



National Prescribing Service Limited

Quality use of inhaled medicines in COPD

Why an audit on quality use of inhaled medicines?

Pharmacists need detailed knowledge and skills to promote the quality use of inhaled medicines and devices in chronic obstructive pulmonary disease (COPD) management. Pharmacists play an important role in optimising delivery of inhaled medicines, especially when patients are dealing with two or more different devices, are older, cognitively impaired or have reduced dexterity.

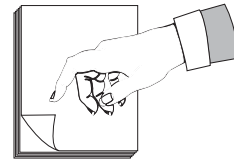
Participation in this audit provides pharmacists with an opportunity to:

- identify counselling points for patients using inhaled medicines

- reinforce key messages about managing COPD to patients
- demonstrate your provision of quality care.

Please tear off each section carefully.

Registration form and completed audit forms should be received at NPS by **Friday, 28 July 2006**.



Pharmacists' comments on previous audits:

"A good way to reinforce the counselling points and assess how I was performing."

"Offers a very good method of structuring counselling."

"It only takes a few minutes to complete and provides immediate feedback about best practice in this area."

How to participate

1. Select patients

Select **10 patients** (aged approximately 50 years or over) using inhaled medicine(s). You don't need to verify their age. Choose patients as they present their prescriptions.

Patient privacy

Patients must be informed that health information from their medication records may be used for quality assurance activities. Please:

- display in your pharmacy the enclosed poster *Quality assurance activities in this pharmacy and your privacy*
- ask patients/customers to read the poster.

2. Collect data and review

- **Complete** one double-sided audit form as soon as possible **after** your interaction with each of your 10 patients/customers.
- **Check** the *Common inhaler devices* insert and this **Guide** for supporting information on data collection and review.

Note: Professional Practice Standards stipulate that all consumers be offered counselling on medicines by a pharmacist.¹ The pharmacist should ensure that the consumer has sufficient knowledge of their medicines and therapeutic devices to facilitate their safe and effective use.¹ Audit forms should be completed by a pharmacist, or a pre-registration pharmacist under the direct supervision of a pharmacist.

3. Return the audit forms

Return the **10** audit forms and *Registration form* to:

**NPS Pharmacy Audit
Locked Bag 4888
STRAWBERRY HILLS NSW 2012**

To be received at NPS not later than:

Friday, 28 July 2006

Please note: Late submissions cannot be accepted.

4. Professional development

- This audit is recognised under the Pharmaceutical Society of Australia (PSA) Continuing Professional Development and Practice Improvement (CPD & PI) Program. Registered pharmacists who are PSA members are eligible for 8 CPD & PI points (or State equivalent) according to PSA Guidelines. Recognition No. R1-7/05.
- The audit is also recognised for 1 Pharmacy Guild of Australia (PGA) Quality Care Pharmacy Program/Continuous Quality Improvement (QCPP/CQI) point.
- All 10 completed audit forms must be returned if you wish to obtain CPD & PI (PSA) points or QCPP/CQI (PGA) points. If you are unable to complete all 10 forms you may still participate but you will not receive points.

Notes for the audit form for pharmacists

Use this information to complete the forms.

Dispensing inhaled medicine

Inhaled medicines can be classified into three main therapeutic categories: short-acting bronchodilators, long-acting bronchodilators and anti-inflammatory agents. Most have been formulated for delivery by at least two types of devices.

Choosing the most suitable device for the patient is influenced by:

- patient's ability to use the device correctly (may be affected by patient's degree of airflow limitation)
- drug to be delivered, and
- patient preference.

To ensure optimal use and compliance, **the number of devices used by the patient should be minimised.**²

Providing counselling

Counselling refers to the dissemination or exchange of medicine information (including skills required to safely and effectively administer the medicine) to the patient and/or their carer, in order to achieve safe and appropriate use of medicines and adherence to the prescribed treatment regimen.¹

The information given to the patient or carer will differ with the underlying disease the patient has (COPD or asthma or both) and whether this is known by the pharmacist or not.

The Professional Practice Standards¹ state that:

- Pharmacists have a legal and professional obligation to ensure patients have sufficient information to enable them to make informed decisions about their medicines.
- It is envisaged that counselling will be offered to all patients each time a medicine or therapeutic device is dispensed. Professional judgement and the expressed needs of the patient or carer will influence the scope of the counselling and how it is conducted.¹

Counselling points covered in the audit form include:

- Smoking cessation – ask patients about their smoking status and offer brief counselling and advice about pharmacotherapy and other services such as Quitline. This is the only intervention in COPD management that reduces the rate of decline in lung function which is characteristic of the disease.³
- Pattern of use – patients/carers should be informed about the intended duration of use and whether each medicine is for a trial, for maintenance use, or for a current or future exacerbation. It may not always be possible for the pharmacist to ascertain this.
- Purpose – patients and/or carers should be made aware of the purpose of each of their inhaled medicines. The role of certain inhaled medicines and the terminology used to describe them, may vary between asthma and COPD.

