


<b>Name of Policy:</b> <u>Testing Procedures</u> <b>Policy Number:</b> 3364-136-PF-05 <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	 <p><b>Effective Date:</b> June 1, 2020 Initial Effective Date: August 1, 2008</p>
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy

**(A) Policy Statement**

Pulmonary function testing is to be executed by set procedure according to the Med-Graphics Pulmonary Function computer system.

**(B) Purpose of Policy**

To describe the methodology of pulmonary function testing.

**(C) Procedure**

All Pulmonary Function procedures are fully automated through the Med-Graphics pulmonary function testing system.

<b>Approved by:</b>  <u>/s/</u> <u>6/15/2020</u> Michael Taylor Director, Respiratory Care  <u>/s/</u> <u>6/19/2020</u> Monecca Smith Associate VP Patient Care Services / Chief Nursing Officer  <i>Review/Revision Completed By:</i> Director, Respiratory Care	<b>Review/Revision Date:</b> 06/30/2011 02/27/2014 05/01/2017 06/01/2020  <b>Next Review Date:</b> June 2023
<b>Policies Superseded by This Policy:</b>	

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