

## Preparation for spirometry test

Thanks for choosing Top Health Doctors, for your **Spirometry (Breathing Assessment)** test.



**Resources Safety & Health Qld Registration Number for Spirometry: P0005852**

In preparation of the test, could we ask you to **complete our Spirometry Consent Form** and also

- If you do smoke, we request you not to smoke, vape or use of a water pipe at least 1 hour prior to the appointment.
- Not to do any vigorous exercise 1 hour prior.
- Not to use any intoxicant (e.g., drinking excessive alcohol) 8 hours prior.
- Please wear comfortable clothing that is not too restrictive on your chest on the day.
- Please arrive at least 20 minutes before your allocated appointment time to make sure the relevant forms are completed.
- If you are using a puffer / inhaler, we request that you stop that as per the table below (in consultation with your treating / family doctor):

<b>• Bronchodilators (Puffer / Inhaler) to be withheld</b>	
The following medication may need to be withheld prior to performing spirometry.	
<b>Medication</b>	<b>Time to Withhold</b>
Short- acting beta agonists (SABA) e.g., Salbutamol	6hrs
Short- acting muscarinic antagonists (SAMA) e.g., Atrovent	12hrs
Long-acting muscarinic antagonists (LAMA) e.g., Spiriva	48hrs
Long-acting beta agonists (LABA) e.g., Onbrez Breezhaler	24hrs
Ultra – LABA e.g., Indacaterol, Vilanterol or Olodaterol	36 hrs
Inhaled corticosteroids (ICS) e.g., Flixotide	No need to withhold unless bronchial challenge test
LAMA/LABA combinations e.g., Anoro Ellipta	48hrs
ICS/LABA combination e.g., Symbicort	24hrs
ICS/LAMA/ LABA combination e.g., Trelegy Ellipta	48hrs

If you are unsure how long to stop your inhalers, we suggest you stop it for **48** hours (in consultation with your treating doctor / family doctor).

If you do use inhalers on a regular basis, please bring along your inhalers such as Ventolin, on the day of your examination.

## Spirometry Consent Form

### 🌀 What is spirometry?

Spirometry is a breathing test that measures the volume of air that we can breath in and out. The graphs and information provide information on how well the lungs work. The measurements for spirometry are valuable for a screening and monitoring tool for your lung health.

The test involves breathing through the mouth on a mouthpiece (sometimes with a noseclip to block the airflow from the nose). You will be instructed to breath normally to begin with, then to take a deep breath to fill the lungs, then blast it out hard and fast to empty all the air out of the lungs. You may also be given a bronchodilator such as Ventolin to measure the effects on your lungs and help determine any limitation of airflow in your airways. If you have any questions please don't hesitate to ask one of our friendly nursing staff on **(07) 3133 0822**.

**Spirometry is generally safe. We shall check any potential risks or contraindications before we proceed.**

### 🌀 What are the risks associated with the procedure?

Spirometry does require a maximal effort, co-operation and some co-ordination. It sometimes can result in transient breathlessness, sensation of fainting, chest discomfort / pain, cough and induced bronchospasm (air way restriction) especially in some patients with poorly controlled asthma.

### 🌀 Applicant Details

Please answer all sections. Your answers will assist us to perform with your assessment.

<b>Surname</b>			<b>Given Name(s)</b>		
<b>Date of birth</b>		<b>Sex at birth</b>		<b>Ethnicity</b>	
<b>Address</b>					
<b>State</b>		<b>Post code</b>		<b>Mobile</b>	
<b>Country of birth</b>		<b>Email address</b>			
<b>Smoking history</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please elaborate (years, packs / day, current status)				
1. Do have asthma?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
2. Do you have Chronic Airway Disease / Emphysema?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
3. Do you have any shortness of breath / cough / wheeze / cyanosis (blue tinge)				<input type="checkbox"/> No <input type="checkbox"/> Yes	
4. Do you use bronchodilators (Puffers / Inhalers)?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes - Name of inhaler:		Dose:			

