


<b>Name of Policy:</b> <u>Ordering Pulmonary Function Tests</u> <b>Policy Number:</b> 3364-136-PF-03 <b>Department:</b> Respiratory Care <b>Approving Officer:</b> Associate VP Patient Care Services / Chief Nursing Officer <b>Responsible Agent:</b> Director, Respiratory Care <b>Scope:</b> The University of Toledo Medical Center Respiratory Care Department	  <b>Effective Date:</b> June 1, 2020 Initial Effective Date: January 22, 1989
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> 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).
2. 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.

