



**KPJ KLANG**  
SPECIALIST HOSPITAL

**NURSING SERVICES  
PEAK FLOWMETER CHART FORM**

Name :  
MRN :  
D.O.B :  
Sex :  
Ward :  
Bed No :      Date :

DATE	TIME	PRE NEBULIZER	POST NEBULIZER	REMARK
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	
		1	1	
		2	2	
		3	3	