

Peak expiratory flow, series, daily follow-up Pt-PEF-Pa

The purpose of the examination is to record the variation in peak expiratory flow (PEF) at different times of the day on consecutive days over a period of two (2) weeks. Daily variation is exceptionally high in asthma.

If the doctor or nurse has not given any other instructions follow-up is performed both weeks with medication.

User instructions for the PEF meter:

- Always blow in the same posture (standing up or sitting down), preferably standing up.
- Reset the meter and keep it in horizontal position.
- Inhale as much air as you can.
- Put the mouthpiece between your teeth and place your lips tightly around the mouthpiece. If you use a prosthesis, blows are always done without them.
- Blow into the meter a hard, sharp and fairly short blow at maximum power.
- Complete three successful blows at each measurement time. The difference between the two highest PEF values should not be more than 20 l/min. Blow again several times if necessary to reach that goal.

How to do the follow-up:

- Measure your PEF every morning when you wake up and record the values of the best three blows in the follow-up form.
- Then take bronchodilator as instructed by your physician.
- 15 minutes after taking the medication, measure your PEF again at least three (3) times and record the results.
- Repeat the measurements in the same way in the evening, always at the same time.

If you have symptoms (shortness of breath or fits of coughing) between regular measurements, make extra blows before and after taking the bronchodilator and record them in the follow-up form.

PEF FOLLOW-UP FORM 2 WEEKS

Name: _____

DoB : _____

Height: _____

Start day: _____

End date: _____

Medication: _____

Dose: _____

Date	Time	Morning		Time	Evening		N.B
		before medication	after medication		before medication	after medication	
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		

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DoB : _____

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Date	Time	Morning		Time	Evening		N.B
		before medication	after medication		before medication	after medication	
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		
		1.			1.		
		2.			2.		
		3.			3.		