

Asthma Action Plan and Peak Flow Diary

Introduction

You have been given this booklet to help you manage your asthma. A peak flow diary is provided for you to record your peak flow readings. There is also space for you to record any symptoms you may have.

Name:

Date:

Best/predicted peak flow:

Asthma is a condition which can change for no apparent reason or as a result of exposure to known triggers.

Symptoms to look out for are:

- Night-time wakening with wheeze, cough or trouble breathing
- Cough or wheeze on physical exertion
- Blue reliever inhaler is less effective than usual
- Fall in your peak flow reading

Asthma action plan

If you ha	ave any of the	abov	e symptoms,	an	d/or your	peak flow
falls to		(75%	6), take your b	plue	e inhaler a	as often as
required	l, and double y	our		to		puffs
times a	day.					

If your symptoms continue to get worse, and/or your peak flow falls to (50%), take Prednisolone 30/40mg once a day until your peak flow returns to your usual value and for a further 5 days.

Reference No.

GHPI0786_03_25

Department

Respiratory

Review due

March 2028



It is an emergency if:

- you have a very tight chest and finding it hard to breath
- you are unable to walk or talk properly
- your blue inhaler does not help
- our peak flow is under _____ (33%)

Call 999 for an ambulance.

If possible, let someone know you are unwell. Continue to take your blue inhaler until help arrives.

Try to stay as calm as possible.

How to use your peak flow meter

- Set the marker to zero
- Stand, holding the meter straight out in front of your mouth
- Take a deep breath in
- Seal your lips around the mouthpiece
- Blow out hard and fast into the meter
- Write down the reading of the marker
- Repeat the sequence twice more
- Record the highest of the 3 readings

Respiratory nurses contact numbers

Gloucestershire Royal Hospital Tel: 0300 422 5968

Cheltenham General Hospital Tel: 0300 422 4432

Date	Date													
					1								1	
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
														800
														700
														,
														650
						 					 	 		600
								1	1					550
														500
														500
								1						450
														400
								1	1					350
														300
														500
	 			 		 		 			 	 		250
														200
														450
														150
														100
	1													
Symp	Symptoms (please tick box)												Y	
a	Did you cough today?													
b	Did you wheeze today? Did your asthma wake you at night?													
c d		you of												
e		you sh												
f		our ast					activiti	es toda	ay?					

Gloucestershire Hospitals

Date														
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
														800
	 										 			700
														700
														650
														600
														550
														500
														500
											i i			450
	 													450
														400
	1						 	 				 	[
	 													350
														300
														250
														250
	 													200
						i I	i I	i I		i I		i I	i I	150
														100
Symp	Symptoms (please tick box)													
a	Did you cough today?													
b	Did you wheeze today?													
c		our astl												
d		you of												
e r		you sh												
f	Has your asthma made you avoid any activities today?													

Gloucestershire Hospitals

Dat	Date													
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	800
														800
	1													700
														650
														600
														550
														550
	1													500
	 													450
	 													400
														400
														350
														300
														250
														250
														200
														150
-	 													100
Symp	otoms (please	tick b	ox)										
a	nptoms (please tick box) Did you cough today?													
b	Did you wheeze today? Did your asthma wake you at night?													
c														
d		you of you sh												
e f							activiti	es toda	av?					
Ľ	Has your asthma made you avoid any activities today?													

Gloucestershire Hospitals

Dat	Date													
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
														800
								1						700
								1						650
	 							 	 				 	600
														550
														550
														500
														450
														400
														400
														350
							ļ							1
								i I					i I	300
														250
	1							1	1				1	200
														200
									 					150
	I I													100
Symp	otoms (please	tick b	ox)										
a	nptoms (please tick box) Did you cough today?													
b	Did you wheeze today? Did your asthma wake you at night?													
c														
d		you of												
e f		you sh					activiti	es tod	av2					
Ľ	Has your asthma made you avoid any activities today?													

Date														
									-					
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
														800
														700
														700
-	 			 		 		 	 		 		 	650
														600
														550
					 				1					500
											1		1	
	1													450
														400
														350
											1			330
	1				1				1		1		1	300
				 								 		250
														200
														200
														150
														100
Symp	Symptoms (please tick box)													
a	Did you cough today?													
b	Did you wheeze today?													
c	Did your asthma wake you at night?Were you off school or work today?													
d														
e f		you sh					activiti	os tod	21/2					
Ľ	Has your asthma made you avoid any activities today?													

Date														
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
														800
														700
														700
														650
														600
						 								550
														500
														450
														450
	1					1	1	1	 					400
														350
														300
														250
														250
														200
														200
														150
) 		Ì	i 	İ		i 	100
									i I					
Symptoms (please tick box)														
a	mptoms (please tick box) Did you cough today?													
b	Did you cough today? Did you wheeze today?													
c	Did your asthma wake you at night?													
d	Were	you of	f schoo	ol or w	ork too	day?								
e		you sh												
f	Has your asthma made you avoid any activities today?													

Date														
am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	800
														700
														650
														600
														550
														500
														450
														400
														350
														550
														300
														250
														250
														200
														150
														150
				 			 	 		 	 	 	 	100
Symp	Symptoms (please tick box)													
a	Did you cough today?													
b	Did you wheeze today? Did your asthma wake you at night?													
c d		our ast you of												
e e		you or you sh												
f		our ast					activiti	es toda	ay?					

Content reviewed: March 2025



tions: A cross-over trial

Patient Information

Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

- 1. What are my options?
- 2. What are the pros and cons of each option for me?
- 3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation
* Ak 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about the
Patient Structure and Conventing, 2011;34::37-86.

AQUA https://aqua.nhs.uk/resources/shared-decision-making-case-studies/