

University of Texas Medical Branch Pulmonary Function Clinic Policy 03-02 Patient Flow Through Clinic	Effective Date: Revised Date: Review Date:	Nov 90 Aug 23 Aug 23
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Patient Flow through Pulmonary Function Clinic

Audience All personnel in the Pulmonary Function Clinic.

Purpose To guide the Therapist through the process of Pulmonary Function Testing.

Procedure **NOTE:** The intent of the following is to assure normal standards of care are followed.

Upon arriving at the Pulmonary Function Clinic, all patients will be greeted by the Therapist and asked for **two patient identifiers**. **All patients will be verified by two patient identifiers, typically name and date of birth.**

The Therapist will verify the patient's referral from the Electronic Medical Record (EMR) and verify specific testing ordered (requisition). Therapist may consult with ordering physician or Medical Director for clarity and/or appropriateness of orders. Within the institution, Pulmonary Function Studies may only be ordered by Physicians and Nurse Practitioners. No testing will be performed without an order or referral (requisition). UTMB Diagnostic Procedure requisitions include an ABG and PFT unless otherwise stated. Requisitions also includes patient sex and ordering provider. Requests from NON-UTMB Physicians must specify tests to be performed, diagnosis and any contraindications. **The PFT Lab does not accept verbal orders. Patient testing will not be performed without a provider order or referral.**

The Therapist will *briefly* explain the whole testing procedure and why the tests are being done. Each test will be explained to the patient at the time of performing that particular test.

The following information will be gathered not only because it is needed to complete testing, but also as one of the ways used to assess the patient's ability to understand and perform the testing procedures:

- Age
- Weight
- Height
- Diagnosis
- Reason for Request

NOTE: Height and weight will be measured using the scale in the Pulmonary Function Clinic. If for some reason the height and weight cannot be measured (e.g., patient confined to wheelchair or unable to stand for any other reason), their weight will be ascertained through available medical record data or by questioning the patient. Height will be ascertained by taking an arm-span measurement (arms outstretched at 90° from the body, measuring from fingertip to fingertip). If this method is used, it must be noted on the test for Arm Span.

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The patient's medical record will be reviewed and the patient will be questioned regarding the following:

- Blood thinners, aspirin, and breathing medications currently being taken by patient.
- History of their shortness of breath, if any.
- Smoking history, if any.
- Known allergies to medications.
- Recent illnesses.

If requested, an arterial blood gas sample will be taken (See Arterial Blood Gas Sampling Policy and/or Procedure).

Testing

Pulmonary Function Tests: Assessment of the patient's ability to perform various testing maneuvers is continuous and ongoing. Testing maneuvers move from the most simple to the more complex. This allows the patient to become more familiar with the expectations of the Therapist.

If a Diagnostic Procedure was requested and the patient is in agreement, an arterial blood gas will be obtained at this time. The therapist may perform this procedure after all PFT testing is completed, if necessary.

The first test for routine Pulmonary Function Testing is Slow Vital Capacity (SVC), due to it being the simplest of all testing procedures.

The next test will be Forced Vital Capacity (FVC).

Thoracic Gas Volume (TGV) and Airway Resistance (RAW) testing will follow if requested or indicated. For patients being tested on transport machine, Nitrogen Washout (for FRC) will be performed after DLCO to obtain lung volumes.

If Diffusion Capacity (DLCO) is requested, this will be the next test.

Any additional testing such as for neuromuscular (i.e. MVV, MIP/MEP) should be done at this time before a bronchodilator is given.

All patients will receive a Bronchodilator Study according to the criteria set by the Medical Director. A bronchodilator is indicated if the FEV1/FVC ratio actual is equal to or lower than the LLN. However, therapist may use their judgement based on other parameters to administer bronchodilator. Unless the requesting physician has not requested it or not indicated or the patient has had a previous reaction. The Therapist will administer albuterol as a bronchodilator agent. Testing not indicated for a bronchodilator will be documented in the comment section of the test.

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For inpatients, a copy of the preliminary report will be placed in the chart under the Lab Section. For an outpatient who is scheduled for a clinic appointment immediately after testing, may request a copy of the preliminary report to be sent with them.

Only finalized PFTs (signed by Faculty), will be exported to patients' electronic medical record and stored in Epic. Hard copies of charge sheets, referrals (if necessary), ABG printouts, and EKGs will be kept in storage for **two years**. Copies of ECG and consent forms will be sent to medical records to be scanned into patient's electronic medical record.

For special studies and considerations, see applicable policies.

This form documents the approval and history of the policies and procedures for the Pulmonary Function Laboratory. The Medical Director signs all policies verifying initial approval. Annually thereafter, the Director and/or designee may approve reviews and revisions.

Date	Approved by:	Signature
11/07	V. Cardenas, MD Medical Director Pulmonary Laboratory	
6/09	V. Cardenas, MD No changes to the policy	
7/10	V. Cardenas, MD No changes to the policy	
7/11	V. Cardenas, MD	
2/12	A. Duarte, MD Medical Director Pulmonary Function Laboratory No changes to the policy	
5/14	A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes to policy	
5/16	A. Duarte, MD Medical Director Pulmonary Function Laboratory No Changes to policy	
11/17	A. Duarte, MD Medical Director Pulmonary Function Laboratory No Changes to policy	
10/19	A. Duarte, MD Medical Director Pulmonary Function Laboratory No Changes to policy	
7/21	A. Duarte, MD Medical Director Pulmonary Function Laboratory Changes to policy	

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8/22 **A. Duarte, MD**
Medical Director Pulmonary Function Laboratory
Changes to policy

8/23 **A. Duarte, MD**
Medical Director Pulmonary Function Laboratory
Changes to policy