



Campbell River Hospital
Respiratory Services

**Pulmonary Function
Requisition**

Only faxed requisitions will be booked.

Please give the original with instructions to the patient who will then be contacted by phone.

Fax : 250-286-7148
Phone: 250-286-7100 ext 67453

Must be complete for booking purposes

Name: _____

DOB (m/d/y): _____

PHN: _____

Mailing Address: _____

Birth Gender: M F Patient identifies as: _____

Phone: H _____ W _____

Appointment Date: _____ **Time:** _____

Urgency: Routine <input type="checkbox"/> Urgent <input type="checkbox"/> Timed _____	Height: _____	Weight: _____
Ordering Physician: (please print)	Smoking History:	
Copies to:	Brief Clinical History and Indications for Testing:	
Special Considerations: (language barrier, hearing deficit, ambulation, etc.)		
Infectious Precautions: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:	Relevant Medications: (Inhalers, beta-blockers, Amiodarone, Methotrexate, etc.)	
Supplemental Oxygen: No <input type="checkbox"/> Yes <input type="checkbox"/> Specify:		
Allergies:		

<input type="checkbox"/>	Spirometry/Flow Volume Loops – without bronchodilator	Screening or follow-up study
<input type="checkbox"/>	Spirometry/Flow Volume Loops – with bronchodilator (pre/post)	Suspected obstructive lung disease (e.g. Asthma/COPD) Must be 7 yrs of age Oximetry added if FEV1 < 50% pred.
<input type="checkbox"/>	Detailed Pulmonary Function Study Pre/post Spirometry, Diffusion, Lung Volumes 18 yrs or older unless ordered by Internist or Pediatrician	Suspected restrictive lung disease or abnormal Spirometry Oximetry added if FEV1 or DLCO is < 50% pred.
<input type="checkbox"/>	Methacholine Challenge: Assessed by serial flow measurement To be ordered by Internists, Respirologists, Allergists, Military Police	Suspected Asthma Normal pre/post spirometry required within past 6 months Must not have poorly controlled HTN or recent MI (within 3 months)
<input type="checkbox"/>	MIPS/MEPS To assess respiratory muscle function	Suspected neuromuscular disease
<input type="checkbox"/>	Home Oxygen Assessment May include oximetry, ABG, Overnight Oximetry	Ambulation testing to be provided by Home Oxygen vendors
<input type="checkbox"/>	Overnight Oximetry	Suspected OSA, nocturnal hypoxemia
<input type="checkbox"/>	Arterial Blood Gases Room air <input type="checkbox"/> Oxygen <input type="checkbox"/> @ _	Suspected Hypoxemia/Hypercapnia
<input type="checkbox"/>	Oximetry at rest, with or without Oxygen	Suspected Hypoxemia
<input type="checkbox"/>	Six Minute Walk Test	Functional assessment of cardiopulmonary disease pre or post treatment

Physician Signature _____ **Date** _____

(Required for MSP)

PULMONARY FUNCTION LAB - Patient Instructions

Your doctor has requested you have a breathing test. To obtain results that best reflect your current condition, please adhere to the following instructions:

General Instructions for Standard and Specialized Breathing Tests

- **No** short-acting bronchodilators (Ventolin, Salbutamol, Combivent, Bricanyl, Berotec) **6 hours prior** to testing.
- **No** short-acting muscarinic antagonist bronchodilators (Atrovent) **12 hours prior** to testing
- **No** long-acting bronchodilators (Advair, Symbicort, Breo, Serevent, Oxeze, Foradil, Zenhale) **24 hours prior** to testing **No** Spiriva for **36 hours prior**.
- **If experiencing significant respiratory symptoms withholding breathing medications not required.**
- **No** nicotine **24 hours prior** to test. Carbon monoxide in cigarettes can affect test results.
- **No** caffeine (chocolate, coffee, tea, pop) **4 hours prior** to testing. Caffeine can affect the breathing tubes and make your heart beat faster, altering test results.
- **No** alcohol **4 hours prior** to testing. Alcohol changes how blood flows through your body and this can alter test results.
- **No** perfume/cologne or lipstick.
- **Do eat** a light meal 2 hours prior to testing. A large meal limits lung expansion and also affects blood flow through your body, altering test results.
- **Do** arrive 30 minutes early for your exam. Exertion, or any type of physical activity, can affect test results. For this reason, patients are asked to arrive early to ensure they are relaxed and “breathing easy” before their test begins.
- **Do** wear comfortable, loose-fitting clothing.

Bronchial Challenge

- Detailed written instructions will be provided

Six Minute Walk Test

(If a breathing test is also ordered, the instructions for the breathing test would be followed in lieu of the following instructions):

- **Do** take all medications as prescribed.
- **Do** arrive 30 minutes early wearing comfortable walking shoes.
- **Do not** eat a large meal or have caffeine **1 hour prior** to testing.

Overnight Oximetry

- Instruction to be given upon arrival. This test will measure your oxygen levels at home while you sleep.

Parking:

Please be aware that parking is limited and allow yourself time to access the facility.

Cancellations:

If you are unable to attend your appointment, please call 250-286-7100, ext 67453 to reschedule.

Please do not come in for your test if you think you have a cold or the flu.