

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:	
Spirometry: <input type="checkbox"/> Pre Bronchodilator Spirometry <input type="checkbox"/> Pre and Post Bronchodilator Spirometry	DROP-IN SPIROMETRY <i>St. Paul's Hospital only - No appointment required</i> 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: <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>	Specify Oxygen Level: <input type="checkbox"/> On Room Air <input type="checkbox"/> With Oxygen at _____ L/min O ₂ <input type="checkbox"/> On CPAP level of _____ cm H ₂ 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"> • Arrive 15 minutes before your scheduled appointment <p>Tests usually take between 30 and 60 minutes</p> <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 (<i>a light meal or snack is okay</i>) • DO NOT consume any alcohol within 4 hours of your test • DO NOT use your inhalers unless you start to have significant respiratory symptoms. <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 (QVAR) 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 Tiotropium (<i>Spiriva, Respimat</i>), Acclidinium (<i>Tudorza</i>), Glycopyrronium (<i>Seebri</i>) <i>Advair, Symbicort, Breo, Zenhale</i>	<p>For Pulmonary Function Test: DO NOT use any of these medications in the 24 hours before your test</p> <p>For Methacholine Challenge Test: DO NOT use any of these medications in the 48 hours (2 days) before your test</p>
<i>Anoro, Ultibro</i> , Indacaterol (<i>Onbrez</i>) <i>Singulair, Xolair</i> , Theophylline	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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