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Peak Flow Monitoring	Formulated: 05/93	Effective: Revised: Reviewed:	10/19/94 04/04/18 08/15/23

Peak Flow Monitoring

Purpose

To quantify the efficacy of bronchodilator therapy in patients with limited or restricted expiratory flow rates.

Scope

Accountability/Special Training

- May be administered by a Licensed Respiratory Care Practitioner.
- Training must be equivalent to the minimal Therapist entry level in Respiratory Care Services with age specific recognition of requirements of population treated.

Physician's Order

- A physician's order is required for peak flow meter measurements
- Peak flow monitoring is an integral part of bronchodilator therapy when ordered by a physician

Indications

- Patients with limited or severely restricted expiratory flow.
- Patients on Bronchodilator Therapy.
- Patient is able to understand and physically able to attempt the test.

Goals

- To monitor progression of the patients condition.
- Monitor drug efficacy.
- Improve dosing accuracy of MDI/Bronchodilator therapy.

Contraindications

- Patient does not have a level of comprehension that enables them to do the test.
- Patient will not cooperate.
- Patient has a facial condition or neurological condition that alters their ability to do the test.
- Patient distress level is such that attempting would only deteriorate their condition.

Equipment

Peak flow meter

Procedure

Step	Action
1	Check physician's orders.
2	Obtains peak flow device.
3	Wash hands thoroughly.
4	Verifies patient by two identifiers
5	Explain Peak Flow monitoring to patient.

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Procedure Continued

6	Make sure the indicator is at the bottom of the scale.
7	Instruct the patient to hold the peak flow meter vertically being careful not to block the opening.
8	Instruct patient to inhale as deeply as possible and then place mouth firmly around the mouthpiece making a tight seal.
9	Instruct patient to blow out as hard and fast as they can through the mouthpiece.
10	To repeat the test, move the indicator back to the bottom of the scale.
11	Instruct the patient to repeat this maneuver three times (if able to do so) prior to and 15-20 post bronchodilator therapy
12	Documentation of the best measurement of the three attempts pre and post with treatments should be recorded in EPIC. Document per RCS policy # 7.1.1.

Infection Control

Follow procedures as outlined Healthcare Epidemiology Policies and Procedures: #2.24 Respiratory Care Services. http://www.utmb.edu/policy/hcepidem/search/02-24.pdf

Corresponding Policies

RCS Policy and Procedure Manual, Small Volume Aerosol Treatment (Hand-Held); 7.3.15.

RCS Policy and Procedure Manual, Metered Dose Inhaler Treatment; 7.3.16.

RCS Policy and Procedure, Guidelines For Medical Record Documentation; 7.1.1.

RCS Policy and Procedure, Therapist Treatment Cards; 7.1.2.

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