- How to use – check that the patient is able to use their device(s) correctly and whether a change of device is required or if adding a spacer would suffice. Evidence shows that using a metered dose inhaler (MDI) with spacer is as effective as a nebuliser.² Correct inhaler technique may be forgotten within 2 months, so checking technique frequently is recommended.² Inhaler technique should also be checked whenever symptom control is poor.
- Response to therapy – routinely check progress to flag potential problems such as difficulty with inhaler technique, non-compliance or worsening of disease.
- Adverse effects – discuss potential adverse effects and how to minimise them, for example:
 - Dry mouth is common with anticholinergics while beta₂ agonists can cause tremor and palpitations.⁴
 - Eye protection is advised when ipratropium is used via a nebuliser as acute angle-closure glaucoma can occur (rarely) with direct eye contact.⁵
 - Advise patients using inhaled corticosteroids to rinse their mouth and throat with water and spit out after inhalation to reduce oral candidiasis and systemic absorption.² Using a spacer with an MDI will also reduce this risk.²
 - Dentures should be removed before inhaling corticosteroids.⁵
 - Osteoporosis screening is recommended for adults using long-term high-dose inhaled corticosteroids.^{2,5}
- Interactions – remind patient to check with their doctor or pharmacist before using any other medicines, including complementary medicines. This will help ensure that patients understand the potential for other medicines to affect their disease. See the table (below) for medicines that potentially worsen underlying respiratory disease.

Table: Medicines known to worsen or precipitate COPD or asthma.^{4,5}

Medicine	Effect
Sedatives	Excessive use predisposes patient to sleep-disordered breathing in COPD
Cough suppressants	Contraindicated in COPD and asthma
Beta blockers (including eye drops)	Contraindicated in reversible airways disease, e.g. asthma. May precipitate or worsen asthma. Some eyedrops may be used with caution. See product information.
Cholinergic agents (e.g. carbachol, pilocarpine)	May precipitate or worsen asthma
Cholinesterase inhibitors (e.g. pyridostigmine)	May precipitate or worsen asthma
Royal jelly	May precipitate or worsen asthma
Echinacea	May precipitate or worsen asthma
Aspirin and other NSAIDs	May precipitate or worsen asthma

- Care of inhaler device(s) – see *Common inhaler devices* insert and manufacturers' product information for recommended instructions for care.
- Non-drug interventions – promote smoking cessation, exercise, relaxation, weight reduction and a healthy diet where relevant. Where available, pulmonary rehabilitation programs may also be helpful and usually require a doctor's referral.
- Refer patients to the GP:
 - If adverse effects or symptoms are troublesome.
 - If doses of their inhaled medicines need review or if the patient feels that they are not gaining benefit from a medicine.
 - COPD action plan – if applicable, check that patient has a current action plan (patients with asthma should have an asthma action plan such as the one designed by the National Asthma Council www.nationalasthma.org.au) and knows how to obtain prompt medical assistance if required. See the Australian Lung Foundation's COPD Action Plan template at www.lungnet.org.au.
 - For patients with no established diagnosis (e.g. COPD, asthma) and who have not undergone spirometry, spirometry may allow a diagnosis to be made.³ Specialist referral may be required to reach a diagnosis.
 - For patients with known COPD who have not had either an annual influenza vaccination or a pneumococcal vaccination. Also for patients with severe asthma (i.e. results in frequent hospital admissions) who have not had an annual influenza vaccination.⁶
- Referral to other resources
 - refer patient to Australian Lung Foundation (www.lungnet.com.au) and HealthInsite (www.healthinsite.gov.au)
 - Refer those ready to quit smoking, or who have begun the quitting process, to Quitline (131 848) for support.

Providing written material

Consumer Medicine Information (CMI) can be used to supplement verbal counselling.¹

CMIs may be offered to the patient each time a product is dispensed.¹ Whether this is appropriate is a matter for professional judgement.

