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Peak Flow Chart

Patient Name: _____

Doctor Name: _____

Doctor Telephone: _____

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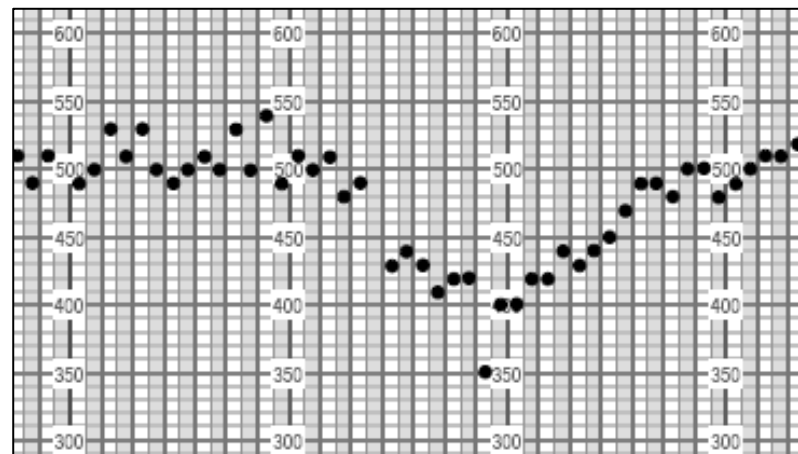
E admin@woolcock.org.au

HOW TO RECORD YOUR PEAK FLOW READINGS

1. Each page on this chart holds 8 weeks of peak flow readings. For each day (e.g. Su for Sunday), there is a white column for your morning reading and a grey column for your evening reading.
2. Each morning and evening, you should record the highest of three 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.
3. Use a black pen to record the highest peak flow on the chart – see example. Each square up the chart represents 10 on your peak flow meter.
4. Start recording in the first week on the page, and write the start date at the top of each page.
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.

Notes:

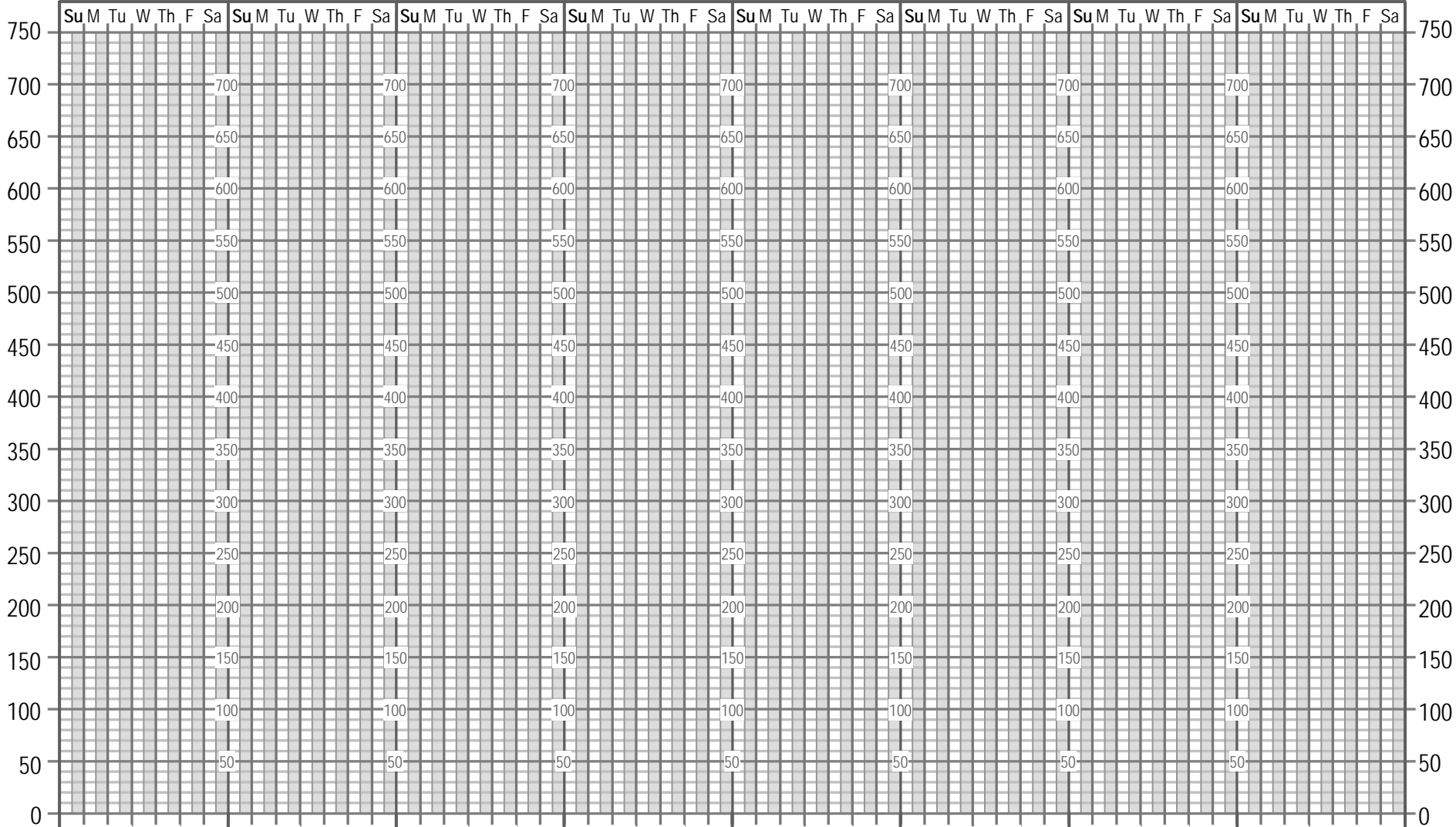
- ◆ If you miss measuring your peak flow, don't make up a number, just leave a gap. If you have any difficulty recording your peak flow, please discuss it with your health care professional.
- ◆ Always take this chart with you when you visit your doctor. Even if you have not been recording your peak flow regularly, doing 2 weeks of readings before a visit will be helpful.
- ◆ You can also use your peak flow chart to record colds and medication changes
- ◆ Remember to use the treatment on your Asthma Action Plan if your asthma gets worse or your peak flow falls below your “action point”.



If you have any queries about this chart, please contact Dr Helen Reddel at the Woolcock Institute of Medical Research. Telephone: 02 9515 7026, Fax: 02 9550 5865; email: hkr@med.usyd.edu.au

Name _____

Start date for this page: _____



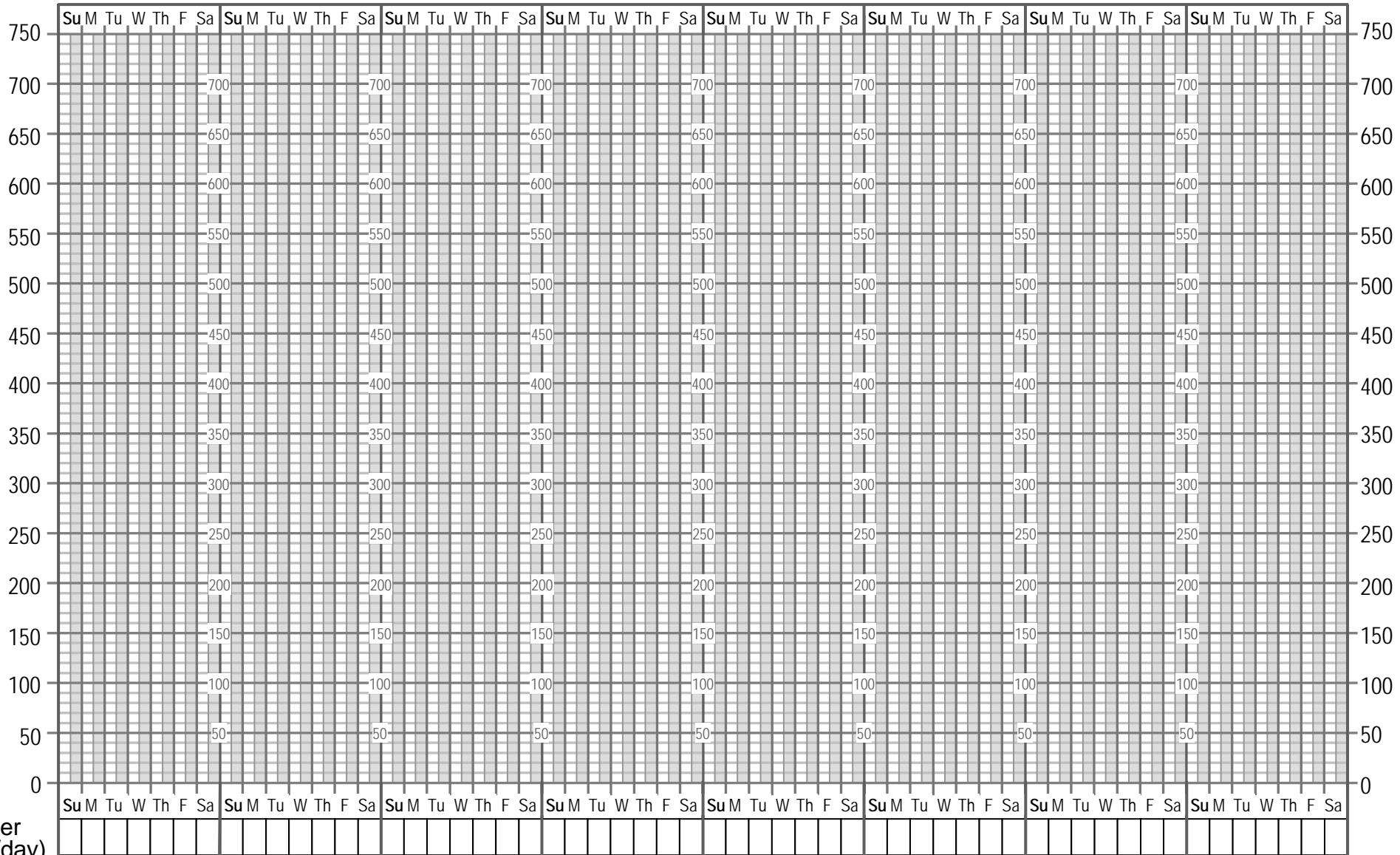
Reliever (puffs/day)

