



Pulmonary Function Requisition Comox Valley Hospital

PATIENT INFORMATION		PROVIDER INFORMATION	
Name First	Last	Ordering Physician	
Date of birth	Gender	MSP #	<input type="checkbox"/> Locum
Address		Clinic Name Street Address Phone Fax	STAMP
Primary contact number		Primary Care Provider <input type="checkbox"/> Same as ordering practitioner	
MRN (optional)	PHN	Copy to (full name)	

BRIEF HISTORY AND INDICATIONS FOR TESTING (REQUIRED):

Routine Urgent (indication required) **Urgent Indication:**

Relevant Medications: (inhalers, Amiodarone, Methotrexate, etc...)

Supplemental Oxygen Yes No (specify) Infectious precautions Yes No (specify)

Special considerations: (Hearing deficit, ambulation, violence alert, etc...)

SPIROMETRY. Must be 7 years or older

- (45min) Pre/Post Spirometry checks volumes, a/w, and Bronchodilator (BD) Response
Best measurement of airflow obstruction (Asthma/COPD) & response or no-response to BD
- (30min) Simple Spirometry No Bronchodilator given, response known, F/U Study

SPECIALIZED. Must be 18 years or older unless ordered by Internist or Pediatrician.

- (60min) Complete- Pre/Post Spirometry, Lung Vols via Body Plethysmography, Diffusion.
- (45min) Simple Complete- F/U Simple Spirometry, Body Plethysmography, Diffusion
- (45min) Pre/Post Spirometry with Diffusion Study-
Screens for potential Pulmonary Drug Toxicity, ILD/Fibrosis, and Occupational Lung disease.
- (30min) Simple Spirometry with Diffusion- No BD. Follow-up surveillance for above.
- (15min) MIPS/MEPS to assess respiratory muscle function.

- (120min) Methacholine Challenge – Requires Informed Adult Consent (pg.2)
 - to be ordered by Internists, Respiriologists, Allergists, and Military Physicians only
 - normal pre/post spirometry (within 6 months) – include report from accredited facility.
 - GP/NP request accepted if Methacholine suggested by Respirology on Interpretation.
- Information for Methacholine Challenge has been given and verbal consent acquired.

GAS EXCHANGE

- (30min) Arterial Blood Gases Room Air Oxygen ____ l/min

OXIMETRY - O2 Saturation at rest performed if FEV1 or DLCO <50% of Predicted.

- (30min) Six Minute Walk test Room Air Oxygen ____ l/min
- (15min) Overnight Oximetry Room Air Oxygen ____ l/min BiPAP/CPAP

Physician Signature (Required for MSP) _____ Date _____

ROUTING

Only faxed requisitions will be booked
Please fax completed form to: 250-331-5904
Direct line: 250-331-8537 or VIHA ext.# 68537

Please print a copy of this page only and give to Patient.

Methacholine Information: Informed Consent

Information regarding the Methacholine Challenge must be explained by Physician or Nurse Practitioner, and verbal consent to perform the test acquired.

Signatures from patient will be collected at time of appointment.

Methacholine Challenge Information

Purpose, Preparation, and Procedure:

The purpose of a Methacholine Challenge is to determine how responsive (or irritable) your airways are and to determine the severity of any bronchial hyperresponsiveness.

It will be performed in the Pulmonary Function Laboratory at Comox Valley Hospital.

After submitting the request from this office, you will be contacted by the pulmonary function booking clerk with an appointment. You will be given instructions regarding any inhalers or medications you may have to withhold before the test.

On the day of the test you will be asked to inhale a series of mists, starting with a dilutant (Placebo), and followed by inhaling an increasing dose of Methacholine.

You will be asked to blow forcefully into a spirometer, before and after each inhalation to determine any measurable change in your breathing.

Discomfort and Risks:

Inhalation of Methacholine may be associated with some symptoms including cough, shortness of breath, chest tightness, wheezing, chest discomfort or headaches, typically your own breathing symptoms will arise. These symptoms are usually mild, last only a few minutes and will be relieved by inhalation of bronchodilators which will be given near the completion of the test.

The test is carried out in such a way that the danger of a severe asthmatic reaction is minimized; however, there is still a very small possibility of severe narrowing of your airways. If such a reaction occurs, you will be immediately treated by appropriately trained health care professionals.

Instructions to follow prior to testing.

You will be asked to withhold breathing medications including antihistamines prior to testing. The test takes approximately 90 minutes.

No Children or Observers are permitted in the room during a Methacholine Challenge

Preparation for Booking the test.

If after having your appointment booked you become pregnant, sick, or have an unexpected surgery, please advise booking clerk to reschedule. Please give as much notice as possible if the need to cancel arises. Direct line: 250-331-8537 or ext.# 68537

Prepare a list of your inhalers or antihistamines to have available for booking clerk's instructions.

Appointment Day: **Wednesday** _____ **Thursday** _____

Please arrive 10-15 minutes early. Appointment time will be **8 a.m.**