



Solutions for Respiratory Care Management & Adherence
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What:

*** In Check DIAL G16 Guide for Implementation Protocol**

*In Check DIAL is an inspiratory flow meter with a turnable dial which when turned, changes the resistance that an individual is inhaling through. The engineering of the device is such that the different resistances mimic the resistances found when inhaling through the diverse medication inhalers (ie. Discus™, Flexhaler™, Ellipta™, Aerolizer™, Handyhaler™, Twisthaler™, among others, plus pMDI). The resistances are combined with a flow rate scale showing the proper inhalation rate for each device in liters per minute and illustrating good, moderate and poor technique by way of a color grid. In Check DIAL is a mechanical device with a red moveable cursor to mark (measure) the inhalation effort performed by drawing air up through the barrel. The cursor is reset to zero through a “tap and turn” maneuver which releases a seated magnet from the top of the DIAL and pushes the red cursor back to the start position. The DIAL should then be turned upside down to reseat the magnet so as not to get in the way of an accurate measurement (completion of the “tap and turn” maneuver for re-setting). Note! No medication flows through the In Check DIAL

Where:

In the Acute care setting and ongoing lung disease management settings. Physician Office, Emergency Department, Respiratory Department, EMS, Pulmonary Rehabilitation, Home Care.

Why:

1. To assess a patient’s ability to effectively use one of the prescribed methods for inhaling lung disease management medications (Dry Powder Inhaler - DPI, Pressurized Metered Dose Inhaler – pMDI, Nebulizer)
2. To train a patient to the correct inhalation technique required to get optimal deposition of the prescribed medication whether through a DPI, a pMDI or a Nebulizer system to effectively control the ongoing symptoms’ of lung afflictions which compromise breathing.

Additionally, patient safety and re-admission rates are an ongoing concern. Over medication and under medication are factors that affect the stability of a patients control over their disease state. New laws in healthcare management govern re-admission rates and the associated costs. Assessment and training with the In Check DIAL may help take steps toward alleviating these concerns.



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When:

Assessment and training are continuous. First assessment should take place at the time of initial diagnosis and ongoing refinement and re-training should continue as part of the on-going disease management plan.

How:

Components – In Check DIAL G16 (part # 3109300)

Disposable One-Way Valved Inspiratory Mouthpiece (part # 3122069) allows for ease of use when supporting multiple patients

Procedure - 1) After the patient has been diagnosed, prescribed a controlling medication and trained on the proper operation of the inhaler device prescribed, implementation of the In Check DIAL can commence in order to develop a suitable and effective inhalation technique while assuring baseline ability to perform the task.

2) With the triangular pointer on top of the scale, align the “dial” portion of the device with the device resistance to be trained or assessed (match the resistance icon around the DIAL face with the resistance category for the patients prescribed inhaler shown on the sticker on the side of the In Check DIAL).

3) Insert a Disposable One-Way Valved Inspiratory Mouthpiece into the end of the In Check DIAL. The printing is blue and has an arrow to show the direction of flow through the mouthpiece (the arrow should be pointing toward your mouth for inspiratory flow). You should not be able to breathe back into the device.

4) Inhalation technique for the different modalities of devices (DPI vs. pMDI) is dramatically different. DPI’s are effort dependent (urgent intensity) to get the medication out of the device and then subtly waning as the medication is drawn into the lungs. The pMDI has medication



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provided in aerosol form after actuation and requires a much lighter consistent draw of medication maintaining laminar flow characteristics. Proper technique helps to avoid poor deposition of the medication which may lead to misuse of the inhaler.

5) No matter the device and corresponding technique, once the patient has shown competency in their understanding of what is required to get best deposition with their prescribed device, reinforce proper behavior by having them practice the technique multiple times before sending them on their way.

6) All medical professionals supporting this patient should be aware that training and assessment with the In Check DIAL has occurred so that retraining and advanced training can continue so as to maintain a patient's high standard of use with the prescribed device. Additionally, CPT code 94664 has been used in supporting the use of the In Check DIAL.

7) In Check DIAL should be cleaned as part of an ongoing protocol (see attached cleaning instructions). The device should be wiped with an alcohol wipe or equivalent between patient uses in the multiple patient use setting.

8) Refer to the Instructions for Use booklet that came with your In Check DIAL for further direction. Note! No medication flows through the In Check DIAL.