CMIs should be provided:

- when medicine is first provided to the patient
- on provision of medicine where:
 - a significant change to the CMI has been notified by a sponsor (medicine manufacturer)
 - the dosage form has been changed (e.g. from one type of inhaler to another)
- with each supply of medicine for which there are valid reasons for regular reinforcement of information
- at the patient's/carer's request
- at regular intervals for medicines used for long-term therapy (e.g. every 6 months).¹

Total counselling time

Pharmacists should ensure that counselling provided to the patient or carer is done in a way that is sensitive to privacy and confidentiality to encourage full discussion.¹

Please provide an estimate of the total time spent counselling. Discussion about using a medicine may take 2–3 minutes or less. Demonstrating and checking inhaler device technique may require more time.

Self-assessment

Assess your interaction with this patient and the changes you may make in future to improve the quality of your advice and interactions.

Placebo inhalers can be obtained from the manufacturer. Contact details of manufacturers can be found in the latest Schedule of Pharmaceutical Benefits book or online at www9.health.gov.au/pbs/scripts/listmanu.cfm

References

1. Pharmaceutical Society of Australia. Australian Pharmaceutical Formulary and Handbook. 20th ed. Canberra: The Pharmaceutical Society of Australia, 2006.
2. Therapeutic Guidelines: Respiratory Version 3, 2005
3. McKenzie DK, Frith PA, Burdon JGW, et al. The COPD-X Plan: Australian and New Zealand Guidelines for the management of chronic obstructive pulmonary disease. Australian Lung Foundation and Thoracic Society of Australia and New Zealand, 2005. <http://www.copdx.org.au/guidelines/index.asp> (accessed 20 December 2005).
4. Australian Medicines Handbook 2006.
5. National Asthma Council Australia Ltd. Asthma Management Handbook 2002. South Melbourne: National Asthma Council Australia Ltd, 2002. <http://www.nationalasthma.org.au/html/management/amh/index.asp> (accessed 14 February 2006).
6. National Asthma Council of Australia Ltd. Roles of influenza and pneumococcal vaccinations in subgroups with asthma, COPD, diabetes or heart disease, 2005. South Melbourne: National Asthma Council of Australia Ltd, 2005. http://www.nationalasthma.org.au/html/management/info_flu_hp/index.asp (accessed 27 April 2006).

Confidentiality

Receiving your results

When the results have been analysed (approximately 3 months after completion of the audit), you will receive:

- your original audit forms
- your own results
- the aggregate results of all participants
- expert commentary on the aggregate results
- review and reflection points
- a certificate of completion
- CPD & PI points, CPE points or QCPP/CQI points.

Confidentiality and privacy

You must sign and date the *Registration form* to participate in this audit.

What will happen to your patient data

- Your de-identified patient data forms are returned to you.
- Your individual results are kept confidential and are provided to you only.

- Your data are aggregated with that of other participants and the aggregate results (which do not identify any individual patient or pharmacist):
 - are provided to all participants
 - may be used in NPS evaluation and reports.

At the close of the audit cycle (i.e. after individual results are returned to participants), all potentially identifying data (e.g. age, postcode) are removed from NPS records. Your individual audit results will then no longer be available.

What will happen to your personal details

For members, your personal details are provided to the Pharmaceutical Society of Australia for CPD & PI points (or state equivalent).

If required your personal details may be provided to the Pharmacy Guild of Australia for allocation of QCPP/CQI points.

Your personal details are recorded for NPS evaluation.

You can obtain a record of your personal details from NPS by request in writing.

Please note: You are responsible for advising NPS of any changes of address during the audit cycle.

Further information

For more information about the treatment of COPD see:

NPS News 45 (visit www.nps.org.au/healthpro)

PPR 33 (visit www.nps.org.au/healthpro)

Australian Medicines Handbook 2006

Therapeutic Guidelines: Respiratory, Version 3, 2005.

Contact Holly Parsons

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The information contained in this material is derived from a critical analysis of a wide range of authoritative evidence. Any treatment decisions based on this information should be made in the context of the clinical circumstances of each patient.





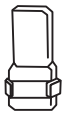




National Prescribing Service Limited

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NPS is an independent, non-profit organisation for Quality Use of Medicines, funded by the Australian Government Department of Health and Ageing.

