


| RESPIRATORY DIAGNOSTIC REQUISITION | | Patient Information | |
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|  <p>Department of Cardio-Respiratory/ Diagnostic Imaging 310 Juliana Drive Woodstock, ON N4V 0A4 Phone: 519-421-4204 Fax: 519-421-4241 Central Bookings Phone: 519-537-2381 Fax: 519-421-4238</p> | | <p>Name (Last, First): _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F PIN: _____ MMM DD YYYY *Patient must be over 6 years old for Spirometry and over 12 years old for all other testing*</p> | |
| <p>Referring Physician or Other Authorized Health Care Provider</p> | | <p>Address: _____ Phone Number (Home): _____ (Other): _____ Health Card Number: _____ Version Code: _____</p> | |
| <p>Name (Please print): _____ Phone Number: _____ Fax: _____</p> | | <p>Smoking History: <input type="checkbox"/> Non-Smoker <input type="checkbox"/> Smoker: Years Smoked: _____ Number of Cigarettes Per Day (Maximum): _____ <input type="checkbox"/> Ex-Smoker: Quit Date: _____ (MMM/DD/YYYY) Number of Cigarettes Per Day (Maximum): _____</p> | |
| <p>Ordering Physician or Authorized Health Care Provider Signature:</p> | | <p>Relevant Patient History:</p> | |
| <p>Copy to: _____</p> | | | |
| EXAMINATION: | | PATIENT PREPARATION (further details on page 2): | |
| <input type="checkbox"/> Spirometry – Pre and Post Bronchodilator, Oximetry (Oxygen Saturation at Rest) <input type="checkbox"/> No Post Bronchodilator <input type="checkbox"/> Special Instructions: _____ | | <ul style="list-style-type: none"> Do not take breathing medications and inhalers on day of exam unless otherwise indicated | |
| <input type="checkbox"/> Full Pulmonary Function Test (PFT) includes: Spirometry – Pre and Post Bronchodilator, Airway, Resistance, Lung Volumes, Diffusion Capacity, Oximetry (Oxygen Saturation at Rest) <input type="checkbox"/> No Post Bronchodilator <input type="checkbox"/> Special Instructions: _____ | | <ul style="list-style-type: none"> Do not smoke 6 hours prior to exam Do not take breathing medications and inhalers on day of exam unless otherwise indicated | |
| <input type="checkbox"/> Respiratory Muscle Strength–Maximal Inspiratory Pressure (MIP), Maximal Expiratory Pressure (MEP) | | <ul style="list-style-type: none"> No preparation required | |
| <input type="checkbox"/> Exertional Hypoxemia Test (Home O2 assessment) <input type="checkbox"/> 6 Minute Walk Test | | <ul style="list-style-type: none"> No preparation required | |
| <input type="checkbox"/> Arterial Blood Gases (ABG) | | <ul style="list-style-type: none"> No preparation required | |
| <input type="checkbox"/> Methacholine Challenge Test (includes spirometry pre and post bronchodilator and oximetry) | | <ul style="list-style-type: none"> See page 3 for details on withholding medications. | |
| <input type="checkbox"/> Other: _____ | | | |
| CONTRADICTIONS (Please note exam will be canceled if): | | | |
| <ul style="list-style-type: none"> Recent heart attack (within last 4 weeks) Recent surgery of eye, chest, or abdomen (within last 6 weeks) | | <ul style="list-style-type: none"> Acute respiratory illness Active or suspected tuberculosis Spirometry – Patient is under 6 years of age Full Pulmonary Function Test – Patient is under 12 years of age | |
| <p>BOOKINGS CANNOT BE MADE UNLESS REQUISITION IS COMPLETED IN FULL Please submit completed requisition by fax to Central Bookings: 519-421-4238 PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD To cancel or reschedule your appointment please call Central Bookings: 519-537-2381</p> | | | |



Woodstock Hospital is committed to ensuring our patients, their family and caregivers are supported to actively play a role in their care. This handout will provide you with information regarding your respiratory exam today.

