



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved January 2025

Use of Peak Expiratory Flow Rate Monitoring for the Management of Asthma in Adults in the Emergency Department

Reaffirmed January 2025,
January 2019, June 2013

Revised October 2007

Originally approved June
2000

As an adjunct to this policy statement, ACEP has prepared a policy resource and education paper (PREP) titled “Use of Peak Expiratory Flow Rate Monitoring for the Management of Asthma in Adults in the Emergency Department.”

The American College of Emergency Physicians (ACEP) endorses the following principles regarding the use of peak expiratory flow rate (PEFR) monitoring in the emergency department management of adult patients who present for treatment of an acute exacerbation of asthma:

- Determination of PEFR can provide a quantitative measurement of airflow obstruction.
- PEFR monitoring may aid emergency physicians during their evaluation and management of a patient with an acute exacerbation of asthma.
- The use of PEFR monitoring during the emergency department evaluation and management of adult patients with acute exacerbations of asthma has not been shown to improve outcomes, reliably predict the need for admissions, or limit morbidity or mortality.
- The decision to perform PEFR as part of the emergency department management of a patient with an acute exacerbation of asthma should be individualized for each patient.
- There is insufficient evidence to require the use of PEFR monitoring in the emergency department evaluation of all adult patients seeking care for an acute exacerbation of asthma.