

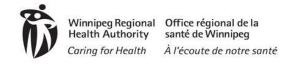
Spirometry Screening Tool & Patient Handout

Client Health Record #
Client Surname
Given Name
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Gender
MFRN
PHIN

Refer to Spirometry if you suspect a	any respiratory diagnosis whether	COPD, A	Asthma or other.			
COPD pre-screening: Smoker or ex-smoker more than 40 years old; and answers yes to any question below:						
1 Do you cough regularly?		□Voo	□No			
2 Do you cough up phlegm regularl	y?	□Yes				
3 Do even simple chores make you	short of breath?	□Yes	□No			
4 Do you wheeze when you exert y	ourself or at night?	□Yes	□No			
5 Do you get frequent colds that persist longer than those of other people?		□Yes	□No			
		□Yes	□No			
1 Frequent episodes of breathlessn cough 2 Symptoms are worse at night and 3 Symptoms develop with a viral researcise, or exposure to aero-alle	ness, chest tightness, wheezing or d in the early morning spiratory tract infection, after tracks or irritants	□Yes □Yes □Yes	□No □No □No			
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 □ Recent surgery within 4 weeks □ Pregnant (near term) □ Hypertension (uncontrolled) □ Unstable Cardiac Status □ Cross Infection Concerns 	 ☐ Aneurism – cerebral, thoracic, al ☐ Hemoptysis ☐ Pneumothorax ☐ M.I. within last month ☐ Other: 	odominal				
If contraindications, refer to specia	alist and/or Pulmonary Function La	ıb.	 OVER→			

Spirometry Test Required? Yes – pre-test only Yes – pre-post bronchodilator s Note: A medication order must dose-inhaler, totaling a 400 mc	be completed for S	Pulmonary I □Yes □ Salbutamol 4 pufi	□No		•
Internal Referral Initiated? ☐Yes ☐No	<u>OR</u> External Referral Initiated? □Yes □No				
If Spirometry required: Depending on the reason for doing the test, the patient should be instructed whether or not medications are to be withheld prior to testing, and if so, which medications should be withheld and for how long. It is important to instruct any patient withholding medications that, if needed for symptom relief, a rescue inhaler should be used and the time of use noted so that it can be reported to the technologist conducting the test.					
Patient advised to WITHOLD					
short-acting bronchodilators 4-6 h	nours before testing	(i.e., salbutamol)	⊠Yes	□No	□N/A
short-acting muscarinic antagonis ipratropium bromide)	sts 12 hours before to	esting (i.e.,	□Yes	□No	□N/A
long-acting bronchodilators 24 ho formoterol)	ours before testing (i.	e., Salmeterol,	□Yes	□No	□N/A
ultra-long acting bronchodilators indacaterol, vilanterol, olodaterol)		ing (i.e.,	□Yes	□No	□N/A
long-acting muscarinic antagonis tiotropium, umeclidinium, or glyco		e testing (i.e.,	□Yes	□No	□N/A
The patient should be instructed to av Smoking within at least Performing vigorous ex Consuming alcohol with Eating a large meal with Wearing clothing that su	1 hour of testing ercise within 30 minuing 4 hours of testing a hours of testing	utes of testing	ominal ex	rpansio	n

Instruction sheet given and completed with the patient (see last page): \Box Yes \Box No



RELATIVE CONTRAINDICATIONS FOR SPIROMETRY 1

RELATIVE CONTRAINDICATIONS	MECHANISMS	COMMENTS
Cerebral Aneurysm Recent Brain Surgery Recent Concussion Recent Eye Surgery Significant Glaucoma	Increases in intracranial / intraocular pressure due to decreased venous return	Increases in intraocular pressure during weightlifting ⁵ suggest spirometry testing may lead to clinically significant changes in intraocular pressure in most patients Most experts suggest a three – to six – week recovery period
Recent sinus surgery or middle ear surgery or infection	Increases in sinus and middle ear pressures	There is a risk that forced manoeurves cause excessive pain or even ear drum rupture in cases of middle ear infection
Pneumothorax Significant aortic aneurysm Recent thoracic surgery Recent abdominal surgery Pregnancy	Increases in intrathoracic and intra-abdominal pressure	Increases in intrathoracic or intra-abdominal pressures may increase blood pressure, but are not expected to increase aortic transmural pressure
		Postoperative physiotherapy including coughing is actually believed to be beneficial after cardiothoracic and abdominal surgery. Cough generally increases intrathoracic pressures up to 400 cm H ₂ O, compared with 70 cm H ₂ O – 200 cm H ₂ O during Spirometry. The risk is likely low in most patients Lung function tests may increase the risk of early delivery in case of cervical incompetence
Systemic Hypotension or severe hypertension (for example, > 200/120 mmHg) Significant atrial / ventricular arrhythmia Noncompensated heart failure Recent myocardial infarction or pulmonary embolus History of syncope related to forced exhalation / cough	Increases in myocardial demand or changes in blood pressure	Exercise testing one week after myocardial infarction appears to be safe. A shorter period could be appropriate following reperfusion therapy (i.e., angioplasty), whereas caution is necessary in case of persistent myocardial ischemia Prudence is also called in many of these conditions with the use of B ₂ -sympathomimetics, although the risk of a single administration is likely to be minimal
Active Tuberculosis Hepatitis B Hemoptysis or oral bleeding	Infection Control Issues	General infection control measures should be adopted in accordance with Infection Prevention Control Procedures
Inability to follow directions (i.e., confusion, dementia, young age, language barrier)		In some cases, successful spirometry can be obtained with increased coaching. For language barriers request of WRHA Interpreter services

Note: If the patient requires a Pulmonary Function Test, referral forms are located in the EMR.

Canadian Thoracic Society (2013) Spirometry in Primary Care¹



Patient Instruction Handout for Spirometry Testing

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On the date of your test, please withhold the following medications as directed below (Provider to check off and write name of medications in space provided):
☐ Short-acting bronchodilator 4-6 hours prior to test:
☐ Short-acting muscarinic antagonist 12 hours prior to test:
☐ Long-acting bronchodilator 24 hours prior to test:
☐ Ultra Long-acting bronchodilator 36 hours prior to test:
☐ Ultra Long-acting muscarinic antagonist 36-48 hours prior to test:
If needed for symptom relief, a rescue inhaler should be used and the time of use noted so that it can be reported to the technologist conducting the test.
Please AVOID the following prior to testing:
Smoking within at least 1 hour of testing
Consuming alcohol within 4 hours of testing
 Performing vigorous exercise within 30 minutes of testing
 Wearing clothing that substantially restricts full chest and abdominal expansion
Eating a large meal within 2 hours of testing
Referring Provider (please contact if you have questions):
Referring Provider Name:
Address:
Phone number: