

The Richmond Hospital
 Cardiopulmonary & Neurodiagnostics Services
 Red Zone Rm 1640 - 7000 Westminster Highway
 Richmond, BC V6X 1A2
 Phone: 604-244-5388; FAX: 604-244-5274

PHN: _____ MRN: _____
 Patient Name: _____ DOB: _____
 TEL #: _____ Gender: _____
 Email: _____
 Address: _____

PULMONARY DIAGNOSTICS REQUISITION

PHYSICIAN'S OFFICE, PLEASE CALL TO BOOK AN APPOINTMENT.

Appt. Date: _____ Time: _____ Inpatient Outpatient Pre-Op/Urgent

Referring Physician: _____ #: _____
 Additional Copies to: _____ #: _____
 REFERRING PHYSICIAN'S SIGNATURE: _____ Date: _____

Referrals without a Clinical Diagnosis and Signature will NOT be processed

NO TRANSLATION SERVICES ARE AVAILABLE, PATIENT MUST BRING THEIR OWN TRANSLATOR.

Clinical Diagnosis: _____
 Previous History: _____
 Precautions: MRSA VRE TB Other: _____
 Allergies: _____
 Smoking History: Yes ppk/yr _____ No
 Medications: _____

Diagnostic (withhold respiratory medications) Routine/Monitoring Of Therapy (continue respiratory medications)

Some respiratory medications will interfere with pulmonary function testing and should not be taken prior to your test. Refer to back of requisition for a list.

TESTING and approximate test lengths: Adult & Pediatrics (>6 years old) testing available

- Simple Spirometry without Bronchodilator (Flow Volume Loop) – 30 min Trending Graph
- Pre and Post Bronchodilator Spirometry (Flow Volume Loop) – 30 min
- Detailed Pulmonary Function Test (includes Pre & Post Bronchodilator Spirometry, DLCO, Lung Volumes) - 60 min
- Respiratory Muscle Strength (MIP/MEP) – 30 min
- Methacholine Challenge Test - 60 min – A RECENT PRE AND POST SPIROMETRY TEST IS REQUIRED PRIOR TO BOOKING. *Test will not be performed on patients with an FEV1 < 1.0 liter or <50% predicted and/or inconsistent spirometry efforts/results.*
- Home Oxygen Program (HOP) Assessment – 60 min
- Resting Oximetry – 15 min Room air Oxygen at: _____ L/min
- Desaturation Study/Walking Oximetry – 30 min Room air Oxygen at: _____ L/min
- Overnight Home Oximetry – 15 min Room air Oxygen at: _____ L/min CPAP level of _____ cm H₂O
- Arterial Blood Gas – 15 min Room air Oxygen at: _____ L/min
- Other (Please specify & arrange with Pulmonary Function Laboratory): _____

PULMONARY DIAGNOSTICS - PATIENT INSTRUCTIONS

What to do before test	What to NOT do before test
<ul style="list-style-type: none"> • Arrive 15 minutes before your scheduled appointment <ul style="list-style-type: none"> ◦ Tests usually take between 30 and 60 minutes • Wear comfortable clothing and shoes • Bring your BC Services Card or other government-issued photo ID • Bring a list of all your breathing medications • Bring any walking aides if used on a regular basis (cane, walker, etc) • Continue to take all your non-respiratory medications that have been prescribed by your doctor • Bring your own Oxygen device (if applicable) • Remove nail polish, gel nails or artificial nails from fingers for the following tests: Overnight Home Oximetry; Home Oxygen Program Assessment; Resting Oximetry; Desaturation Study/Walking Oximetry; and Overnight Home Oximetry) 	<ul style="list-style-type: none"> • DO NOT use perfume, aftershave or other scented products • DO NOT do any physical exercise immediately before your test • DO NOT smoke within 1 hour of your test • DO NOT eat a large meal within 2 hours of your test (a light meal or snack is fine) • DO NOT consume any alcohol within 4 hours of your test • DO NOT use your respiratory inhaler(s) the day of your breathing test (Pre/Post Spirometry, Detailed Pulmonary Function Test, Respiratory Muscle Strength) <ul style="list-style-type: none"> ◦ If you start to have significant respiratory symptoms and need to take your medications before the test, take as prescribed. Make sure to tell the Respiratory Therapist that you have taken your medications.

Additional Instructions for Methacholine Challenge Test *ONLY*

DO NOT eat or drink any products that contain caffeine such as coffee, tea, colas, energy drinks or chocolate, on the day of your test.

For Methacholine Challenge Test *ONLY* – Stop the following medications before the test.

Airomir, Bricanyl, Salbutamol, Ventolin	8 hours
Accolate, Atrovent, Combivent (Respimat), Singulair	24 hours
Advair, Breo, Foradil, Onbrez, Oxeze, Serevent Symbicort, Theodur, Theophylline, Unipli, Xolair, Zenhale	48 hours
Anoro, Duaklir, Incruse, Inspiroto (Respimat), Seebri, Spiriva, Spiriva (Respimat), Tudorza, Ultibro	7 days
Oral Antihistamine (Aerius, Allegra, Benadryl, Chlor-Tripolon, Claritin, Reactine)	3 days
Alvesco, Asmanex, Daxas, Flovent, Predisone, Pulmicort, QVAR	Continue to take

Continue to take all your prescribed medications as usual for the following tests: Arterial Blood Gas, Desaturation Study/Walking Oximetry, Home Oxygen Program (HOP) Assessment, Overnight Home Oximetry, and Resting Oximetry.