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Common inhaler devices

Device	Guide to use (see product information for more details)	Important points	
Metered dose inhaler (MDI) 	<ul style="list-style-type: none"> remove cap and shake MDI exhale place mouthpiece in mouth and tilt head back slightly start to breathe in slowly and deeply 	<ul style="list-style-type: none"> at the same time as breathing in press down on canister to actuate one puff continue to breathe in hold breath for at least 10 seconds breathe out slowly if a second dose is required repeat above 	Clean at least once a week. To do so: <ul style="list-style-type: none"> remove metal canister and mouthpiece cover rinse plastic casing under warm running water dry thoroughly replace the metal canister and mouthpiece cover. DO NOT put the metal canister in water.
Accuhaler® (dry powder inhaler) 	<ul style="list-style-type: none"> open using thumbgrip to expose the mouthpiece and dose release lever slide the dose release lever away from you as far as possible until a "click" is heard (dose ready for inhalation) exhale away from device place in mouth and breathe in a deep steady breath 	<ul style="list-style-type: none"> hold breath for at least 10 seconds close by sliding thumbgrip towards you until it clicks shut if a second dose is required, repeat above after use rinse mouth thoroughly with water and expel 	The device has a dose counter which shows the number of doses remaining.
Aerolizer® (dry powder inhaler) 	<ul style="list-style-type: none"> remove cover and swing the mouthpiece away from the base of the device load one capsule (filled with eformoterol) and close holding upright, depress levers on either side of device to pierce capsule 	<ul style="list-style-type: none"> exhale away from device place in mouth and breathe in deeply hold breath for at least 10 seconds if a second dose is required repeat above after use rinse mouth thoroughly with water and expel 	Aerolizer® is used with eformoterol (Foradile®) capsules.
Autohaler® (breath-activated MDI) 	<ul style="list-style-type: none"> remove cap hold upright and push lever to upright position shake breath-activated MDI and exhale place mouthpiece in mouth ensure hands are not covering the air vents at the bottom of the device 	<ul style="list-style-type: none"> breathe in with a deep steady breath (click and whoosh noise indicates dose released); continue to breathe in strongly hold breath for at least 10 seconds breathe out slowly return the lever to the downward position if a second dose is required repeat above 	Clean once a week. To do so: <ul style="list-style-type: none"> remove cap wipe mouthpiece with a clean, dry cloth or tissue replace cap. To check if empty: <ul style="list-style-type: none"> push lever to upright position tap mouthpiece on hand if a click and whooshing sound is heard it is not empty if only a click is heard it is empty.
Handihaler® (dry powder inhaler) 	<ul style="list-style-type: none"> open the dustcap and then open the mouthpiece put a capsule in the chamber close the mouthpiece firmly until a click is heard hold with the mouthpiece upwards and press the green button completely in once to pierce capsule 	<ul style="list-style-type: none"> breathe out completely place in mouth and breathe in slowly and deeply hold breath for at least 10 seconds repeat previous three steps to empty capsule completely open the mouthpiece and tip out the used capsule 	Handihaler® is used with tiotropium (Spiriva®) capsules. Clean once a month. To do so: <ul style="list-style-type: none"> open the dust cap and mouthpiece, then open the base by lifting the piercing button rinse inhaler with warm water and air dry leaving dust cap, mouthpiece and base open it takes 24 hours to dry, so clean it immediately after use clean outside of mouthpiece with a moist tissue if needed.
Turbuhaler® (dry powder inhaler) 	<ul style="list-style-type: none"> remove cap hold upright while turning base once to the right, and then back to the left until a click is heard (dose ready for inhalation)* exhale away from device 	<ul style="list-style-type: none"> place mouthpiece in mouth and breathe in forcefully and deeply remove from mouth before exhaling if a second dose is required, repeat above after use rinse mouth thoroughly with water and expel 	Dose window indicates if doses remain. Common errors include: <ul style="list-style-type: none"> not holding device upright when loading dose exhaling into device inhaling too slowly.
Spacer 	Use with an MDI; requires less hand-breath coordination. <ul style="list-style-type: none"> shake inhaler and insert MDI mouthpiece into spacer place mouthpiece in mouth and exhale actuate MDI slow deep inhalation from the spacer 	<ul style="list-style-type: none"> hold breath for 5–10 seconds, or breathe in and out normally through the spacer for 4 breaths if a second dose is required, repeat above Large volume spacers (651–850 mL) are more efficient than small volume spacers (60–160 mL) but less convenient to carry.	For optimum delivery only one actuation should be released into the spacer at one time. Multiple actuations result in increased drug loss. Spacers should be washed before initial use and then once a month. Cleaning: <ul style="list-style-type: none"> wash spacer in warm water and detergent allow to air dry without rinsing or drying with a cloth.
Nebuliser	<ul style="list-style-type: none"> Review individual nebuliser instructions. 		Use of an MDI with a spacer for short-acting beta ₂ agonists has been shown to be at least as effective as a nebuliser in acute asthma.