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

Other Medications

Name _____

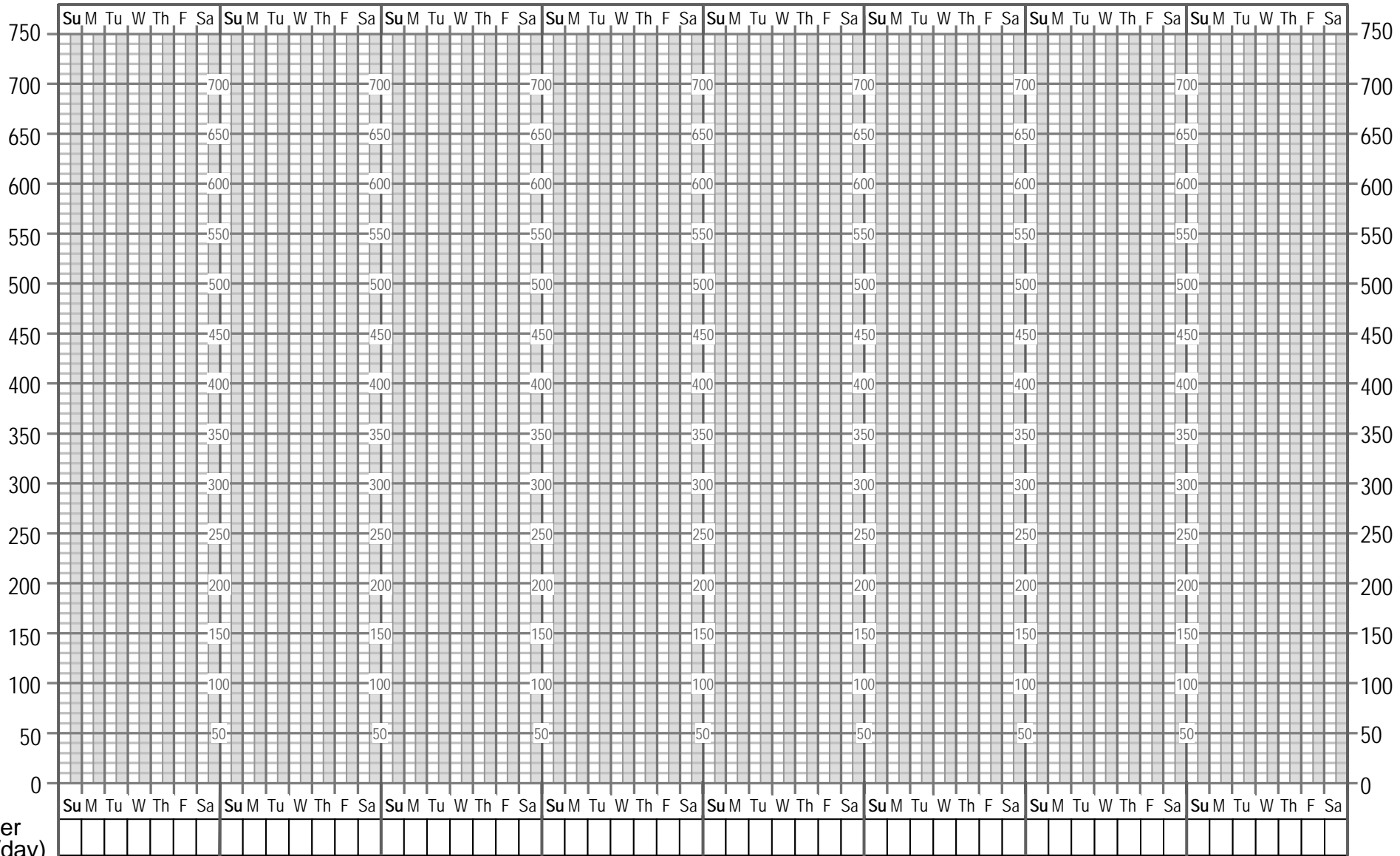
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Other Medications

