

**PULMONARY FUNCTION LAB**

PHONE: (802) 847-2864 / FAX: (802) 847-2444

Hospital policy dictates that all orders list substances to be avoided.

**ALLERGIES / SUBSTANCES TO BE AVOIDED: (include allergies to drugs, food, latex, etc.)**

None Known       Avoid/Reason \_\_\_\_\_

**SAFETY:** Isolation Precautions Required for:     Contact     Droplet     RSV     Airborne

Other: \_\_\_\_\_

Attending M.D. \_\_\_\_\_ House Officer / Beeper#: \_\_\_\_\_

Working Diagnosis: \_\_\_\_\_ Condition: \_\_\_\_\_

Reason for Testing: \_\_\_\_\_

**\*\*\*\*\* Please Check Desired Medical Management \*\*\*\*\***

**TESTING: (Test Descriptions on back of order sheet)**

- Spirometry** (Flow-volume loop, FVC, FEV1, FEV1/FVC, PEFR)
- Spirometry with bronchodilator**
- Lung Volumes** (TLC, RV, FRC/TGV,SVC, Raw)
- Diffusing Capacity** (DLCO) HgB if known \_\_\_\_\_
- Maximal Inspiratory/Expiratory Pressures**
- Maximal Voluntary Ventilation** (MVV)
- Bronchial Challenge Testing** (Choose A or B)
  - a.  Methacholine inhalation challenge
  - b.  Exercise challenge
  - With cold air  with pre-med: (list) \_\_\_\_\_
- Cardiopulmonary Exercise Stress Test**
- Pentamidine** Dose \_\_\_\_\_ pre-medicate with: \_\_\_\_\_
- FeNO**

**OXYGEN:**

1. **Oximetry** Please specify  room air     O2 \_\_\_\_ lpm
- a.  Resting oximetry only
  - b.  Six minute walk (Distance)
  - c.  Home O2 titration with 6 minute walk

**LABORATORY:**

1. **Arterial Blood Gases**
- a.  Room Air
  - b.  Supplemental oxygen \_\_\_\_\_ LPM

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Test Descriptions:****Spirometry:** (Flow-volume loop, FVC, FEV1, FEV1/FVC, PEFR)

To determine the presence of airflow limitation and the possibility of restriction, pre-op evaluation.

**Lung Volumes:** (TLC, RV, FRC/TGV, SVC. Raw)

To determine lung volume size and the presence of restriction or hyperinflation, airway resistance

**Diffusion Capacity:** (DLCO)

To determine the efficacy of gas transfer.

**Maximal Inspiratory/Expiratory Pressures:**

To determine Inspiratory/Expiratory strength

**Maximal Voluntary Ventilation (MVV):**

May be helpful in estimating the level of ventilation that can be expected during exercise testing.

**Bronchial Challenge Testing:**

To determine the presence and degree of airway hyperresponsiveness.

**Cardiopulmonary Exercise Test:**

To determine maximal exercise capacity and performance. Testing includes ABGs at rest and VO<sub>2</sub>max, continuous ECG monitoring. Testing is performed on a bicycle.

**Pentamidine:**

PCP prophylaxis.

**FeNO:** To diagnosis eosinophilic airway inflammation.