*First-time use of each Turbuhaler® requires priming with one click (turn base completely to the right and then to the left). However, when using Symbicort® Turbuhaler® for the first time, repeat this process (so that two clicks are heard) before loading a dose.

For more information about the above medicines consult the *Australian Medicines Handbook 2006* and the approved product information for the medicine. For more information, telephone TAIS on 1300 138 677. Reproduced with permission.

Quality use of inhaled medicines in COPD: audit form for pharmacists

Completing the form

- The pharmacist or pre-registration pharmacist may complete the forms. The pharmacist should oversee completion of all forms.
- Complete the forms as soon as possible after serving each customer who presents a prescription for a person aged approximately 50 years or over that includes inhaled medicine(s).

- Use a black biro to make a cross (X) in the box for your response.

- If you make a mistake, use white correction fluid.



NPS office use only

Prescription presentation and patient residence

1. Who presented the prescription?

- Patient Carer/support person
 Other (please specify) _____

2. Where does the patient live?

- Home Hostel Nursing home
 Other (please specify) _____

Dispensing inhaled medicines for COPD

3. Which inhaled medicine(s) was/were dispensed:

Short-acting bronchodilators	Device(s)
<input type="checkbox"/> salbutamol <i>Airomir, Asmol, Butamol, Epaq, Ventolin</i>	<input type="checkbox"/> MDI <input type="checkbox"/> Autohaler <input type="checkbox"/> nebuliser <input type="checkbox"/> Diskhaler <input type="checkbox"/> spacer <input type="checkbox"/> Rotahaler
<input type="checkbox"/> terbutaline <i>Bricanyl</i>	<input type="checkbox"/> Turbuhaler <input type="checkbox"/> nebuliser
<input type="checkbox"/> ipratropium <i>Apoven, Atrovent, Ipratrin, Ipravent</i>	<input type="checkbox"/> MDI <input type="checkbox"/> spacer <input type="checkbox"/> nebuliser
<input type="checkbox"/> salbutamol with ipratropium <i>Combivent</i>	<input type="checkbox"/> MDI <input type="checkbox"/> spacer <input type="checkbox"/> nebuliser
Long-acting bronchodilators	Device(s)
<input type="checkbox"/> salmeterol <i>Serevent</i>	<input type="checkbox"/> MDI <input type="checkbox"/> Accuhaler <input type="checkbox"/> spacer
<input type="checkbox"/> eformoterol <i>Oxis, Foradile</i>	<input type="checkbox"/> Aerolizer <input type="checkbox"/> Turbuhaler
<input type="checkbox"/> tiotropium <i>Spiriva</i>	HandiHaler
Anti-inflammatory agents	Device(s)
<input type="checkbox"/> beclomethasone <i>Qvar</i>	<input type="checkbox"/> MDI <input type="checkbox"/> Autohaler <input type="checkbox"/> spacer
<input type="checkbox"/> budesonide <i>Pulmicort</i>	<input type="checkbox"/> nebuliser <input type="checkbox"/> Turbuhaler
<input type="checkbox"/> fluticasone <i>Flixotide</i>	<input type="checkbox"/> MDI <input type="checkbox"/> Accuhaler <input type="checkbox"/> spacer <input type="checkbox"/> nebuliser
<input type="checkbox"/> ciclesonide <i>Alvesco</i>	<input type="checkbox"/> MDI <input type="checkbox"/> spacer
<input type="checkbox"/> budesonide with eformoterol <i>Symbicort</i>	Turbuhaler
<input type="checkbox"/> fluticasone with salmeterol <i>Seretide</i>	<input type="checkbox"/> MDI <input type="checkbox"/> Accuhaler <input type="checkbox"/> spacer
<input type="checkbox"/> cromoglycate <i>Cromese, Intal</i>	<input type="checkbox"/> MDI <input type="checkbox"/> spacer <input type="checkbox"/> Spincaps <input type="checkbox"/> nebuliser
<input type="checkbox"/> nedocromil <i>Tilade</i>	<input type="checkbox"/> MDI <input type="checkbox"/> spacer
Other	Device
<input type="checkbox"/> acetylcysteine <i>Mucomyst</i>	nebuliser

4. Of the inhaled medicine(s) dispensed, were they dispensed today:

- for the first time at this pharmacy?
 Was counselling provided on this occasion? Yes No
 ▶ Consider counselling on key points.
- as a repeat prescription at this pharmacy?
 Was counselling provided on this occasion? Yes No
 ▶ Consider reinforcing 1 or 2 points from previous counselling.
- for an undetermined occasion (initial or repeat)?
 Was counselling provided on this occasion? Yes No
 ▶ Consider checking medication records to prioritise patients for counselling.

