

NAME .....

DATE .....

DATE OF BIRTH.....

Your **NORMAL PEAK FLOW RATE** is  
..... litres per minute (l/min)

☞ If peak flow above ..... l/min (greater than 70% of NORMAL):



Continue **Maintenance Therapy** of:

- a) Inhaled steroid ....., two puffs twice a day or .....
- b) Bronchodilator ....., two puffs when needed or .....

☞ If peak flow below ..... l/min (less than 70% of NORMAL):



- a) Double dose of inhaled steroid for number of days required to get back to normal
- b) Continue on this increased dose for the same number of days again
- c) Return to previous dose of **Maintenance Therapy**

☞ If peak flow below ..... l/min (less than 50% of NORMAL):



OR



- a) *See your Nurse or Doctor* for further advice
- a) **If already prescribed**, start oral prednisolone .....
- b) Continue on this dose for 5 days
- c) Stop prednisolone and **see your Nurse or**

*Doctor*

☞ If peak flow below ..... l/min (less than 30% of NORMAL)::



- a) **Contact general practitioner urgently** if available
- b) If GP is unavailable **contact ambulance (Dial 999)**
- c) If ambulance is unavailable **go directly to hospital**