


Name of Policy:	<u>Ordering Pulmonary Function Tests</u>	 <p>Effective Date: May 10, 2023 Initial Effective Date: January 22, 1989</p>
Policy Number:	3364-136-PF-03	
Department:	Pulmonary Services	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major 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 or in the event of downtime, 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 electronic medical record (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.
4. Order is to be received prior to scheduled test. Patient must be registered before arrival to the pulmonary function lab.
5. Please advise the laboratory of any special needs of the patient at the time of scheduling. The patient with hearing impairment, language barriers, oxygen requirements greater than 4LPM, or mobility deficits 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

<p>Approved by:</p> <p><u>/s/</u> _____ <u>5/23/2023</u> Michael Taylor Director, Pulmonary Services Date</p> <p><u>/s/</u> _____ <u>5/23/2023</u> Russell Smith Senior Hospital Administrator Date</p> <p><i>Review/Revision Completed By:</i> <i>Director, Pulmonary Services</i></p>	<p>Review/Revision Date:</p> <p>08/11/2005 08/05/2008 06/03/2011 02/27/2014 05/01/2017 06/01/2020 05/10/2023</p> <p>Next Review Date: May 2026</p>
<p>Policies Superseded by This Policy:</p>	

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