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, inpatients 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. 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. 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 an order or referral.**

The Therapist will briefly explain the whole testing procedure and why the tests are being done. Each test will be explained in detail 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 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 patient’s chart.

The patient’s medical record will be reviewed and the patient will be questioned regarding the following:
• All 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.

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.

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

All patients will receive a Bronchodilator Study except if 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.

If a Diagnostic Test was requested and the patient is in agreement, an arterial blood gas will be obtained at this time. The therapist may perform this procedure prior to any PFT testing.

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, a copy of the preliminary report will be sent with them.

All reports, regardless of patient status including referrals (if necessary), charge documents, ABG slips, and EKGs will be finalized and retained in Epic. Hard copies of all documents will be kept for **two years**.

Patients who are scheduled for a pre-operative screen are only required to complete the Forced Vital Capacity test, and if indicated an arterial blood gas.

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Approved by:</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/07</td>
<td>V. Cardenas, MD</td>
<td>Medical Director Pulmonary Laboratory</td>
</tr>
<tr>
<td>6/09</td>
<td>V. Cardenas, MD</td>
<td>No changes to the policy</td>
</tr>
<tr>
<td>7/10</td>
<td>V. Cardenas, MD</td>
<td>No changes to the policy</td>
</tr>
<tr>
<td>7/11</td>
<td>V. Cardenas, MD</td>
<td></td>
</tr>
<tr>
<td>2/12</td>
<td>A. Duarte, MD</td>
<td>Medical Director Pulmonary Function Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No changes to the policy</td>
</tr>
<tr>
<td>5/14</td>
<td>A. Duarte, MD</td>
<td>Medical Director Pulmonary Function Laboratory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Changes to policy</td>
</tr>
</tbody>
</table>