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
☐ Pentamadine Dosage _________ 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: ________________
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 hyperresponsivness.

**Cardiopulmonary Exercise Test:**
To determine maximal exercise capacity and performance. Testing includes ABGs at rest and VO2max, continuous ECG monitoring. Testing is performed on a bicycle.

**Pentamadine:**
PCP prophylaxis.

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