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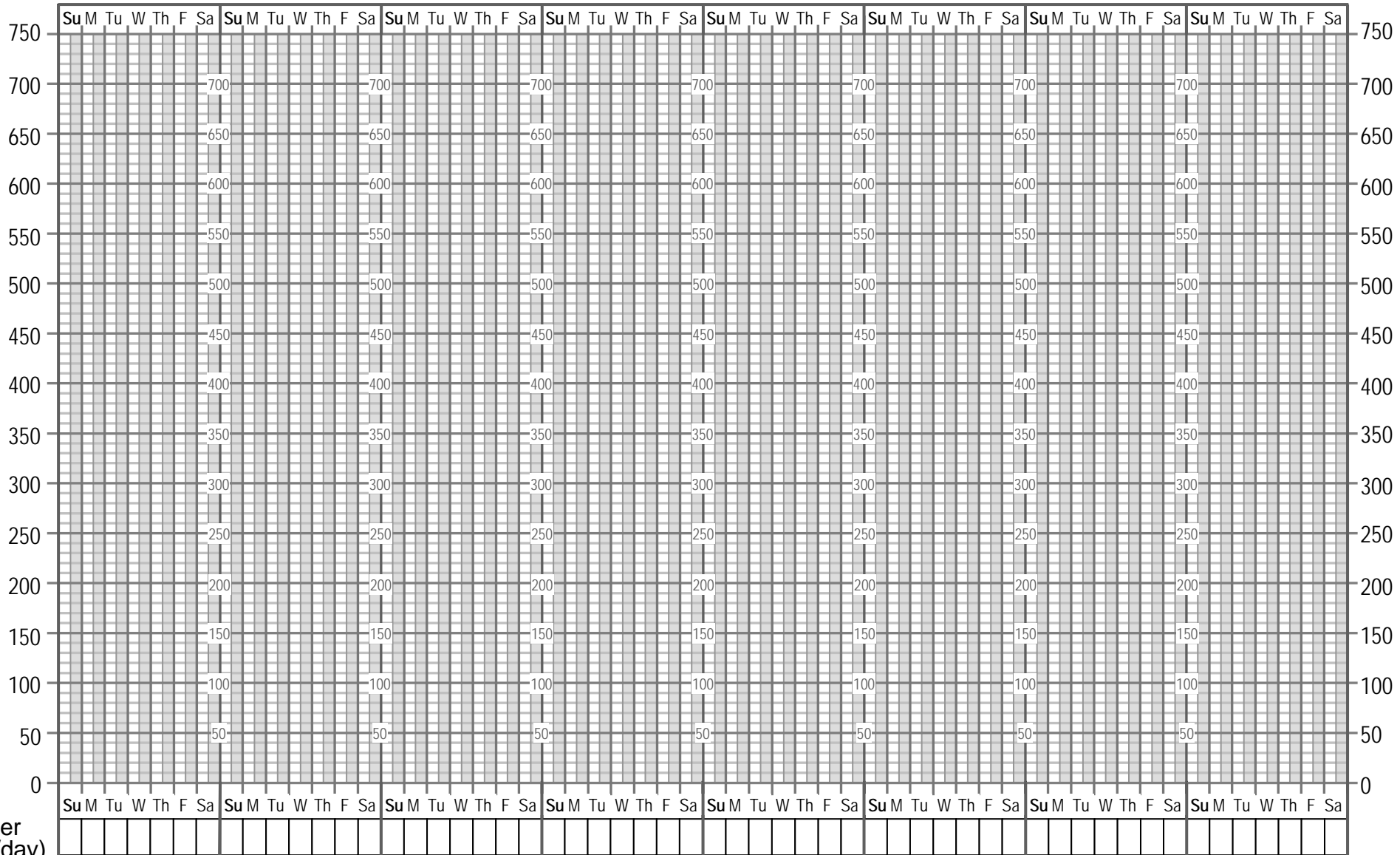


