



## Pediatric Pulmonary Function Testing

The evaluation of pulmonary health in pediatric patients (ages 5-17) can provide early detection of airway disease and aid in early intervention and management. Pulmonary testing in children can be useful in many situations, including but not limited to:

- Diagnosing and managing asthma
- Recurrent pneumonia
- Recurrent bronchitis
- Long COVID
- Chronic cough
- Noisy breathing and wheezing

### Our Services for Pediatric Patients

#### Spirometry

School aged children (5+) are best suited for simple spirometry testing. This test is one type of a pulmonary function test and is a great tool to guide treatment for ongoing or intermittent breathing issues in the younger pediatric population. Measuring the inflow and outflow of air into the lungs during breathing, spirometry is incredibly beneficial in identifying or assessing pediatric asthma - early introduction to testing is key to effective asthma control and optimal management throughout childhood.

#### Pulmonary Function Tests (PFTs)

Children aged 10+ years old can be considered for a full Pulmonary Function Test (PFT). This test includes both spirometry and body plethysmography to measuring how well the lungs are functioning. This is a more advanced test, requiring more effort and focus with the maneuvers needed for successful testing results and taking approximately 45-60 minutes to complete. Testing lung volumes and flows along with obtaining measurements of gas exchange and lung capacities, the full PFT allow for a more accurate measure of lung function and the ability to diagnose various respiratory conditions and enable effective ongoing assessment and management of asthma and other lung conditions/diseases over time.

#### Pulmonary Health Education

Symptom management education and a comprehensive review of respiratory medications that may benefit the patient are provided at each appointment. An assessment of basic respiratory health is conducted to help prevent and/or reduce current triggers and/or symptoms. If asthmatic, comprehensive asthma education is provided by C-diagnostics RRT's.





## DIAGNOSTIC SERVICE REQUISITION

### PEDIATRICS

#### **PATIENT INFORMATION** (attach patient label)

Patient Name: ☐ M ☐ F

ULI: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City, Province: \_\_\_\_\_ Home phone: \_\_\_\_\_

Referral Date: \_\_\_\_\_

☐ **URGENT TESTING REQUESTED**

Parent/Guardian Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

Contact No: \_\_\_\_\_

#### Respiratory History:

*Check all that apply:*

☐ RSV  $\leq$  1yr ☐ Respiratory-related Hospitalization(s) ☐ Known Asthma ☐ Recurrent Croup ☐ Premature Birth

#### Additional History & Notes:

#### Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **PULMONARY DIAGNOSTIC SERVICES**

- ☐ Spirometry Only (Age 5+)
- ☐ Include Medication/Inhaler Education & Review
- ☐ Pulmonary Function Test (Age 10+)
- ☐ Include Medication/Inhaler Education & Review

#### **REFERRING PHYSICIAN INFORMATION**

Referring Clinic: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Physician Name: \_\_\_\_\_

PRAC ID#: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_