

**Respiratory Care Services**
**Ambulatory Care Center of Harford County**

520 Upper Chesapeake Drive

Bel Air, MD 21014

Phone: 443-643-3750 Fax: 443-643-3731

**Harford Memorial Hospital**

501 South Union Avenue

Havre de Grace, MD 21078

Phone: 443-843-5274 Fax: 443-843-8911

<b>DATE:</b> _____	Diagnosis (REQUIRED) _____
Patient's Name _____	Reason for Testing _____
Patient's SS# _____	ICD 9 (REQUIRED) _____
Ordering Physician _____	Office Fax # _____
Office Address _____	Office Phone # _____
	Copy of Report to: _____

**Please send this request with patient, or fax it to the Respiratory Care Department.** This form may be used as the patient's prescription when accompanied with a physician's signature. All tests must be scheduled with Upper Chesapeake Health by placing one phone call to Schedule First.

ScheduleFirst		
443-843-7000 or 800-301-4799		
Appointment Date: _____	Day: _____	Time: _____ a.m./p.m.

**Please check test(s) requested:**

- 1. **Complete Pulmonary Function Test includes:**  
 Spirometry pre and post with bronchodilator (BD)  
**(Note: A bronchodilator will not be given if the FEV<sub>1</sub>/FVC is  $\geq$  95% of predicted and Two puffs Albuterol with spacer will be given as BD unless otherwise indicated below.)**  
 Lung Volumes with Airway Resistance  
 MVV  
 Diffusion Capacity
- 2. **Spirometry without Bronchodilator (BD)**
- 3. **Spirometry pre and post BD** (2 puffs Albuterol will be given as BD unless otherwise indicated below.)  
**(Note: A bronchodilator will not be given if the FEV<sub>1</sub>/FVC is  $\geq$  95% of predicted.)**
- 4. **Lung Volumes by Plethysmography with Airway Resistance (Ambulatory Care Center only)**  
*In the Ambulatory Care Center, Body Plethysmography will be performed unless otherwise indicated. If patient cannot tolerate this method, testing will be done by nitrogen washout.*
- 5. **Lung Volumes by Nitrogen Washout Method**  
*At Harford Memorial Hospital, volumes will be performed by nitrogen washout method.*
- 6. **Airway Resistance (Ambulatory Care Center only)**
- 7. **Diffusion Capacity**
- 8. **MVV**
- 9. **MIP/MEP**
- 10. **Indirect Calorimetry**  
*Please note that this procedure cannot be performed for patients who require continuous oxygen.*
- 11. **Pulse Oximetry** on \_\_\_\_\_ LPM \_\_\_\_\_ Room Air \_\_\_\_\_ w/Ambulation
- 12. **Arterial Blood Gases:** on \_\_\_\_\_ LPM \_\_\_\_\_ Room Air
- 13. **Cardiopulmonary Exercise Test (Ambulatory Care Center only); to schedule call 443-643-3750**

Special Instructions: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

*See reverse side for directions and map*  
**DEAR PATIENT: PLEASE BRING THIS FORM WITH YOU TO YOUR APPOINTMENT**

# The Upper Chesapeake Health Respiratory Care Department Welcomes You!

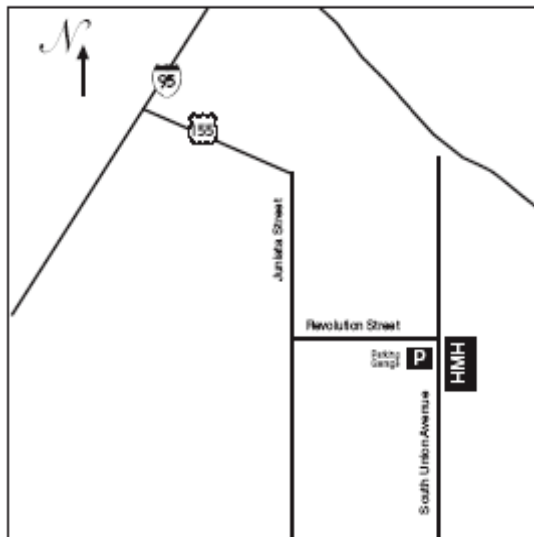
Your physician has requested a respiratory/pulmonary procedure to assist in the evaluation of your current medical condition. The Respiratory Care/Pulmonary Department in the Ambulatory Care Center of Harford County in Bel Air and at Harford Memorial Hospital in Havre de Grace are committed to providing you with testing of the highest quality. Our goal is to provide you with services that exceed your expectations.

- **What To Expect**

Upon arrival, you will need to check in with a Registration team member. At this time, the Registrar will make note of your address, physician's name and insurance information. Following registration, you will be directed to a waiting area that could, at times, be full of patients. Please don't worry. All of these patients are not waiting for respiratory tests, so they will not all be ahead of you.

- **Following Your Procedure**

A board certified, licensed physician will interpret your diagnostic test. The results will be communicated directly back to your physician. Your physician will inform you of your test results.



