

# PEDIATRIC PEAK FLOW DIARY

Patient Name: \_\_\_\_\_

Personal Best: \_\_\_\_\_ L/min

Month/Year: \_\_\_\_\_

Date	Time	Reading 1	Reading 2	Reading 3	Highest
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				
	AM				
	PM				

Date	Time	Reading 1	Reading 2	Reading 3	Highest
	AM				
	PM				
	AM				
	PM				

**Green Zone (80-100%)**

Doing well. No cough or wheeze. Keep daily routine.

**Yellow Zone (50-80%)**

Caution. Use rescue inhaler as prescribed.

**Red Zone (< 50%)**

Medical Alert. Use rescue meds and contact doctor immediately.