

## Pulmonary Function Testing – Ambulatory Care

1. FAX this requisition to (519) 941-6022. Pt will be contacted with an appointment.
2. Please give patient a copy of the instructions
3. Call (519) 941-2410, ext. 2220 to book urgent appointments

Patient Name: \_\_\_\_\_ Health Card: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_

	<u>Time Required</u>
<b>NOTE:</b> Bronchodilator will be given unless otherwise indicated <input type="checkbox"/> <b>Contraindication to Bronchodilator</b>	
<input type="checkbox"/> <i>Adult Routine Pulmonary Function Test:</i> (pre/post bronchodilator with spirometry, lung volumes and diffusion, SpO <sub>2</sub> )	60 minutes
<input type="checkbox"/> <i>Spirometry Pre and Post Bronchodilator ONLY</i>	30 minutes
<input type="checkbox"/> <i>Children's Pulmonary Function Test:</i> 6-12 yrs.: (Spirometry pre/post bronchodilator)	30 minutes
<input type="checkbox"/> <i>Exercise-Induced Bronchospasm:</i> (PFT with Spirometry before / after exercise) and bronchodilator	90 minutes
<input type="checkbox"/> <i>Asthma/COPD Education:</i> Pre and Post bronchodilator with spirometry with discussion: disease process, medications, inhaler technique, action plan, smoking cessation and follow-up spirometry as required.	60 minutes
<b><i>Walking Oximetry Studies and Home Oxygen Assessments</i></b>	
<input type="checkbox"/> <i>Home Oxygen Assessment</i> (oximetry at rest - with exercise, ABG if indicated by oximetry and titration).	60 minutes
<input type="checkbox"/> <i>6 Minute Walk</i> (Walking Oximetry) on room air and/or on oxygen - at the RRT or RCPT's discretion	30 min.
<input type="checkbox"/> <i>Arterial Blood Gas</i> : <input type="checkbox"/> Room Air <input type="checkbox"/> Supplemental Oxygen ( _____ L/min)	15 minutes
<input type="checkbox"/> <i>Independent Exercise Assessment</i> for Home Oxygen Renewal	30 minutes
<i>Home Oxygen - arrangement for oxygen set up will be made if patient meets criteria unless otherwise indicated at which time the referring physician will be notified</i>	
<input type="checkbox"/> <i>No Home Oxygen set up without order from attending physician</i>	

**Priority:**     Routine             Urgent

**Clinical Diagnosis and Medications:**

**Physician Signature:**

\_\_\_\_\_ cc: \_\_\_\_\_ Date: \_\_\_\_\_

# Patient Instructions

DO NOT TAKE YOUR INHALERS – *unless* you are having difficulty breathing or have been told otherwise by your physician

**If you feel you must take your Inhalers due to Shortness of Breath**

TAKE YOUR INHALERS and call 519-941-2702 ext. 2220 to reschedule your appointment

- ✓ STOP the following inhalers 4 hours before testing: Ventolin, Atrovent, Bricanyl, and Combivent
- ✓ STOP all other inhalers 12 hours before testing

## Day of the Test

Your test is completed in the Ambulatory Care department Headwaters Health Care Centre, please register for your breathing test at the registration desk

- ✓ Do not smoke or have any caffeine for 4 hours before the test
- ✓ Wear loose clothing and have a light meal – no fasting is required
- ✓ Do not wear any scented products.
- ✓ Bring a complete list of your current medications including dosages. **Bring your inhalers with you.**
- ✓ Call to postpone the test if you are ill with, flu like symptoms, severe headache or diarrhea

**To Cancel an Appointment: Please call 941-2410 ext. 2220 - 24 hours' prior to your appointment**

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## Pulmonary Function Testing

- This test measures how well your lungs are working, you will be asked to breathe in and out of a machine, as though you were blowing out 12 candles in 1 breath.

*If you have had a recent heart attack or stroke, blood pressure problems that are not controlled by medication, a pulmonary embolism, an aneurysm or recent eye or abdominal surgery, please inform the technician prior to the test.*

## Walk Tests for Oxygen Levels

- This test is a short walk along a hallway and may be with or without oxygen. Normal clothing is appropriate. Oxygen level and Heart Rate will be monitored by a finger probe oximeter. A blood sample from the artery (**Arterial Blood Gas**) may be drawn as indicated by the physician.

## Exercise-Induced Bronchospasm Test

- This test will help to determine whether breathing problems are brought on by exercise. **After doing a breathing test, you will exercise quickly on a treadmill for about 5- 6 minutes.** While on the treadmill, a heart monitor will indicate your heart rate and the pattern of your heart while you exercise. After the exercise you will repeat the breathing test. Please wear comfortable walking or running shoes and a t-shirt and track pants or shorts.

**NON-URGENT Test results will be interpreted and sent to the attending physicians within 14 days**