### Directions to Harford Memorial Hospital From Baltimore:

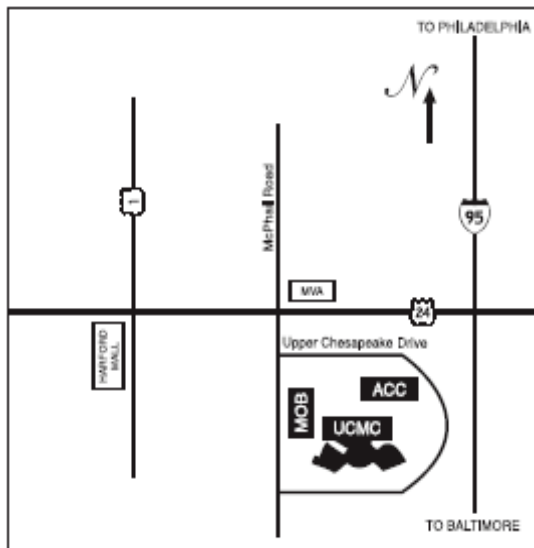
I-95 North to exit 89 – Havre de Grace exiting onto 155 East.

When 155 East dead ends, turn right onto Juniata Street. At 2<sup>nd</sup> light, make a left onto Revolution. At next intersection, make a right onto South Union Avenue. Hospital is on left hand side.

### From Cecil County:

I-95 South to exit 89 – Havre de Grace exiting onto 155 East.

When 155 East dead ends, turn right onto Juniata Street. At 2<sup>nd</sup> light, make a left onto Revolution. At next intersection, make a right onto South Union Avenue. Hospital is on left hand side.



### Directions to Ambulatory Care Center (ACC) of Harford County

I-95 North to exit 77B – Rt. 24. Go West on Rt. 24 towards

Bel Air approximately 5 miles. Turn left on W. MacPhail Road.

Upper Chesapeake Drive is on the left. Proceed past the entrance to the Upper Chesapeake Medical Center, past the side of the ACC. Bear to right to get to front of ACC.

## Patient Instructions for Testing

### Tests 1

#### **Complete Pulmonary Function Test (45 minutes)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Do not use the following breathing medications (nebulizers and inhalers) four to six hours before your test:
  - a. Albuterol (Proventil or Ventolin)
  - b. Atrovent
  - c. Alupent
  - d. Combivent
4. Bring your inhaler with you if you have one.
5. Refrain from smoking 24 hours before your test. If you smoke during this time, your test will not give accurate information and may need to be repeated.
6. Do not eat at least two hours before your test.
7. No vigorous exercise on the day of your test (prior to your test).
8. Do not drink any alcohol at least four hours prior to your test.

### Test 2

#### **Spirometry without Bronchodilator (30 minutes)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Do not use the following breathing medications (nebulizers and inhalers) four to six hours before your test:
  - a. Albuterol (Proventil or Ventolin)
  - b. Atrovent
  - c. Alupent
  - d. Combivent
4. Eat a light meal if eating before your test.
5. No vigorous exercise on the day of your test (prior to your test).

### Test 3

#### **Spirometry with Bronchodilator (30 minutes)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Do not use the following breathing medications (nebulizers and inhalers) four to six hours before your test:
  - a. Albuterol (Proventil or Ventolin)
  - b. Atrovent
  - c. Alupent
  - d. Combivent
4. Bring your inhaler with you if you have one.
5. Eat a light meal if eating before your test.
6. No vigorous exercise on the day of your test (prior to your test).

### Tests 4 & 5

#### **Lung Volumes (1 hour)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Do not use the following breathing medications (nebulizers and inhalers) four to six hours before your test:
  - a. Albuterol (Proventil or Ventolin)
  - b. Atrovent
  - c. Alupent
  - d. Combivent
4. Try to refrain from smoking at least one hour before your test.
5. Eat a light meal if eating before your test.
6. No vigorous exercise on the day of your test (prior to your test).

**Test 7****Diffusion Capacity (1 hour)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Refrain from smoking 24 hours before your test. If you smoke during this time, your test will not give accurate information and may need to be repeated.
4. Do not eat at least two hours before your test.
5. No vigorous exercise on the day of your test (prior to your test).
6. Do not drink any alcohol four hours before your test.

**Test 6, 8, 9****Airway Resistance Test 7 (30 minutes) MVV Test 9 (20 minutes) MIP/MEP Test 10 (30 minutes)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Eat a light meal if eating before your test.
4. No vigorous exercise on the day of your test (prior to your test).

**Test 10****Indirect Calorimetry (1 hour)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Do not smoke or drink caffeinated beverages after midnight on the night before your test.
4. Do not eat anything for at least four hours before your test.
5. No exercise on the day of your test (prior to your test).
6. If you receive hemodialysis, your test must be at least 3-4 hours after dialysis.
7. This test can not be performed if you are on oxygen continuously.

**Test 11, 12  
(minutes)****Pulse Oximetry Test 12 (15 minutes), and Arterial Blood Gases Test 13 (15 minutes)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. If the procedure is to be done without oxygen, you must not use your oxygen for 30 minutes prior to your appointment time. If you feel this may cause you some difficulty, you may arrive 30 minutes early to be in the facility while you are without your oxygen.

**Test 13****Cardiopulmonary Exercise Test (1 hour)**

1. Bring your physician's order or referral with you unless your physician will be faxing it.
2. Arrive 15 minutes early for your appointment.
3. Please do not smoke, drink alcohol or caffeine, or eat three hours before the test. You can drink water as needed at any time.
4. Wear walking shoes, such as sneakers, and wear loose and comfortable clothing that doesn't restrict your breathing.
5. Do not perform any strenuous physical activities for at least 12 hours before your test.
6. Get plenty of rest prior to your test.
7. Don't use breathing medication (nebulizers or inhalers) after midnight on the night before your test.
8. If you use an inhaler for breathing problems, please bring it with you on the day of the test.