

**PEAK FLOW METER
QUALITY CONTROL**

PKFLW

Patient ID: 1
 Patient Initials:
 Visit Number:
 Current Date: / /
 month day year
 Technician ID:

(Technician completed)

Forward the Peak Flow Meter Quality Control form for the successful peak flow meter only.

01 1. Serial Number of peak flow meter being tested

02 2. Test date / /
 month day year

03 3. Is this a new peak flow meter being tested? ₁ Yes ₀ No

03A If **Yes**, indicate reason.
₁ "old" peak flow meter was lost
₂ "old" peak flow meter failed testing
₃ other

		Peak Flow Meter (L/Min)	Spirometer (L/Min)
4. Trial 1	04A	<u> </u>	04B <u> </u>
5. Trial 2	05A	<u> </u>	05B <u> </u>
6. Trial 3	06A	<u> </u>	06B <u> </u>
7. Trial 4	07A	<u> </u>	07B <u> </u>
8. Trial 5	08A	<u> </u>	08B <u> </u>

Clinic Use Only

Relative Bias <small>(PFM - Spirometer) * 100 % Spirometer</small>	Rank <small>smallest to largest</small>
<u> </u> . <u> </u> %	<u> </u>
<u> </u> . <u> </u> %	<u> </u>
<u> </u> . <u> </u> %	<u> </u>
<u> </u> . <u> </u> %	<u> </u>
<u> </u> . <u> </u> %	<u> </u>

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Median Relative Bias . % **Inter-quartile Range** . %

*The **Median Relative Bias** is the third largest value of the 5 measures of relative bias.*

*The **Inter-quartile Range** is determined by subtracting the relative bias of rank 2 from the relative bias of rank 4.*

When a patient receives a new PFM for the first time, the median relative bias must be between -15% and +15%, AND the inter-quartile range must be less than 10%.

When a patient returns to the clinic with a used PFM: (i) subtract the original median relative bias (the median relative bias when the PFM was first dispensed) from the current median relative bias, and (ii) subtract the original inter-quartile range (the inter-quartile range when the PFM was first dispensed) from the current inter-quartile range. The difference for (i) must be between -5% and +5% and the difference for (ii) must be less than +5% for the peak flow meter to be reissued to the patient.