### 🌀 Reasons for your spirometry test [please tick the relevant indication(s)]

**Workplace / Pre-employment assessments / Disability Evaluation –**

**Diving Medical**       **Coal – Board Medical**       **Others** (pls elaborate \_\_\_\_\_)

**Diagnostic**

- See if there are any breathing issues
- Evaluate a known breathing issue (e.g., asthma, emphysema)
- Evaluate symptoms (chronic cough, shortness of breath and sputum production)

**Screening for early diagnosis in at risk populations** (smoker/dust exposure/miners/patient on pulmonary toxic drugs)

**Occupational History:** If you are here for mining medical / pre- employment assessment, please complete the occupational history questions as per below:

5. Brief description of position role:	
6. Name of your company	
7. Have you ever worked with the following: If yes, please give details in relevant section	
a. Dust / Fumes	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Chemicals	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Other respiratory irritants	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Do you wear respiratory protection at work	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. If yes, what types, how long, and was a spirometry assessment conducted? Please provide details:	

<b>Do any of the following apply?</b>		No	Yes
10.	Smoking / if yes, have stopped smoking / vaping or use of a water pipe at least 1 hour before testing?		
11.	Have you done any vigorous exercise 1 hour prior?		
12.	Have you used any intoxicant (e.g., Alcohol) within the last 8 hours?		
13.	If you are using puffers / inhalers, time it was last taken:		
<b>Assess Relative Contraindications:</b>			
Do you have any history of conditions below?			
14.	<b>Due to increase in myocardial demand or changes in blood pressure</b>	No	Yes
	a. Acute myocardial infarction (heart attack) within 1 week		
	b. Systemic hypotension (low blood pressure) or severe hypertension		
	c. Significant atrial / ventricular arrhythmia (irregular heart rhythm)		
	d. Non compensated heart failure		
	e. Uncontrolled pulmonary hypertension		
	f. Acute Cor Pulmonale		
	g. Clinically unstable pulmonary embolism		
	h. History of syncope (fainting) related to forced expiration / cough		
15.	<b>Due to increase in intracranial / intraocular pressure</b>	No	Yes
	a. Cerebral aneurysm		
	b. Brain surgery within 4 weeks		
	c. Recent concussion with continuing symptoms		
	d. Eye surgery within 1 week		
16.	<b>Due to increase in sinus and middle ear pressures</b>	No	Yes
	a. Sinus surgery or middle ear surgery or infections within 1 week		
17.	<b>Due to increase in intrathoracic and intra-abdominal pressure</b>	No	Yes
	a. Presence of pneumothorax		
	b. Thoracic surgery within 4 weeks		
	c. Abdominal surgery within 4 weeks		
	d. Late- term pregnancy		
18.	<b>Infection control issues</b>	No	Yes
	a. Active or suspected transmissible respiratory or systemic infections, including tuberculosis, COVID-19		
	b. Physical conditions predisposing to transmission of infections, such as haemoptysis (coughing up blood), significant secretions, or oral lesions or oral bleeding.		

## 🌀 Consent to procedure

I have read this information sheet and had a chance to answer questions. I understand the test which will be performed and understand the associated risks.

I consent to participate in this procedure (or as a guardian I provide consent for the procedure to be performed on the person named below).

I understand that the signing of this form is voluntary, and I am free to deny consent if I desire.

Please only sign this consent form AFTER you have discussed any concern with our healthcare professionals, on the day of your Spirometry testing.

Name		Date:
Name of guardian (if applicable)		
Signature		

## 🌀 What Will Happen After the Procedure?

Upon completion of the spirometry the results will be sent to your referring doctor, and any other specified doctor.

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### STAFF USE ONLY:

## 🌀 Technicians Confirmation

The procedure and the risks involved have been explained to the patient. The patient has been given the opportunity to ask questions and has confirmed their understanding of the procedure and the risks involved.

Name		Date:
Signature		

## 🌀 Relative Contraindications:

- Caution must be applied for patients with pre-existing medical conditions.
- Discontinue spirometry if patient experiences significant discomfort / pain during the test.
- Determine if there are relative contraindications from the list above.
- Wait until condition has been stabilised with treatment. Liaise with treating doctor(s) and attending clinical staff.



Referral Details (if it is external to Top Health Doctors group)		
Referrer Name:	Organisation	Contact details: