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: _____

Phone: _____ Fax: _____

Additional copies to: _____

STAMP

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

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

TESTS:

Spirometry:

☐ Pre Bronchodilator Spirometry

☐ Pre and Post Bronchodilator Spirometry

→ **DROP-IN SPIROMETRY**

St. Paul's Hospital only - No appointment required

TUESDAY, WEDNESDAY, THURSDAY

Morning – 8:00 to 11:30 am Afternoon – 1:00 to 3:30 pm

Detailed Tests:

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

☐ Diffusion Capacity (D_LCO) Only

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

Oxygenation & Gas Exchange:

☐ Arterial Blood Gas

☐ Overnight Oximetry

☐ Resting Oximetry

☐ Walking Oximetry *Home Oxygen Assessment*

Specify Oxygen Level:

☐ On Room Air

☐ With Oxygen at _____ L/min O_2

☐ On CPAP level of _____ cm H_2O

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
• Arrive 15 minutes before your scheduled appointment Tests usually take between 30 and 60 minutes • Wear comfortable clothing • Bring your BC Services Card or other government-issued photo ID • Bring a list of all your breathing medications • Continue to take all your non-respiratory medications that have been prescribed by your doctor	• 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 okay)* • DO NOT consume any alcohol within 4 hours of your test • DO NOT use your inhalers unless you start to have significant respiratory symptoms. 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

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 (*Airomir, Apo-Salvent, Ventolin*) Terbutaline (*Bricanyl*)	DO NOT use in the 8 hours before your test
Ipratropium (*Atrovent*)	DO NOT use in the 24 hours before your test

CONTROLLER / MAINTENANCE MEDICATIONS	
Fluticasone (*Flovent*), Budesonide (*Pulmicort*) Ciclesonide (*Alvesco*), Belcomethasone (*QVAR*) Mometasone (*Asmanex*)	Continue to take as prescribed by your doctor
Formoterol (*Oxeze*), Salmeterol (*Serevent*) Formeterol (*Foradil*), Combivent	DO NOT use in the 24 hours before your test
Tiotropium (*Spiriva, Respimat*), Aclidinium (*Tudorza*), Glycopyrronium (*Seebri*)	DO NOT use in the 24 hours before your test
Advair, Symbicort, Breo, Zenhale	DO NOT use in the 24 hours before your test
Anoro, *Ultibro*, Indacaterol (*Onbrez*) *Singulair*, *Xolair*, Theophylline	DO NOT use in the 48 hours (2 days) before your test
Oral Corticosteroid *(Prednisone), Daxas*	Continue to take as prescribed by your doctor
For Methacholine Challenge Test ONLY:	
Oral Antihistamine: *Allegra, Aerius, Claritin, Reactine, Benadryl*, *Chlor-Tripolon*	DO NOT use in the 72 hours (3 days) before your test