PREPARATION for ALL PULMONARY FUNCTION EXAMINATIONS

- Avoid food or drinks with caffeine, and avoid eating a heavy meal at least 2 hours before the exam
- Do not smoke or exercise vigorously for 6 hours before the exam
- Do not use scented products
- Wear loose, comfortable clothing
- Bring a written list of current medications
- Please arrive 20 minutes before your appointment time
- **Check in on the Main Floor Diagnostic Imaging, Cardio-Respiratory Reception.**
Late arrivals may be rebooked

| EXAM | EXAM DESCRIPTION | DURATION |
|---|---|------------|
| Spirometry (Partial Pulmonary Function and Flow Volume Loop) | <ul style="list-style-type: none"> • This test involves you taking a full breath in and blowing out as hard and fast as you can for as long as possible into a calibrated spirometer. Measurements are made of how well your lungs can be emptied and filled with air. The test is performed while sitting down, with legs uncrossed and correct posture. • You may be asked to repeat the blow into the machine after taking a breathing medicine (bronchodilator) this may allow your Physician to determine if a breathing medication (bronchodilator) helps you to breathe better. | 30 minutes |
| Full Complete Pulmonary Function Test (PFT) | <ul style="list-style-type: none"> • The full test includes Spirometry as well as tests to measure the size of your lungs, and how fast oxygen gets into your blood. | 60 minutes |
| Methacholine Challenge Testing | <ul style="list-style-type: none"> • This test can help your doctor evaluate symptoms suggestive of asthma. It will begin with Spirometry (see the description above) to establish a baseline. Once a baseline is established the test involves the inhalation of different doses of Methacholine. This drug can cause narrowing of the airways. After each dose is inhaled, spirometry will be performed. The dose will increase in strength until you experience a 20% drop in breathing ability or you reach the maximum dose with no change in your lung function. After the test is completed you may be administered 4 puffs of Ventolin and repeat Spirometry after roughly 15 minutes. | 60 minutes |
| Arterial Blood Gasses (ABG) | <ul style="list-style-type: none"> • An arterial blood gas (ABG) test measures the acidity (pH) and the levels of oxygen and carbon dioxide in the blood from an artery. • This test is used to check how well your lungs are able to move oxygen into the blood and remove carbon dioxide from the blood. • Blood for an ABG test is taken from an artery. | 30 minutes |
| Respiratory Muscle Strength Maximal Inspiratory Pressure (MIP) Maximal Expiratory Pressure (MEP) | <ul style="list-style-type: none"> • The MIP reflects the strength of the diaphragm and other inspiratory muscles, while the MEP reflects the strength of the abdominal muscles and other expiratory muscles. • This test requires you to blow in as hard as you can and to breathe out as hard as you can. The pressure you make when you breathe like this tells us the strength of your chest muscles. | 30 minutes |

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS
 To cancel or reschedule your appointment please call Central Bookings: 519-537-2381 For any questions regarding Pulmonary Function Exams please call: 519-421-4233 extension 3160

Please be aware that this is a "Fragrance-Free" facility

For more information on these procedures, please visit:

<https://www.woodstockhospital.ca/cardio-respiratory-care/>



INSTRUCTIONS FOR METHACHOLINE CHALLENGE TESTING

Do not take breathing medications as outlined below. If you must use these medications during that time, call your doctor's office because your test may have to be rescheduled.

Short-Acting Inhalers:

Do not take 6 hours before the test:

(Airomir (Salbutamol), Bricanyl (Terbutaline), Ventolin (Salbutamol))

Do not take 12 hours before the test:

Atrovent (Ipratropium)

Long-Acting Inhalers:

Do not take 36 hours before the test:

Advair (Salmeterol), Breo Ellipta (Vilanterol), Brovana (Arformoterol), Foradil (Formoterol), Oxeze (Formoterol), Onbrez Breezhaler (Indacaterol), Servent (Salbutamol), Olodaterol, Symbicort (Formoterol), Zenhale (Formoterol)

Ultra Long-Acting Muscarinic Antagonists:

Do not take 72 hours before the test:

Incruse Ellipta, Anora Ellipta (Unmeclidinium) Spiriva, Spiriva Respimat, Inspiroto Respimat (Tiotropium), Seebri Breezhaler, Ultibro Breezhaler, Glycopyrronium, Tudorza Genuair, Duaklir Genuair (Aclidinium)

Anti-IgE Therapy:

Do not take 6 weeks before the test:

Omalizumab (Xolair)