5. Was the patient able to demonstrate correct use of the device(s) at this presentation?

- Not assessed ▶ Go to Q7
 Yes ▶ Go to Q7
 No ▶ Go to Q6

6. Was action taken to correct inhaler technique?

- Yes ▶ Go to Q6a No ▶ Go to Q6b

a. Action taken (mark all that apply):

- patient was shown correct technique using placebo inhaler
 prescriber contacted and change of device(s) discussed
 patient referred to prescriber to discuss device change
 recommended use of spacer
 other (please specify) _____

b. No action taken:

- patient able to use device(s) with help from carer/relative
 other (please specify) _____



Triggers for counselling

7. Is the patient:

- presenting for first-time use of an inhaled medicine?
- using 2 or more different inhalation devices (including spacer and nebuliser)?
- having difficulties using the inhalation device(s) e.g. due to arthritis in the hands?
- managing their own medicines?

If you checked any of the boxes in Q7, the patient is a high priority for counselling on all aspects of their inhaled medicines and potentially for support in self-management of their condition.

Providing counselling

8. What counselling was provided at this presentation?

See *Guide*, pages 2–3, and the *Common inhaler devices* insert for more information.

- Smoking status
 - ▶ Check status and offer counselling and/or nicotine replacement therapy, referral to GP or smoking cessation services (Quitline) as indicated.
- Pattern of use of inhaled medicine
 - ▶ Check whether the inhaled medicine is being used on a trial basis, as maintenance therapy or for a current or future exacerbation (refer to action plan if applicable).
- Purpose of inhaled medicine
 - ▶ Explain function of each medicine (terminology may vary between asthma and COPD).
- How to use inhaled medicine
 - ▶ Include training on inhaler technique and details on dose and timing to optimise benefits. Review technique frequently.
- Response to therapy
 - ▶ Ask regularly about progress to assess benefits and uncover any problems e.g. non-compliance, difficulty with device, worsening of disease.
- Possible adverse effects
 - ▶ Advise about common adverse effects and how to avoid them e.g. inhaled corticosteroids and bronchodilators.
- Potential interactions between medicines and the underlying respiratory disease
 - ▶ Remind patient to check with doctor or pharmacist before using other medicines. (see *Guide*, Table on page 2)
- Care of inhaler device(s)
 - ▶ Advise patient on recommended method and frequency of cleaning inhaler device(s). See *Common inhaler devices* insert.
- Role of non-drug interventions
 - ▶ Counsel on weight loss, exercise and diet if relevant.
- Referral to GP
 - ▶ Refer patient to their GP if symptoms or adverse effects are troublesome, for dosage review, action plan, spirometry or immunisation.
- Referral to other resources
 - ▶ Refer patient to websites e.g. the Australian Lung Foundation and HealthInsite websites.

Providing written material

9. What written material was supplied to support verbal counselling?

- Consumer Medicine Information (CMI) leaflet(s)
- COPD action plan (see *Guide*, page 3 for weblink)
- Information about cleaning inhaler devices
- None
- Other (please specify) _____

Counselling time

10. Approximate time taken for counselling:

- nil, no counselling given
- < 2 minutes (not zero)
- 2–5 minutes
- 6–10 minutes
- > 10 minutes

Self-assessment

On a scale of 1–4, where:

1 = Needs improvement 2 = Good 3 = Very good 4 = Excellent

11. How would you rate:

a. your ability to gather information from this patient?

- 1 2 3 4

b. your ability to explain and demonstrate how to use the patient's inhaler device(s)?

- 1 2 3 4

c. your ability to answer any questions from this patient?

- 1 2 3 4

d. the overall quality of your interaction with this patient?

- 1 2 3 4

12. Which staff member(s) were involved with this patient?

- Pharmacist
- Pre-registration pharmacist

13. How could you improve future counselling interactions? (More than one response may apply)

- Make appointment for more time to explain and demonstrate
- Provide more written information
- Improve own knowledge of managing diseases of airflow limitation
- Use placebo inhaler(s) to demonstrate technique
- Other (please specify) _____

14. What is your practice setting?

- Accredited pharmacist
 - ▶ residential aged care facility hostel HMR
- Community pharmacy
- Hospital pharmacy
- Other (please specify) _____