

Peak Flow Meter Fact Sheet

A peak flow meter is intended for the monitoring of peak expiratory flow. It allows healthcare providers to adjust medication based on the results. It is indicated for patients 5 years and older with moderate to severe asthma.

Indications

- Monitoring of peak expiratory flow rates in patients 5 years and older with moderate to severe asthma.

Peak Flow Zones

There are three zones (green, yellow, red). Healthcare providers set the zones based on personal best peak expiratory flow values. The peak flow meter measures the maximal rate at which you can force air out of your lungs. A peak flow value of less than 50% of normal or the personal best indicates a severe asthma exacerbation and the need to take immediate action.

Green Zone: 80-100% of personal best. Normal peak flow rate. Asthma is well controlled.

Yellow Zone: 50-80% of personal best. Symptoms are getting worse. May require treatment of quick relief medication. Follow medication plan.

Red Zone: 50% of personal best. Medical alert. Take quick relief medication immediately and seek medical attention.

Cleaning Instructions

Follow the manufacturer's directions.

If none are available, some general guidelines include:

- Remove the action plan sticker before cleaning, if possible.
- Wash with warm water and liquid detergent.
- Rinse thoroughly and air dry completely before use.

References

1. Philips Respironics AsthmaMentor® [package Insert]. Parsippany, NJ: Respironics New Jersey, Inc.; 2011.
2. American Lung Association." *Measuring Your Peak Flow Rate*". 2015 Retrieved from www.lung.org.

PEAK FLOW TRACKING FINDING YOUR PERSONAL BEST

A PEAK FLOW METER is a tool you can use to assess and manage your asthma.

To measure your Peak Flow, perform the following:

1. Stand up and take a deep breath in.
2. Place the Peak Flow Meter mouthpiece in your mouth, behind your teeth, making a tight seal.
3. Blow out hard and fast for about 2 seconds
4. Repeat 3 times. Record the best number of the three measurements.

To find your Personal Best Peak Flow, measure your peak flow twice a day (morning and night) before medication for two consecutive weeks when your asthma is under good control. The highest number recorded in the 2 week period is your Personal Best. Once you know your personal best peak flow number, you can use this number along with symptom awareness to monitor your asthma. Refer to your ASTHMA ACTION PLAN to guide you as to actions to take when your peak flow is in the GREEN, YELLOW, OR RED ZONE.

Note: A child's personal best peak flow should be re-established every 6 months as the child grows. An adult's personal best can decrease over time.

*Use the chart below to record your peak flow measurements for 2 weeks, when asthma is in good control, to establish your Personal Best Peak Flow.

Week 1

Date: _____

AM							
PM							

Week 2

Date: _____

AM							
PM							

After your Personal Best Peak Flow is established, refer to the PEAK FLOW ZONE chart as well as your ASTHMA ACTION PLAN to help you manage your asthma.

Take your peak flow often to keep track of your asthma. Share this information with your doctor at each visit.



Patient Name: _____
 Patient ID: _____
 Evaluator Initials: _____
 Date: ___/___/___

PEAK FLOW METER TECHNIQUE CHECKLIST

Trained assessor to read to participant: Please show me exactly how you use your peak flow meter at home.

1. Before each use, make sure the indicator is at the bottom of the scale.
2. Grip the peak flow meter in your hand.
3. Standing or sitting in an upright position, take in a deep breath.
4. Place the mouthpiece into mouth and form a tight seal with your lips.
5. Exhale as quickly as possible until your lungs are completely empty. The indicator will move and show the measurement on the scale.
6. Repeat steps 3 to 5, two additional times in order to get your best result.
7. Record the highest value on your flow sheet and follow your asthma action plan.

	Pre		Post 1		Post 2		Post 3	
	Wrong	Correct	Wrong	Correct	Wrong	Correct	Wrong	Correct
1. Before each use, make sure the indicator is at the bottom of the scale.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
2. Grip the peak flow meter in your hand.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
3. Standing or sitting in an upright position, take in a deep breath.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
4. Place the mouthpiece into mouth and form a tight seal with your lips.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
5. Exhale as quickly as possible until your lungs are completely empty. The indicator will move and show the measurement on the scale.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
6. Repeat steps 3 to 5, two additional times in order to get your best result.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
7. Record the highest value on your flow sheet and follow your asthma action plan.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁
Participant's Score:	___/7		___/7		___/7		___/7	
	[] N/A		[] N/A		[] N/A		[] N/A	

Score the participant's performance by assigning 1 point to each correct step and adding across the 7 steps. If score is less than 7, demonstrate to the participant appropriate technique and repeat assessment.

Comments: _____