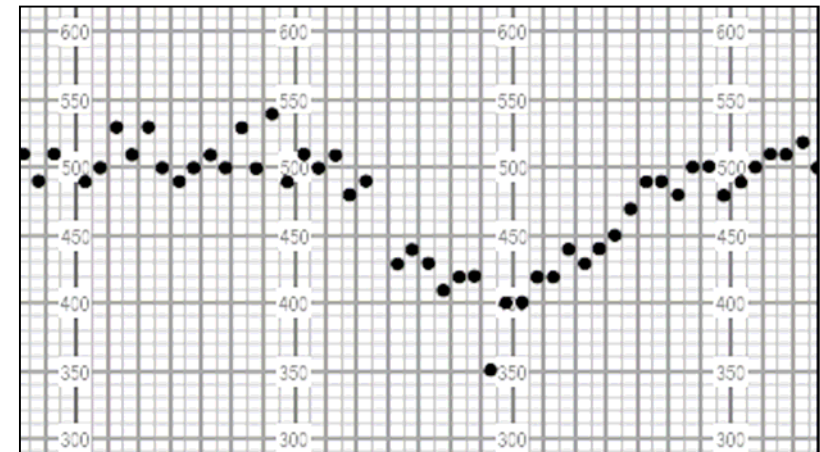# Peak Flow Chart

Patient Name: _____

Doctor Name: _____

Doctor Telephone: _____

1. Write the start date at the top of each page. Each page on this chart holds 8 weeks of peak flow readings.

2. For each day (e.g. Su for Sunday), there is a white column for your morning peak flow and a grey column for your evening peak flow.

3. Each morning and evening, record the <u>highest of three</u> peak flows. Take a deep breath, seal your mouth tightly around the mouthpiece, then blow as hard and as fast as you can. Check the number, re-set the pointer to zero, and repeat two more times.

4. Use a black pen to record the highest of the 3 peak flows on the chart – see example. Each square up the chart represents 10 on your peak flow meter.

5. Each night, use the box at the bottom to record the total number of puffs of reliever medication (e.g. Ventolin) which you used in the last 24 hours.
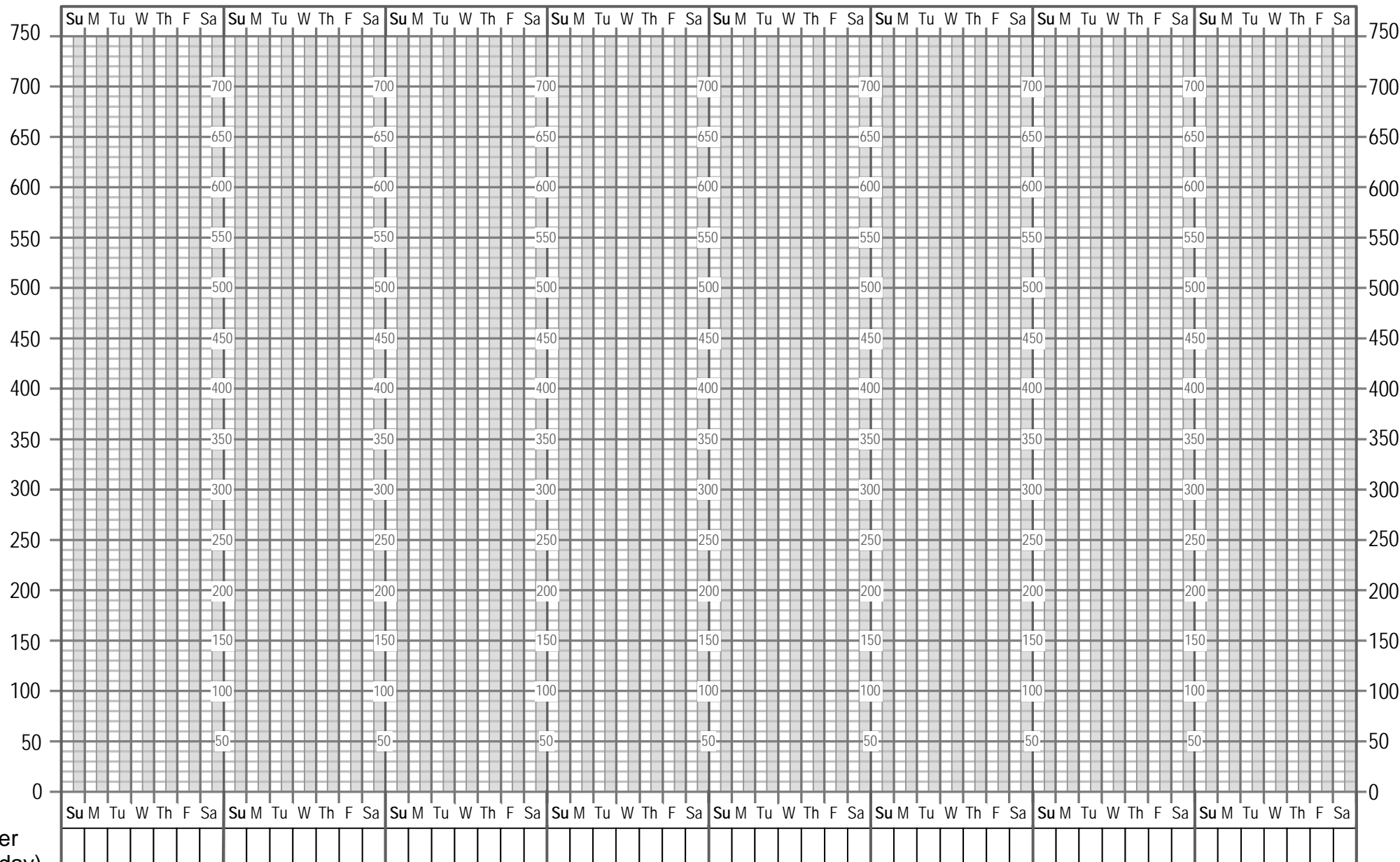
<u>Notes</u>:

◆ If you miss measuring your peak flow, don't make up a number, just leave a gap. Talk to your doctor or asthma nurse if you are having trouble recording your peak flow.

◆ Always take the chart with you when you visit your doctor. Even if you don't normally record your peak flow, doing 2 weeks of readings before a visit may be helpful.

◆ Use arrows on the chart to show where your medication changed, or you had a cold.

◆ Remember to use the treatment on your Asthma Action Plan if your asthma gets worse or your peak flow falls below your "action point".

Name _____   Start date for this page: _____

| | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa |

750 ... 750
700 ... 700
650 ... 650
600 ... 600
550 ... 550
500 ... 500
450 ... 450
400 ... 400
350 ... 350
300 ... 300
250 ... 250
200 ... 200
150 ... 150
100 ... 100
50 ... 50
0 ... 0

| | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa | Su M Tu W Th F Sa |

Reliever (puffs/day)

Other medications ....