Primary Children's Hospital

Pulmonary Function Testing (PFT)

Phone: 801-662-1773 Fax: 801-662-6276

Patient Name: _____ DOB: _____

Diagnosis/ Symptoms/ ICD10 code: _____

Allergies: _____

Procedures:

☐ **Spirometry Before and After Bronchodilator:** Utilizing 4 puffs albuterol via metered dose inhaler and valved holding chamber.
- Patient has no known or suspected adverse/allergic reaction to albuterol.
- ☐ Patient has a known or suspected adverse reaction to albuterol.
  State adverse reaction: _____
  Substitute albuterol with other bronchodilator: _____ Dose: _____

☐ **Exercise Challenge for Bronchoconstriction (EIB):** Utilizing 2 puffs albuterol via metered dose inhaler and valved holding chamber to be administered to reverse EIB.
- Patient has no known or suspected adverse/allergic reaction to albuterol.
- ☐ Patient has a known or suspected adverse reaction to albuterol.
  State adverse reaction: _____
  Substitute albuterol with other bronchodilator: _____ Dose: _____

☐ **Bronchoprovocation (Methacholine Challenge):** Utilizing 2 puffs albuterol via metered dose inhaler and valved holding chamber to be administered to reverse Methacholine-induced bronchoconstriction.
- Patient has no known or suspected adverse/allergic reaction to albuterol.
- ☐ Patient has a known or suspected adverse reaction to albuterol.
  State adverse reaction: _____
  Substitute albuterol with other bronchodilator: _____ Dose: _____

Testing:

☐ Spirometry
☐ Plethysmography
☐ Diffusion Capacity Hgb _____
☐ Maximal Voluntary Ventilation (MVV)
☐ CO2 Expired Gas by IR (EtCO2)
☐ Fractional Exhaled Nitric Oxide (FeNO)
☐ Six-Minute Walk Test
☐ Oximetry, titrate
☐ Oximetry, spot
☐ Maximal Inspiratory Pressure (MIP)/ Maximal Expiratory Pressure (MEP)

Education/ Assessment:

☐ Spacer Instruction ☐ MDI/ Neb Instruction
☐ Medication Instruction ☐ Other: _____

Requesting Physician Name/Facility: _____

Requesting Physician Signature: _____ **LIP Date:** _____ **Time:** _____

Requesting Physician's Fax #: _____ **Phone#:** _____

PULMONARY FUNCTION TESTING (PFT)
OUTSIDE PHYSICIAN ORDER FORM

Intermountain
Primary Children's Hospital

Pulm Tst 50371