

# PULMONARY DIAGNOSTICS REQUISITION

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

<b>Requisition date:</b> _____
<b>Patient Name:</b> _____ <b>DOB (DD/MMM/YYYY):</b> _____ <b>Address:</b> _____ <b>PHN:</b> _____ <b>Phone(s):Home:</b> _____ <b>Cell (for text reminders):</b> _____ <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

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

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

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

MSP Number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

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

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

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

**STAMP**

<b>DIAGNOSIS:</b>	_____
<b>URGENCY:</b>	<input type="checkbox"/> High Priority/Diagnostic ( <i>Withhold respiratory medications</i> ) <input type="checkbox"/> Routine/Monitoring of Therapy ( <i>Continue respiratory medications</i> )
<b>PREFERRED LOCATION:</b>	<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
<b>ALLERGIES:</b>	_____
<b>PRECAUTIONS:</b>	<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	<b>DROP-IN SPIROMETRY</b> <i>St. Paul's Hospital only</i> – Prior to coming in, please call ahead to confirm testing availability <b>Phone: (604) 806-8333</b>
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**Detailed Tests:**

Complete Pulmonary Function Test - *Includes pre & post bronchodilator spirometry, diffusion capacity, and lung volumes*

Diffusion Capacity (DLCO) 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 (*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 (*FORADIL, OXEZE*), salmeterol (*SEREVENT*)  
ipratropium-salbutamol (*COMBIVENT*)  
tiotropium (*SPIRIVA*), aclidinium (*TUDZORZA*), glycopyrronium (*SEEBRI*)  
*fluticasone-salmeterol (ADVAIR), budesonide-formoterol (SYMBICORT), fluticasone-vilanterol (BREO), mometasone-formoterol (ZENHALE)*

**For Pulmonary Function Test:**  
DO NOT use any of these medications in the 24 hours before your test

**For Methacholine Challenge Test:**  
DO NOT use any of these medications in the 48 hours (2 days) before your test

Umeclidinium-vilanterol (*ANORO*), indacaterol-glycopyrrolate (*ULTIBRO*), indacaterol (*ONBREZ*), montelukast (*SINGULAIR*), omalizumab (*XOLAIR*), theophylline

DO NOT use in the 48 hours (2 days) before your test

Oral Corticosteroid (*predniSONE*), roflumilast (*DAXAS*)

Continue to take as prescribed by your doctor

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

Oral Antihistamines: *fexofenadine (ALLEGRA), desloratadine (AERIUS), loratadine (CLARITIN), cetirizine (REACTINE), diphenhydramine (BENADRYL), loratadine-pseudoephedrine (CHLOR-TRIPOLON)*

DO NOT use in the 72 hours (3 days) before your test

### PERSONAL INFORMATION COLLECTION NOTICE

Providence Health Care (PHC) collects personal information from your referring physician for the purposes of scheduling appointments and providing care to you. We collect this information under Section 26(c) of B.C.'s Freedom of Information and Protection of Privacy Act. We will contact you via SMS text message prior to your appointment. The text message will confirm your appointment date and time and provide you with a contact number to call if you wish to cancel or rearrange. Please do not reply to the text message, as any responses will not be received by PHC. If you have any questions please contact the Pulmonary Function Lab at 604-806-8333 extension 62080.