

# Title: Peak Flow Meter Usage Technique Review .

# NMI-10

**Patient details**

 Title: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

 Ref number: \_\_\_\_\_  
 Date of review: \_\_\_\_\_

**GP, pharmacist, practice nurse or clinical specialist observes the patient completing the following steps and scores 1 (satisfactory) or 0 (not satisfactory) depending on whether the step is completed satisfactorily**

1	Where a separate mouthpiece is required, attach mouthpiece to Peak Flow Meter. (Mouthpiece may be disposable). If no 'mouthpiece' is required, reviewer adds 1 point to score.)								
2	Ensure that the cursor is back to base/zero and that the fingers do not block movement of the cursor.								
3	Hold Peak Flow Meter level/horizontal, while the patient sits/stands as straight as possible								
4	... take a steady, deep breath in and hold breath while...								
5	... putting mouthpiece in mouth between the teeth and close lips around the mouthpiece...								
6	... and blow a hard fast breath out through the mouthpiece (NOT nose)								
7	Measure where the cursor stops ...								
8	Repeat steps 2 to 7 twice.								
9	Record the highest of the three results as the Peak Flow Reading (onto a Peak Flow Chart.) Explain interpretation of results and action steps, if required.								
10	Where a separate disposable mouthpiece is required, dispose of the disposable mouthpiece.								
Total/10									
	<b>Signed/initialled by pharmacist/professional staff:</b> <b>Date of assessment:</b>								

**Recording of Patient Informed Consent:**

- Patient's reason for choosing to attend for Peak Flow meter Technique Review:
- I have received information about the Peak Flow Meter technique review process and give my consent \_\_\_\_\_:
- I agree that information may be shared with my GP or carer (specify) \_\_\_\_\_ Date: \_\_\_\_\_
- I consent to the use of Peak Flow Meter Technique Review results, my name/identification having been removed, being used for audit purposes, including the accumulation of such data for research purposes.

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_