



Client Health Record #
 Client Surname
 Given Name
 Date of Birth
 Gender
 MFRN
 PHIN

Spirometry Screening Tool & Patient Handout

Spirometry Screening for Chronic Obstructive Pulmonary Disease:

Refer to Spirometry if:

Smoker or ex-smoker more than 40 years old; and answers yes to any question below:

1. Do you cough regularly? Yes No
2. Do you cough up phlegm regularly? Yes No
3. Do even simple chores make you short of breath? Yes No
4. Do you wheeze when you exert yourself or at night? Yes No
5. Do you get frequent colds that persist longer than those of other people? Yes No

Relative Contraindications:

- | | |
|--|---|
| <input type="checkbox"/> Recent surgery within 4 weeks | <input type="checkbox"/> Aneurism – cerebral, thoracic, abdominal |
| <input type="checkbox"/> Pregnant (near term) | <input type="checkbox"/> Hemoptysis |
| <input type="checkbox"/> Hypertension (uncontrolled) | <input type="checkbox"/> Pneumothorax |
| <input type="checkbox"/> Unstable Cardiac Status | <input type="checkbox"/> M.I. within last month |
| <input type="checkbox"/> Cross Infection Concerns | <input type="checkbox"/> Other: _____ |

Spirometry Required?

Yes No

AND/OR

Pulmonary Function Test Required?

Yes No

Internal Referral Initiated?

Yes No

OR

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, precisely 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:

- | | |
|---|---|
| Withhold short-acting bronchodilator 4 hours prior to test | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Withhold anticholinergic 4 hours prior to test | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Withhold Long-acting bronchodilator 12 hours prior to test | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Withhold Long-acting anticholinergic 24 hours prior to test | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| Take inhaled corticosteroids as usual | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

The patient should be instructed to **avoid** the following prior to testing:

- | | |
|--|---|
| Smoking within at least 1 hour of testing | Performing vigorous exercise within 30 minutes of testing |
| Consuming alcohol within 4 hours of testing | Eating a large meal within 2 hours of testing |
| Wearing clothing that substantially restricts full chest and abdominal expansion | |

Instruction sheet given and completed with the patient: Yes No



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Patient Instruction Handout for Spirometry Screening:

Before you come for the 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 hours prior to test: _____
- Anticholinergic 4 hours prior to test: _____
- Long-acting bronchodilator 12 hours prior to test: _____
- Long-acting anticholinergic 24 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