Reliever
(puffs/day)

Other Medications

Name _____

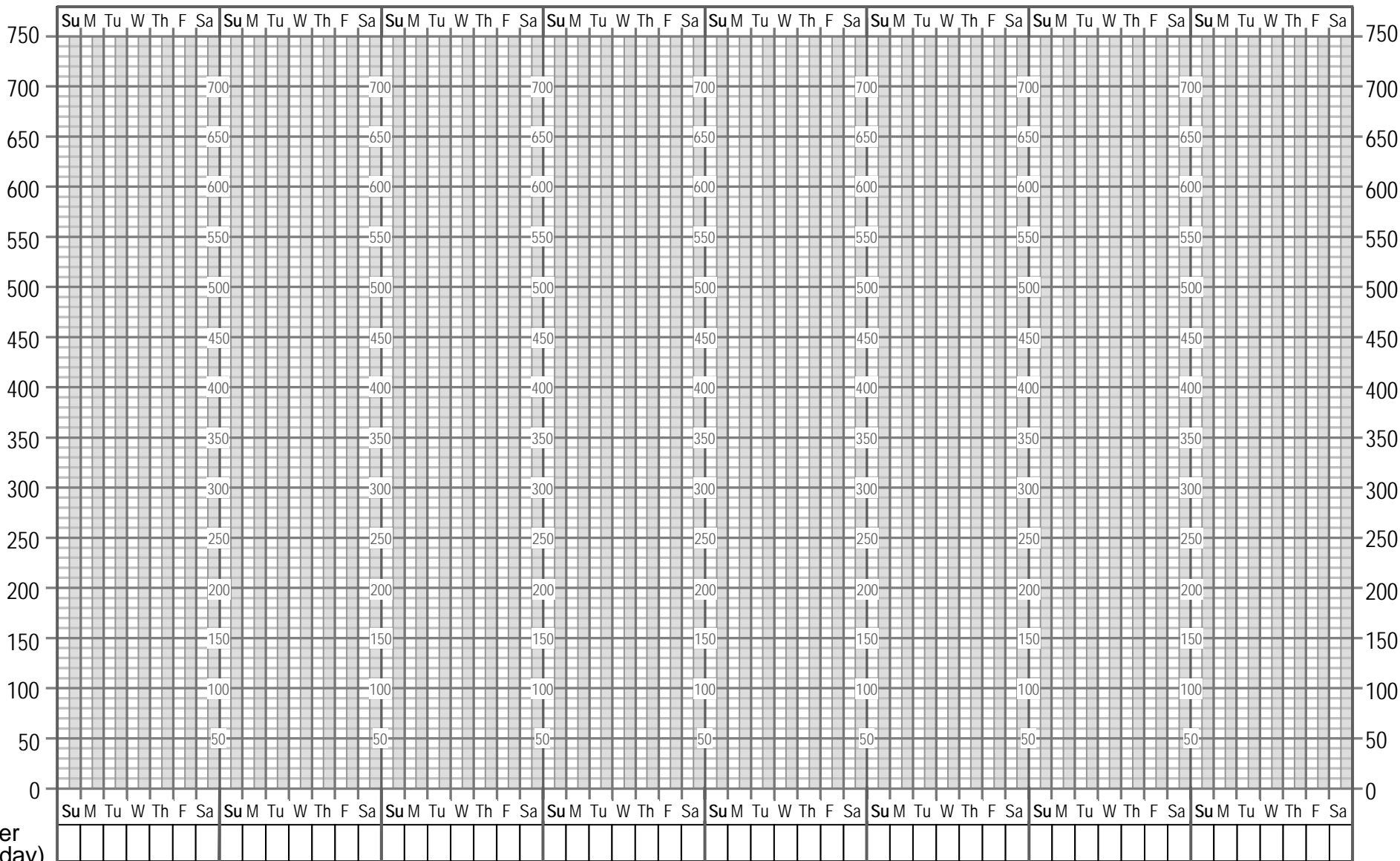
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Other Medications

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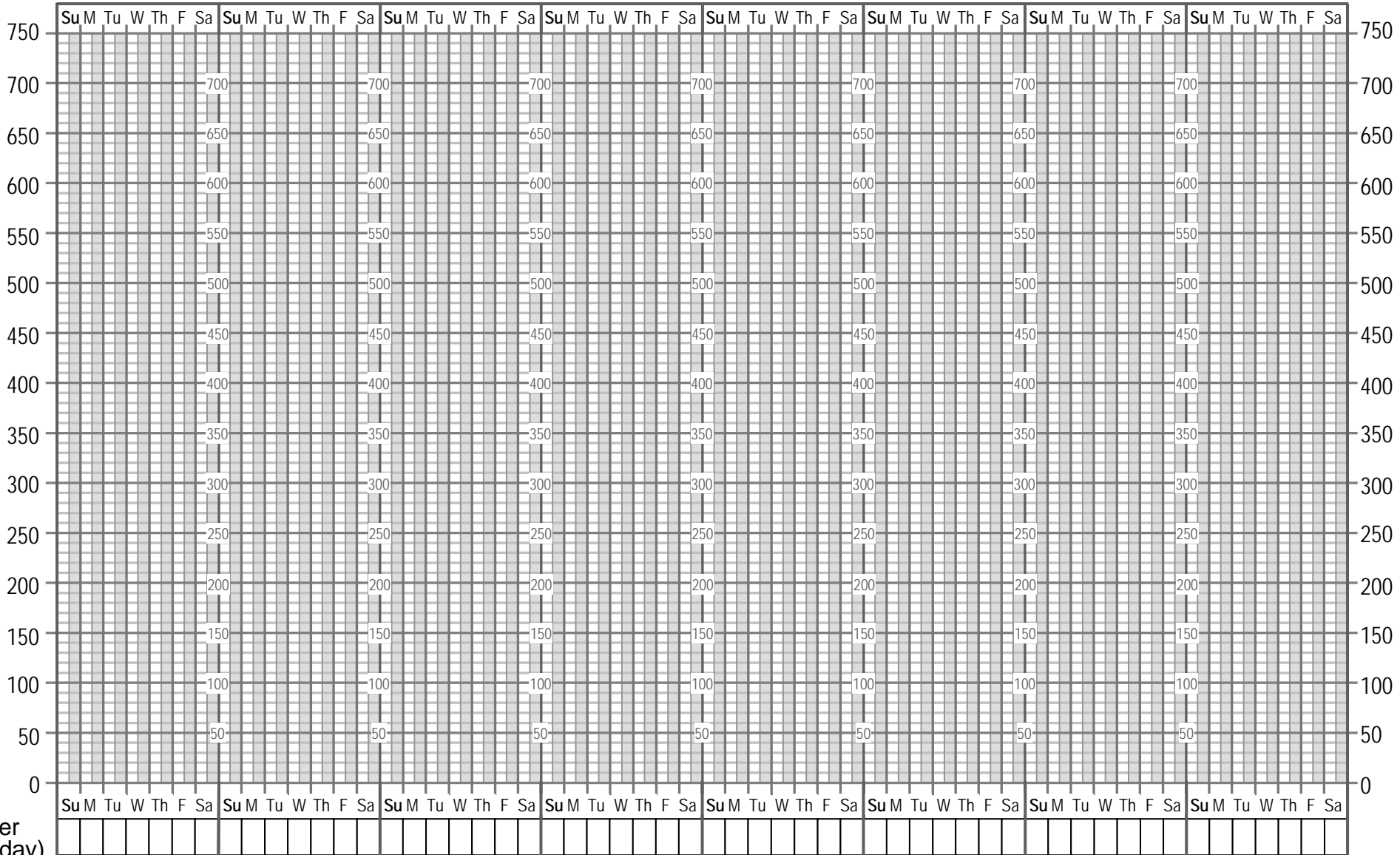
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Other Medications

Name _____

Start date for this page: _____



Other Medications