

**Pulmonary Function Testing – Ambulatory Care**

1. FAX this requisition to (519) 941-6022. Patient will be contacted with an appointment.
2. Please give patient a copy of the instructions.
3. Call (519) 941-2410 ext. 2420 to book urgent appointments.

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

<p><b>NOTE:</b> Bronchodilator will be given unless otherwise indicated</p> <p style="text-align: center;"><input type="checkbox"/> <b>Contraindication to Bronchodilator</b></p> <p><input type="checkbox"/> Adult Routine Pulmonary Function Test: (pre/post bronchodilator with spirometry, lung volumes and diffusion, SpO2)</p> <p><input type="checkbox"/> Maximal Inspiratory and Expiratory Pressures (MIPS and MEPS)</p> <p><input type="checkbox"/> Spirometry Pre and Post Bronchodilator ONLY</p> <p><input type="checkbox"/> Paediatrics Spirometry – 5-7yrs</p> <p><input type="checkbox"/> Paediatrics Pulmonary Function Test: 8-18 yrs.</p> <p><input type="checkbox"/> Exercise-Induced Bronchospasm: (PFT with Spirometry before/after exercise) and bronchodilator</p> <p><input type="checkbox"/> Asthma/COPD Education: Pre and Post bronchodilator spirometry with discussion: disease process, medications, inhaler technique, action plan, smoking cessation, and follow-up spirometry as required.</p> <p><b>Walking Oximetry Studies and Home Oxygen Assessments</b></p> <p><input type="checkbox"/> Home Oxygen Assessment &amp; Titration (oximetry at rest – with exercise On/Off oxygen and/or ABG if indicated by oximetry)</p> <p><input type="checkbox"/> 6 Min Walk (Walking Oximetry) on <input type="checkbox"/> Room air and/or on <input type="checkbox"/> Oxygen – at the RRT/RCPT discretion.</p> <p><input type="checkbox"/> Arterial Blood Gas: <input type="checkbox"/> Room air <input type="checkbox"/> Supplemental Oxygen (___L/min)</p> <p><input type="checkbox"/> Independent Exercise Assessment for Home Oxygen (Re) Qualification</p> <p><i>Home Oxygen – arrangement for oxygen set up will be made if patient meets criteria unless otherwise indicated here. Referring physician will be notified by fax.</i></p> <p><input type="checkbox"/> <b>No Home Oxygen set up without order from attending physician.</b></p>	<p><b>Time Required</b></p> <p>60 minutes</p> <p>15 minutes</p> <p>30 minutes</p> <p>30 minutes</p> <p>60 minutes</p> <p>90 minutes</p> <p>60 minutes</p> <p>60 minutes</p> <p>60 minutes</p> <p>60 minutes</p> <p>15 minutes</p> <p>60 minutes</p>
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 Priority:     Routine     Urgent

**Clinical Diagnosis and Medications:**  
  
  
  
  

 \_\_\_\_\_  
 Physician Signature

 \_\_\_\_\_  
 Date


## Patient Instructions

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

- ✓ **STOP** the following inhalers 4 hours before testing: Ventolin, Atrovent, Bricanyl, and Combivent.
- ✓ **STOP** all other inhalers on day of test.

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

**TAKE YOUR INHALERS and call 519-941-2410 ext. 2420 to reschedule your appointment.**

**If you have and a recent heart attack, 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 your test. Your test may be rescheduled.**

## DAY of the Test

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

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

**To Cancel an Appointment: Please call 519-941-2410 ext. 2420 – 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 from a machine and blow as though you were blowing out 12 candles in 1 breath.

## 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 and comfortable shoes. Bring a cane/walker if required. Oxygen level and Heart Rate will be monitored by an 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, a t-shirt, and track pants or shorts.

**Urgent Test results-** will be faxed to referring MD on day of test.

**Non-Urgent Test results-** will be interpreted and sent to the attending physicians within 7 days.