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	Effective Date:	03-31-2022
	Document Type:	Standard Operating Procedure
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	Department/Section:	Respiratory Therapy Services
	Document Title:	PEAK FLOW MONITORING

PURPOSE:

To discuss the processes involved in performing peak flow monitoring.

SCOPE:

Applies to all Respiratory Therapy Service staff of Dr. Pablo O. Torre Memorial Hospital


PERSON RESPONSIBLE:


Respiratory Therapist, Nurses, Physicians

GENERAL GUIDELINES:

1. Proper disposal of disposable mouthpiece is observed.
2. Weekly washing of the peak flow meter with soap and water is recommended.
3. Handwashing and personal protection like mask and gloves should be observed at all times.
4. All mouthpiece used for Peak Flow Monitoring should be single use.

PROCEDURE:


1. Check for the physician's order for peak flow monitoring.
2. Attach the plastic or disposable mouthpiece on the input side of the device, the side clearly marked with the arrow (). The mouthpiece is tapered, be sure to insert the wide end into the meter.
3. Make sure the sliding indicator is at the bottom side of the scale and set to zero mark.
4. Instruct the patient on the following:
 - 4.1. Hold the device so that your fingers do not block the outlet opening or prevent the sliding indicator from the full length of the scale.

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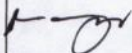

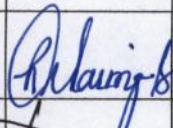
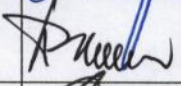

- 4.2. While standing, inhale as deeply as possible, then place your mouth firmly around the mouthpiece, making sure that your lips form a tight seal. The mouthpiece should be inserted past the teeth.
- 4.3. BLOW OUT AS HARD AND AS FAST AS POSSIBLE, a short, sharp blast. This will cause the indicator to move up the scale.
5. The final position of the indicator is the PEFr, make note of the value. The faster you can blow into the meter, the higher the indicator will go. A high number usually means that air is moving easily through your lungs. During an asthma episode, lungs are blocked and air cannot move easily. Therefore, the meter can help indicate how much the lungs are blocked.
6. Repeat steps 3 through 7 until you have completely performed three efforts correctly. Allow a minute or so between efforts to rest. The variation between the readings should not exceed 10%.
7. Record the highest of the three readings in you PEFr readings. Also record the date, time and any current symptoms.
8. The whole procedure is completed within five (5) minutes.


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2. Gannon PF, Belcher J, Pantin CF, Burge PS. The effect of patient technique and training on the accuracy of self-recorded peak expiratory flow. Eur Respir J. 1999 Jul;14(1):28-31. [PubMed]

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KEY TASKS	PERSON RESPONSIBLE
1. Checks order or request from the physician.	RTS Staff
2. Explains the procedure to the patient.	
3. Does the procedure.	
4. Record the highest of the three readings in you PEFR readings.	
5. Documents the procedure in the patient's chart.	

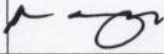

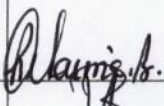
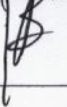


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Prepared by:	SHIRLEY B. MALAGA, RMT, RTRP RTS Supervisor		7.6.2022
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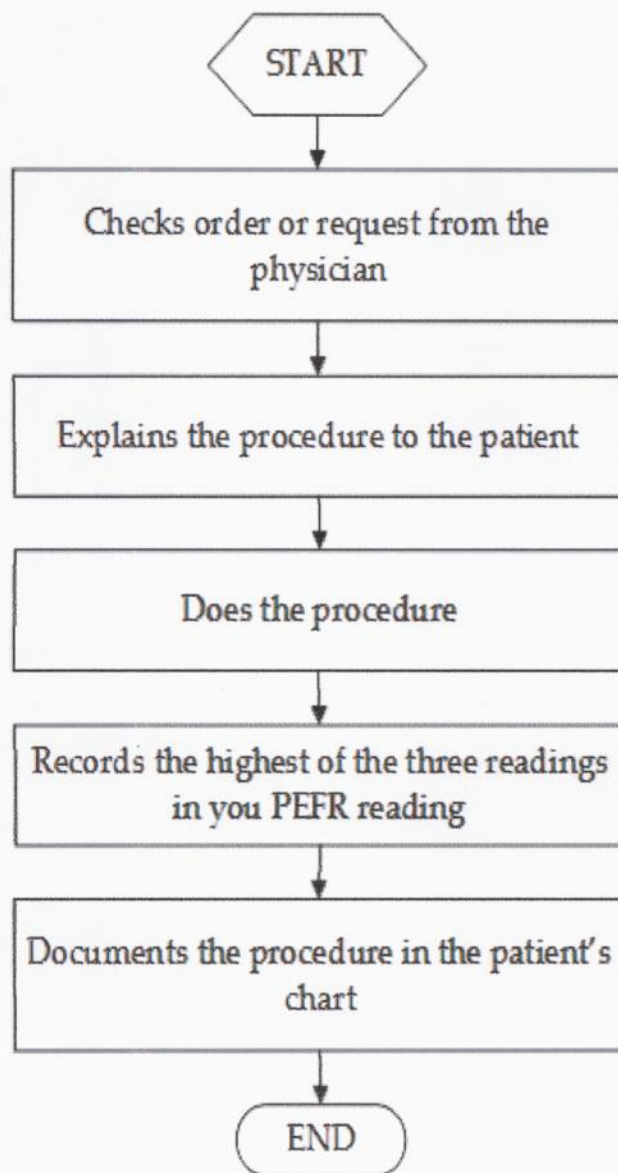



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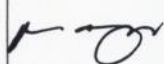

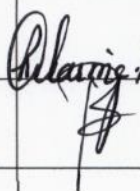
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FLOWCHART



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