

Department of Pulmonary Medicine
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Appointment Information: <hr/> Patient Name <hr/> Date of Birth <hr/> Date and time of appointment <hr/>	Ordering Clinician: <hr/> <hr/> Office phone number: <hr/> Office fax number: <hr/>
Priority: <input type="checkbox"/> Pre-Op <input type="checkbox"/> Pre Chemo	

Indications: <input type="checkbox"/> Shortness of Breath* <input type="checkbox"/> Cough* <input type="checkbox"/> COPD (New Diagnosis)* <input type="checkbox"/> Asthma (New Diagnosis)* <input type="checkbox"/> COPD Follow up* <input type="checkbox"/> Asthma Follow up* <input type="checkbox"/> Methacholine Challenge** <input type="checkbox"/> Risk of / Drug induced Lung Toxicity Amiodarone Chemotherapy, General Bleomycin Methotrexate Radiation reaction <input type="checkbox"/> Other: _____	Specific Orders <div style="text-align: center;">OR Select</div> <input type="checkbox"/> PFT 1 Simple Spirometry <input type="checkbox"/> PFT 2 Pre and Post Spirometry <input type="checkbox"/> Exhaled Nitric Oxide <input type="checkbox"/> Full PFT: Simple Spirometry, Lung volumes(TGV, RAW), DLCO <input type="checkbox"/> Complete PFT: Pre and Post Spirometry, Lung volumes (TGV, RAW), DLCO <input type="checkbox"/> Muscle strength: MEPS and MIPS <input type="checkbox"/> MVV with Spirometry <input type="checkbox"/> Other: _____ Order Comments:	Pulse Oximetry Testing**: <input type="checkbox"/> Six minute walk test <input type="checkbox"/> Resting Oximetry <input type="checkbox"/> Exercise Oximetry Titrate oxygen to maintain saturation at _____% **Will be done on Room Air unless otherwise specified here: _____ L/pm O2 Teaching: <input type="checkbox"/> Aerobika training, secretion clearance <input type="checkbox"/> MDI with spacer training <input type="checkbox"/> COPD teaching <input type="checkbox"/> Breath Retraining ABG: <input type="checkbox"/> Room air <input type="checkbox"/> Oxygen: _____ L/pm <input type="checkbox"/> COHb: Hemoglobin saturated with Carbon Monoxide
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Diagnosis: _____

☐ **Smoking Cessation Counseling**

Physician's Order for Medication:

***Pre and Post studies: Bronchodilator:**

- ☐ Albuterol 0.083% (2.5mg/3ml) Unit dose via hand held nebulizer.
☐ Other: _____

****Methacholine Challenge for Bronchial Provocation (strength in ascending order)**

- ☐ Diluent, 0.0625mg/ml; 0.25mg/ml; 1mg/ml; 4mg/ml; 16mg/ml
☐ Duoneb (Albuterol/Ipratropium Bromide) Unit dose via hand held nebulizer for recovery and
 Albuterol 0.083% (2.5mg/3ml) Unit Dose via nebulizer, if needed to bring back to baseline.
☐ Other: _____

All Pulmonary Function Testing: Patient must be at least 6 years of age or older. Policy PUL-006

***Methacholine Challenge for Bronchial Provocation:**

- **Must have a Normal PFT at least one (1) week prior to scheduled test.**
- **Patient must be 15 years of age/ 50kg or greater per hospital policy PUL-006.**

Physician's Signature

Date/Time

Wentworth-Douglass Hospital
PHYSICIAN ORDERS

PULMONARY FUNCTION TESTING



RT0080

6171-23MR
Rev. 10/26/15

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Ordering the proper PFT for your patient

Directions for Ordering: In general, all you need to do is select an indication and an appropriate test will be performed. Otherwise select a specific test you wish to be performed.

Spirometry:

- Indication: Concerns of airflow obstructions including upper and lower airway obstructions, wheezing, and cough.
- Screening for lung/ airway disease (e.g.: exposure to irritants, COPD, and Asthma)
- A post-spirometry study includes the administration of the bronchodilator Albuterol to determine the reversibility of the airway obstruction.
- Simple to perform and especially applicable to determining the effectiveness of inhaled therapy for asthma and COPD patients.

Lung Volumes:

- Indication: determine obstructive vs. Restrictive lung disease or the combination of both
- Performed using plethysmography also called the *Body Box* method
- Includes measurement of Airway Resistance or *RAW*

DLCO:

- Indication: Suspected gas exchange problems for many reasons including medication use, environmental exposures, chemical exposures etc
- Used to determine the gas exchange efficiency of the lung
- Useful in determining lung injury from suspected irritants/inhalants
- Useful for monitoring the effects of drugs that are known to adversely affect the lung parenchyma
- For low oxygen/ Hypoxia patients, always consider a DLCO measurement

Exhaled NO:

- Measurement of single breath Nitric Oxide (NO) levels
- NO is specifically elevated in Eosinophilic (allergic) Asthma

Muscle Strength:

- MIP/MEP determines, by the use of pressure differentials the strength of the inspiratory and expiratory muscles
- MVV determines, by use of volume the greatest amount of gas that the lungs can conduct in one minute
- Used to diagnose/monitor neuro-muscular disorders

Specific Orders:

- These options are available to fit your concerns

