OPA Date:

OPA Time:

OPA Duration:

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details:** | | | |
| Hospital Number |  | DOB |  |
| First Name |  | Surname |  |
| Home Number |  | Mobile Number |  |
| **Patient Consultant** |  | **Department** |  |

## SDH Pulmonary Function Test (PFT)

## Request Form for NHS patients only

|  |  |
| --- | --- |
| **Clinical Information:** | |
| Diagnosis |  |
| Contraindications | □ Yes (please provide details on page 2) □ no |
| Clinical Status | □ 2WW (<2 weeks) □ Soon (4-6 weeks)  □ Urgent (2-4 weeks) □ Routine (6-8 weeks)  □ Other, please specify: |
| To be arranged as | 🗹 OPA (defaulted) □ Inpatient (ward): |

**Standard Lung Function Tests**

🗹 Oximetry

🗹 Relaxed Spirometry

Forced Spirometry

Gas Transfer Factor Hb: g/L

Date:

**Additional Pulmonary Function Tests**

Fraction Exhaled Nitric Oxide

Reversibility testing to Salbutamol (SABA)

Static Lung Volumes - please tick **ONE** below:

- Body Plethysmography (performed as default if patient is <120kg) **OR**

- Helium Dilution Technique (if >120kg, claustrophobic or limited mobility patients)

**Specialist Respiratory Physiology Investigations**

Muscle Function Tests

Sniff Pressure (SNIP)

Maximal Inspiratory / Expiratory Pressure (MIPs & MEPs)

Postural Spirometry

Provocation Testing

Bronchial Challenge Test (via Mannitol Provocation agent)

**P.T.O.**

**Respiratory Function Request**

|  |
| --- |
| **Contraindications** (Please tick any that apply) |
| **Absolute:**  □ Unstable cardiovascular status e.g. recent MI (<6 weeks)  □ Aortic aneurysms (>6cm). Cerebral aneurysm  □ Acute pulmonary embolism (<6 weeks)  □ Unresolved pneumothorax  □ Cerebral haemorrhage  □ Active infections including Corona Virus & TB.  **Relative:**  □ Recent thoracic, abdominal or eye surgery (<6 weeks)  □ Resolved pneumothorax (< 6 weeks)  □ Haemoptysis of unknown cause  □ Severe cognitive impairment  □ Acute disorders affecting test performance e.g. D&V, Delirium etc.  □ Difficulty performing spirometry of acceptable quality.  **Please ensure your patient is able to follow instructions.** |
| **Provide any additional details here:**  Results to be sent to: |
| Requesting Doctor (sign): Date: |
| Requesting Doctor (print): Bleep: |
| **\*** Please complete **in full**, including signature & date **\***  **PFT Lab, Respiratory Department, SDH**  EXT: 2340. |