Ordering Pulmonary Function Tests Name of Policy: **Policy Number:** 3364-136-PF-03 THE UNIVERSITY OF TOLEDO MEDICAL CENTER **Department:** Respiratory Care **Approving Officer:** Associate VP Patient Care Services / Chief Nursing Officer **Responsible Agent:** Director, Respiratory Care Effective Date: June 1, 2020 Scope: The University of Toledo Medical Center Initial Effective Date: January 22, 1989 Respiratory Care Department New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

(A) Policy Statement

To assure that all tests requested are specified and the essential information of a patient's diagnosis, clinical assessment, and history are provided to answer the clinical question for interpretation of the pulmonary function study. To assure that all pulmonary function studies are performed with a physician's written order that is documented in the patient medical record and on a pulmonary function requisition form.

(B) Purpose of Policy

To describe the pathway for ordering pulmonary diagnostic services to help assure accurate and complete testing, and to inform the patient of any specific restrictions prior to testing.

(C) Procedure

- 1. Physician's written order in the patient's EMR for the specific pulmonary function test(s).
- Complete pulmonary function requisition form with ordering physician's signature, clinical
 diagnosis consistent with the need for pulmonary function studies and documentation in the
 patient's medical record, with the appropriate test marked and route to the Pulmonary Function
 Laboratory.
- 3. Schedule tests by phone (419-383-4960). Hours: 7:30 a.m. 4:00 p.m. Monday through Friday. Other hours may be made by contacting the Respiratory Care Department (ext. 3891).
- 4. Requisition is to be received prior to scheduled test. Chart is to accompany in-patient at time of test.
- 5. Please advise the laboratory of any special needs of the patient at the time of scheduling. The patient with hearing impairment and language barriers may require advanced scheduling arrangements of special accommodations.
- 6. Incomplete orders will be clarified with the ordering physician by a pulmonary function technician / respiratory care practitioner or office support staff at the time of scheduling.

- 7. The patients are to be informed of the following restrictions prior to testing so they can be tested under optimal conditions:
 - a. No heavy meal 2 hours preceding test (for Exercise Testing)
 - b. Rested; minimal exertion prior to test (for Exercise Testing)
 - c. No bronchodilator drugs 6 hours prior to test
 - d. No smoking within at least 6 hours of testing
 - e. No consuming of alcohol within 4 hours of testing
 - f. Wear clothing that does not substantially restrict full chest and abdominal expansion
 - g. No caffeine 6 hours prior to test

Approved by:		Review/Revision Date: 08/11/2005 08/05/2008
/s/	6/15/2020	06/03/2011
Michael Taylor	Date	02/27/2014
Director, Respiratory Care		05/01/2017
		06/01/2020
_/s/ Monecca Smith Associate VP Patient Care Services / Chief Nursing Officer	6/19/2020 Date	
Review/Revision Completed By:		
Director, Respiratory Care		Next Review Date: June 2023
Policies Superseded by This Policy:		

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.