

# PULMONARY DIAGNOSTICS REQUISITION

To book an appointment, fax completed requisition to 604-806-8544.

Requisition date: _____	
Patient name: _____	DOB: _____
Address: _____	PHN: _____
Phone(s): _____	Gender: _____

**Please confirm the appointment details with your patient.**

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

Requesting physician: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ STAMP

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional copies to: \_\_\_\_\_

\* Requisitions without a diagnosis or physician signature will NOT be processed. \*

DIAGNOSIS:	
URGENCY:	<input type="checkbox"/> High Priority/Diagnostic ( <i>Withhold respiratory medications</i> ) <input type="checkbox"/> Routine/Monitoring of Therapy ( <i>Continue respiratory medications</i> )
PREFERRED LOCATION:	<input type="checkbox"/> St. Paul's Hospital 1081 Burrard St., Vancouver, BC Phone: 604-806-8333 <input type="checkbox"/> Mount Saint Joseph Hospital 3080 Prince Edward St., Vancouver, BC Phone: 604-806-8333
ALLERGIES:	
PRECAUTIONS:	<input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> CPO <input type="checkbox"/> TB   Other: _____

TESTS:	
<b>Spirometry:</b> <input type="checkbox"/> Pre Bronchodilator Spirometry <input type="checkbox"/> Pre and Post Bronchodilator Spirometry	<div style="display: flex; align-items: center; justify-content: center;"> <div style="margin-right: 10px;">→</div> <div style="text-align: left;"> <b>DROP-IN SPIROMETRY</b>  <i>St. Paul's Hospital only - No appointment required</i>  <b>TUESDAY, WEDNESDAY, THURSDAY</b>            Morning – 8:00 to 11:30 am   Afternoon – 1:00 to 3:30 pm         </div> </div>

**Detailed Tests:**

Complete Pulmonary Function Test - *Includes Pre & Post Bronchodilator Spirometry, Diffusion Capacity, and Lung Volumes*

Diffusion Capacity (D<sub>L</sub>CO) Only

Methacholine Challenge Test - *Pre & Post Bronchodilator Spirometry must be completed within the past 6 months.*

<b>Oxygenation &amp; Gas Exchange:</b> <input type="checkbox"/> Arterial Blood Gas <input type="checkbox"/> Overnight Oximetry <input type="checkbox"/> Resting Oximetry <input type="checkbox"/> Walking Oximetry <i>Home Oxygen Assessment</i>	<b>Specify Oxygen Level:</b> <input type="checkbox"/> On Room Air <input type="checkbox"/> With Oxygen at _____ L/min O <sub>2</sub> <input type="checkbox"/> On CPAP level of _____ cm H <sub>2</sub> O
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**Patient Education:**

Respiratory Education Centre (located at St. Paul's Hospital) - *Includes a pre & post bronchodilator Spirometry and consult with a Respiratory Patient Educator*

**Only SPECIALISTS may request the following tests:**

6 Minute Walk Test – *specify:*  On Room Air    With Oxygen at \_\_\_\_\_ L/min

Ventilatory Muscle Strength (*MIP & MEP*)

Shunt Calculation

Altitude Simulation Test

# Pulmonary Diagnostics PATIENT INSTRUCTIONS

## PREPARING FOR YOUR TEST

THINGS TO DO	THINGS TO AVOID
<ul style="list-style-type: none"> <li>Arrive 15 minutes before your scheduled appointment</li> <li>Tests usually take between 30 and 60 minutes</li> <li>Wear comfortable clothing</li> <li>Bring your BC Services Card or other government-issued photo ID</li> <li>Bring a list of all your breathing medications</li> <li>Continue to take all your non-respiratory medications that have been prescribed by your doctor</li> </ul>	<ul style="list-style-type: none"> <li>DO NOT use perfume, aftershave or other scented products</li> <li>DO NOT do any physical exercise immediately before your test</li> <li>DO NOT smoke within 1 hour of your test</li> <li>DO NOT eat a large meal within 2 hours of your test (<i>a light meal or snack is okay</i>)</li> <li>DO NOT consume any alcohol within 4 hours of your test</li> <li>DO NOT use your inhalers unless you start to have significant respiratory symptoms.</li> </ul> <p>If you need to, take your medications as normally prescribed then before starting the test, tell the respiratory therapist that you have taken your medications</p>

### ADDITIONAL INSTRUCTION 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.

### RELIEVER MEDICATIONS

Salbutamol ( <i>Airomir, Apo-Salvent, Ventolin</i> ) Terbutaline ( <i>Bricanyl</i> )	DO NOT use in the 8 hours before your test
Ipratropium ( <i>Atrovent</i> )	DO NOT use in the 24 hours before your test

### CONTROLLER / MAINTENANCE MEDICATIONS

Fluticasone ( <i>Flovent</i> ), Budesonide ( <i>Pulmicort</i> ) Ciclesonide ( <i>Alvesco</i> ), Belcomethasone ( <i>QVAR</i> ) Mometasone ( <i>Asmanex</i> )	Continue to take as prescribed by your doctor
Formoterol ( <i>Oxeze</i> ), Salmeterol ( <i>Serevent</i> ) Formeterol ( <i>Foradi</i> ), Combivent	DO NOT use in the 24 hours before your test
Tiotropium ( <i>Spiriva, Respimat</i> ), Acclidinium ( <i>Tudorza</i> ), Glycopyrronium ( <i>Seebr</i> )	DO NOT use in the 24 hours before your test
<i>Advair, Symbicort, Breo, Zenhale</i>	DO NOT use in the 24 hours before your test
<i>Anoro, Ultibro, Indacaterol (Onbrez)</i> <i>Singulair, Xolair, Theophylline</i>	DO NOT use in the 48 hours (2 days) before your test
Oral Corticosteroid ( <i>Prednisone</i> ), <i>Daxas</i>	Continue to take as prescribed by your doctor

### For Methacholine Challenge Test **ONLY**:

Oral Antihistamine: <i>Allegra, Aerius, Claritin, Reactine, Benadryl, Chlor-Tripolon</i>	DO NOT use in the 72 hours (3 days) before your test
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