



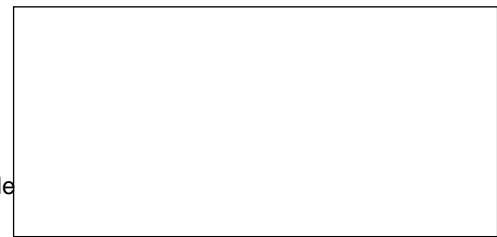
**Lakeridge
Health**

**Cardio Respiratory Services
PULMONARY FUNCTION REQUISITION**

TEST LOCATION:

- Lakeridge Oshawa, G wing. Take elevator down to B1.
- Lakeridge Ajax-Pickering, ACU. Ground Floor, East Side

Fax: (905) 721-4863



TEST TIME:

TEST DATE:

Please note an original or copy of the requisition is required for testing to be done

NAME: _____
 (Last, First)

DOB: _____

HCN: _____

M or F

PHONE: _____

ORDERING PHYSICIAN: _____

FAMILY PHYSICIAN: _____

IMPORTANT PATIENT INFORMATION

Patient should not use nicotine products at least 2 hours prior to the test

Do not consume alcohol, caffeine or chocolate 6 hours prior to the test

If possible, do not take bronchodilator therapy 4-6 hours prior to the test. For reliever medications, see attached table.

If you've had eye surgery in the past 8 weeks, please reschedule

Please bring medications or list of medications

Please arrive 20 minutes prior to your scheduled appointment to allow sufficient time for registration

This is a Scent-Free Environment. Please refrain from wearing perfume/cologne

- FULL PULMONARY FUNCTION STUDY**
- **Note: if 12 and under, only FVL/Spirometry will be attempted**
- MIP & MEP
- OR**
- Pre and Post Spirometry

BRONCHODILATOR RESPONSE Yes No

**Note: Pre and Post spirometry required for Methacholine Challenge Testing **

- ARTERIAL BLOOD GASES (ABG)**
- Room Air On O₂

Does the patient have a history of cardiac disease?

- Yes No

Present diagnosis: _____

Does the patient have a history of respiratory disease?

- Yes No

Present diagnosis: _____

Inhalation History: _____
(I.e., Smoking, vaping and etc.)

Indication for testing: _____

Is the patient on:

- Bronchodilators Yes No
- Steroids Yes No
- Beta-blockers Yes No
- Antihistamines Yes No

THERAPIST USE ONLY

Bronchodilator

Date and Time given: _____

Medication and dose: _____

Post MCT Bronchodilator given? Yes

ABG

Room Air Yes

FiO₂ : _____

Modified Allen's test done: Yes No

Puncture Site: Right radial Left radial

Number of attempts: _____

Pressure applied to puncture site: Yes No

Comments

OXYGEN SATURATION

Indicated only for patients with pulmonary impairment that limits activities of daily living

- Resting
- 6 Minute Walk Test (6MWT)
- Book IEA if patient desaturates during 6MWT
- Independent Exercise Assessment (for home O₂ qualification only)

METHACHOLINE CHALLENGE TEST (MCT)

Can only be ordered by a GP on children 13 years and older

- Age 8-12 MUST be ordered by a Paediatrician or specialist
- PFT testing needs to be done within 6 months of MCT
- If PFT done at another facility please include results with requisition
- Please **ensure** patient is given a copy of HOLD MEDICATION list for Methacholine Challenge. See reverse/attached.

DOCTORS OFFICE USE ONLY

Date: _____

Ordering Physician: _____

Please call to ensure test is booked prior to faxing.

To cancel or change an appointment OR if you have any questions or concerns please call:

Lakeridge Oshawa: (905) 576-8711, ext 33551



HOLD MEDICATION LIST FOR METHACHOLINE CHALLENGE TEST

(see front of form to see if this test has been ordered)

This is designed as a guide for patients scheduled for a Methacholine Challenge Test

Several medications will interfere with the results of this test; therefore they should be **DISCONTINUED FOR THE PERIOD OF TIME INDICATED** on the following chart. If you feel unwell because you are not taking your medication, please contact your doctor or call the Pulmonary Function Lab at Lakeridge Health Oshawa at **905-576-8711, ext. 33551**.

Hold 6 hours prior to test	Hold for 48 hours prior to test		Hold 72 hours prior to test
Airomir™ Apo Salvent® Bricanyl® Novo Salmol® Ventolin®	Advair® Apo® Cromolyn Choledyl Foradil® Intal® Onbrez® Oxeze® Quibron® Serevent®	Alvesco® Arnuity® Asmanex® Breo® Budesonide Flovent® Pulmicort® Q-Var® Sodium Cromoglycate Symbicort® Theodur® Tilade® Uniphyll® Zenhale® All allergy medications (e.g., Reactine®, Claritin®) Any cough medication with decongestant and antihistamines	Accolate® Anoro® Duaklir® Incruse® Seebri® Singulair® Tudorza® Ultibro®
Hold 12 hours prior to test	Hold 1 week prior to test		Hold 2 weeks prior to test
Atrovent® Combivent®	Inspiolto® Spiriva® Respimat®		Prednisone

