sites.
- Add links to your clinical website
- Leave printed documents for patient collection (this depends on infection control)

Remember further patient support is available from Community Pharmacists, Pro-Active and Community Nursing Teams

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References and Resources:

- Scullion J, Fletcher M. (2016) UK Inhaler Group Inhaler Standards and Competency Document. Available from <https://ukginhalerstandards.educationforhealth.org/> [Accessed 04 August 2020]
- Usmani O, Capstick T, Saleem A, Scullion J. (2020) Choosing an appropriate inhaler device for the treatment of adults with asthma or COPD Available from www.guidelines.co.uk/respiratory/inhaler-choice-guideline/455503.article [Accessed 04 August 2020]

With thanks and acknowledgement to Prof. Anna Murphy for use of the Seven Steps Approach

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