Appendix G Spirometry Testing Workflow - ADULT Individual with suspected or confirmed COPD: (at any visit) Current or Former Tobacco User & 40 years of age or greater and answers yes to any of Individual with suspected or confirmed Asthma: (at any visit) the following 5 questions: * Frequent episodes of breathlessness, chest tightness, wheezing or coughing 1. Do you cough regularly? * Symptoms are worse at night and in the early morning 2. Do you cough up phlegm regularly? *Symptoms develop with a viral respiratory tract infection, after exercise or exposure to Patient 3.Do even simple chores make you short of breath? aero-allergens or irritants 4.Do you wheeze when you exert yourself or at night? 5. Do you get frequent colds that persist longer than those of other people? NOTE: Asthma control criteria should be assessed at each visit (level IV). Measurement of pulmonary function, preferably by spirometry, should be done regularly (level III) in adults and children 6 years of **NOTE:** Or as needed to reassess medication age and older."6 For Prescribers: No-1) Use Spirometry 1.Indicate which medications to Send Task to Tester for Screening Tool and hold (if any) Rescreen at 24 Pretest Only or Pre and Patient Handout to PC Clinical Team Assessment Need for Spirometry 2.For Pre - Post Testing: ensure months Post attach spirometry tool Pre - Post assess need & order is signed for Salbutamol 4 if any "YES" to one or Any concerning Spirometry contraindications for more asthma or contraindications? puffs of 100 mcg, totalling a 400 Provide patient handout Spirometry mcg dose within the EMR COPD questions with test preparation medication tab active medications instructions & update PCQI COPD For Nonprescribers: Consider NOTE: A dogmatic approach of refusal to test patients with **Pretest Only** authoring the order for pre - post Patient to book follow up any contraindication must be tempered. For cases in which Spirometry test and task ordering provider to Refer to Appendix A Case Finding can be appointment with Tester the benefit of obtaining objective measures of lung function sign order done via EMR by: Case Finding Approach may outweigh the risk of testing, referral to a specialist should for team consideration to Refer to be considered. For these patients, referral to a hospital Spirometry pulmonary function lab for testing is encouraged. Same day slot with Tester For Pre - Post Testing: Verify medication order is on file and signed. If not signed task prescriber as a signed medication order is required. Verify for Explain & Send completed test to contraindications Administer **ORDER:** Salbutamol 4 puffs of 100 mcg, totaling a 400 mcg dose Interpreter Test Tester Discard Salbutamol after one time dose provided Confirm with Updated PCQI COPD prevention patient when last Document "Spirometry completed" medication Salbutamol **EXCEPTION:** Salbutamol can only be dispensed to patient if BOTH of the following conditions are met: administered administered 1) Salbutamol has been previously ordered as a routine medication for the patient by the prescriber AND Monitor turn around time 2) If it is within the tester's professional scope of practice to be able to dispense under the Regulated Health Professions Act (i.e., Pharmacist). Registered Nurses are not able to dispense as per Regulated Health Professions Act. Receive and interpret Interpreter results Send to ordering provider within 14 days **Review results** Ordering Provider Determine treatment plan, contact patient for follow up (i.e., rescreen or develop COPD /Asthma action plan), update History of Problems and COPD PCQI