

Inhaled Medication Assessment Tool

The pharmacist is to complete the assessment upon resident's admission and annually thereafter, upon starting a new device-type, and upon significant change in clinical status.

The completed form is retained on the resident's chart (electronic or paper) as a component of the pharmacist's pharmaceutical care plan and made available to the interdisciplinary team.

Upon request by Calgary Zone LTC Drug Management, the form is faxed to 403.943.0332 or email to cc.drugmanagement@albertahealthservices.ca

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Patient Information		Care Centre
Patient Code	Date of Birth <i>(dd-Mon-yyyy)</i>	
Physician Information		
Surname		First Name
Consult: Referral to AHS Respiratory Therapist Required? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Note: Consultant referral process must still be completed by facility to access AHS Respiratory Therapists</i> • ISFL consultant referral process started? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Pharmacist Information		
Surname		First Name
Date of Inhaler Assessment <i>(dd-Mon-yyyy)</i>	Initial Assessment <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Pharmacist's recommendations, additional comments/information		
Residents Health Conditions and Inhaled Medication		
Respiratory Diagnoses		Is the client cognitively impaired? <input type="checkbox"/> No <input type="checkbox"/> Yes, most recent CPS score = ___/6
Type of Medication	Type of Inhaler Device ^{1,2}	Name of Medication
Medications have been reviewed for cost-saving opportunities <input type="checkbox"/> No <input type="checkbox"/> Yes		

¹ Note that use of nebulized medication should only be considered if a resident is unable to use alternate inhaler devices and should be referred to AHS-ISFL Respiratory Therapist for further assessment

² Lists include non-formulary products. For AHS funding of these products, NF approval is required.

Inhaled Medication Assessment Tool

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Inhaler Technique Assessment

Note: This tool should be considered an assessment of the appropriateness of the inhaler device, taking into consideration the resident's inspiratory ability, their cognitive ability (ability to follow direction), and inhaler technique.

Indicate (Yes/No) whether each step is properly completed during medication usage (either independently by resident or with nursing assistance)	MDI with spacer	Turbuhaler®	Diskus® Ellipta®	Handihaler® Breezhaler®	Respimat® Genuair®
Shake device	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Insert device into spacer	<input type="checkbox"/> No <input type="checkbox"/> Yes				
Exhale completely (away from device)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Insert Capsule				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Activate Device	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Deep Slow inhalation	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes
Deep Fast inhalation (NB: for Handihaler®, the capsule may be heard spinning)		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	
5-10 second breath hold (optional: may take 6 normal breaths for MDI with Spacer)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Wait 30 seconds before next inhalation	<input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> No <input type="checkbox"/> Yes
Is resident able to use device properly?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If No, what action was taken?	<input type="checkbox"/> Change to different inhaler type <input type="checkbox"/> Medication Discontinued (and not replaced) <input type="checkbox"/> Addition of Inhalation aide (e.g Spacer,mask) <input type="checkbox"/> Education provided to nursing/resident	<input type="checkbox"/> Change to different inhaler type <input type="checkbox"/> Medication Discontinued (and not replaced) <input type="checkbox"/> Addition of Inhalation aide (e.g Spacer,mask) <input type="checkbox"/> Education provided to nursing/resident	<input type="checkbox"/> Change to different inhaler type <input type="checkbox"/> Medication Discontinued (and not replaced) <input type="checkbox"/> Addition of Inhalation aide (e.g Spacer,mask) <input type="checkbox"/> Education provided to nursing/resident	<input type="checkbox"/> Change to different inhaler type <input type="checkbox"/> Medication Discontinued (and not replaced) <input type="checkbox"/> Addition of Inhalation aide (e.g Spacer,mask) <input type="checkbox"/> Education provided to nursing/resident	<input type="checkbox"/> Change to different inhaler type <input type="checkbox"/> Medication Discontinued (and not replaced) <input type="checkbox"/> Addition of Inhalation aide (e.g Spacer,mask) <input type="checkbox"/> Education provided to nursing/resident