

Medical Directive

Title: Pre and Post Bronchodilator
Administration for Spirometry
Testing

Number: CBFHT 14

Activation Date: April 1, 2022

Review due by: April 1, 2025

Sponsoring/Contact Person(s)
(name, position, contact particulars):

Anthony DiValentino, Executive Director CBFHT (905) 456-7111 ext. 374
adivalentino@cbfht.ca

Tanjit Minhas, Respiratory Therapist CBFHT (289) 499-2239 ext. 226

Trina Virgo, Administrative Assistant CBFHT (289) 499-2239 ext. 221

Melody Levy, Administration Assistant CBFHT (905) 456-7111 ext. 373

Dr. Manson Lead Physician, CBFHT (905) 456-7111 ext. 343

Order and/or Delegated Procedure:

Appendix Attached: Yes No

Title:

1. Respiratory Therapists (RT's) within the by Central Brampton FHT may administer Ventolin or Atrovent based on the described guidelines for the purpose of performing spirometry testing.

Recipient Patients:

Appendix Attached: Yes No

Title:

1. Patients of the Central Brampton FHT family Physicians who are referred for spirometry testing.

Authorized Implementers:

Appendix Attached: Yes No

Title: Appendix 2 : Implementer Approval Form

1. Central Brampton FHT Respiratory Therapists

The implementing RT must receive orientation from the authorizing physician, with regards to the task. The RT and authorizing physician must sign the attached 'Authorizer Approval Form' (Appendix 2) after successful completion of the orientation. Following review of this directive, the attached 'Implementer Approval Form' (Appendix 1) must be signed by the RT indicating acceptance of this medical directive.

Indications:

Appendix Attached: Yes No

Title:

1. Verbal consent received from the patient for the implementing RT to implement this directive.

Contraindications:

1. No verbal consent from patient or substitute decision maker for **RT** to implement this medical directive.
2. Patients with a known/documented history of sensitivity to Ventolin and/or Atrovent.
3. Should be deferred for those who have a major viral or bacterial infections, those who are experiencing symptoms that may interfere with their test performance ie. Nausea, vomiting, respiratory infection and or difficulty taking a full breath due to injury/discomfort.
4. Pregnancy
5. Recent MI or CVA
6. Recent Eye, Abdominal or Thoracic Surgery
7. Uncontrolled HTN
8. Recent Aneurysm
9. Recent Facial Trauma, or Face or Mouth Pain
10. Anyone experiencing Chest/Abdominal Pain
11. Presence or suspected communicable respiratory disease.

Consent:

Appendix Attached: Yes No

Title: Appendix 1: Authorizer Approval Form

1. Patients of Central Brampton FHT Physicians listed on the Authorized Approval List (see Appendix 2 for attached list).
2. Verbal consent **from patient** to be received prior to the implementation of care.
3. Conducts a verbal review of relative contraindications listed above and obtain verbal agreement to conduct test and to share results with referring practitioner and NP for interpretation and follow up.

Guidelines for Implementing the Order / Procedure

Appendix Attached: Yes No

Title:

1. Verbal consent **from the patient** received and an order/referral for spirometry testing documented in patients EMR.
2. Patients will have the test purpose and procedure explained and demonstrated.
3. **Contraindications will be reviewed and a spirometry instruction sheet will be sent to the patient through a secure encrypted email prior to their appointment. The spirometry instruction sheet can also be found on the Central Brampton FHT website. In the event that a patient does not have access to the internet, the patient will be informed by the administration staff that a hard copy of the spirometry instruction sheet will be made available for them to pick up at reception and/or will be offered the option of having the instructions given to them during a telephone conversation with the RT a minimum of 2 days prior to their appointment.**
4. FVC testing will be completed with a minimum of 3 acceptable and 2 reproducible results for both the pre and post bronchodilator tests (a total Maximum of 8 attempts will be performed in each session)
5. Patients will be administered 4 doses of salbutamol (Ventolin) for the purpose of testing airway reactivity. If Ventolin is contraindicated Atrovent 4 puffs will be administered.
6. The post medication administration spirometry will be conducted 15 minutes after Ventolin has been administered and 30 mins after Atrovent.
7. Infection control will include hand washing/administration of antibacterial hand solution, single use mouth pieces, nose clips and the wiping/cleansing of hand held equipment between patients.

Documentation and Communication:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. FHT Physicians will forward an electronic message to the RT and administration staff to request spirometry testing. 2. FHT Physicians will inform the RT of any known contraindications related to spirometry testing prior to the patient's appointment. 3. Spirometry results will be printed and saved in the EMR for interpretation, sign-off, and plan of care development by the referring practitioner. 4. The RT will immediately notify the referring professional or their on call replacement of any urgent concerns about test results that may indicate need for immediate medical assessment. 5. The Spirometry checklist will be completed by the RT performing the spirometry testing and document into the patient's chart. 6. Referring Practitioner's will be notified regarding the completion of the spirometry test or in the event that the spirometry testing was held/deferred due to identification of contraindications. 	
Review and Quality Monitoring Guidelines:	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<ol style="list-style-type: none"> 1. If any party to this directive identifies quality issues relating to patient care they should be directed to the Lead Physician and or Executive director of CBFHT. Follow up to any identified concerns will be the responsibility of the Lead Physician and or Executive Director of CBFHT. 2. Quality indicators will be reviewed and changes made prior to medical directive renewal, and as otherwise deemed necessary. 	
Administrative Approvals (as applicable):	Appendix Attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Title:
<p>Not Applicable</p>	
Approving Physician(s)/Authorizer(s):	Appendix Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Title: Title: Appendix 1: Authorizer Approval Form
<ol style="list-style-type: none"> 1. Central Brampton Family Health Team Physicians listed on the Authorizer Approval Form (see Appendix 1 for attached list). 	

**Appendix 2
Authorizer Approval Form**

Title and Number of Directive/Delegation: Pre and Post Bronchodilator Administration for Spirometry Testing

CBFHT Medical Directive # 14

Name of Physicians or Authorizers	Signature	Date
Dr. Manson		
Dr. Mak		
Dr. Joza		
Dr. Pede		
Dr. Kostopoulos		
Dr. Agarwal		
Dr. Shilash		
Dr. Trojan		
Dr. Sankat		