**Protocol for spirometry testing of patients @ Wellington Medical Centre by a healthcare assistant**

**Aim:** For suitably trained healthcare assistants to perform safe, effective and accurate spirometry testing with reversibility @ Wellington Medical Centre

**Objectives:**

* Requests for spirometry testing to have come direct from a GP/ Respiratory consultant
* Specialist trained healthcare assistants to see patients for spirometry testing
* Pre procedure checklist to have been completed prior to spirometry
* Healthcare assistants to have attended BLS and anaphylaxis training on a regular basis ( approx. every 18mths)
* Healthcare assistant has received In-House training , been supervised performing spirometry testing and signed off as competent to do so.
* Healthcare assistant to have performed basic COPD reviews which include MRC scores and FEV1/ oxygen sats
* To be aware of how to enter the spirometry information into ‘spirometry’ template and save the spirometry tracing
* Ensure only equipment serviced annually is used
* Ensure calibration/ cleaning and sterilisation has been performed as per manufacturers instructions
* Reversibility agent given as prescribed under PSD for each patient
* Be aware of contra- indications and when to use a bacterial filter during testing.

**Capacity:** All patients registered here at Wellington Medical Centre who require spirometry testing with reversibility

**Exceptions:** Those patients that have no Salbutamol PSD set up on their notes. Patients that have not fulfilled the pre procedure checklist. Healthcare assistants that have not fulfilled the objectives specified.

**Key personnel:**

*General Practitioner (GP)*

* GP to be aware of contraindications to spirometry testing and avoid booking these patients in.
* To act as resource for HCA if respiratory trained PN not available to question.
* When requesting that patient has a spirometry test GP to then add Salbutamol PSD ( from F12 selection) to patients screen
* When requesting spirometry with reversibility a prescription request is made for an aerochamber device and the patient told to bring with them for the spirometry test
* At the point of GP requesting for spirometry to be done, GP to give the patient written information on the test procedure/ contra-indications, or send task to Admin to send leaflet in the post when confirming date/ time of appointment
* GP to specify to admin if spirometry testing is required urgently, so that patient is offered the next available slot and not placed on the waiting list

*Respiratory trained Practice Nurse (PN)*

* To be a resource for HCA performing spirometry testing
* To ensure that spirometry equipment is tested/ cleaned/ calibrated and sterilised as per manufacturers instructions
* To supervise HCA to perform x 5 spirometry + reversibility test before being assessed as competent to perform alone

*Respiratory trained Healthcare Assistants (HCA)*

* To perform spirometry testing + reversibility for those patients that qualify for this procedure and have passed the pre procedure checklist
* Any concerns regarding the patient/ equipment or procedure to be reported initially to respiratory PN
* If spirometry not completed please code why (search the term spirometry under problem ) and task message their GP to inform that this has not been completed and why

*Administration Team*

* Admin team to refer to the latest appointment guidance sheet to be able to book spirometry testing + reversibility with appropriately trained HCAs
* At the time of booking spirometry testing, admin to check if GP has added the Salbutamol PSD, if not then admin to send GP task message to do this.
* At time of booking spirometry admin to send patient a letter of confirmation including a spirometry leaflet explaining the procedure/ how to prepare for the test and possible reasons it may not be performed.
* Patients requiring urgent spirometry testing to be specified by GP requesting this and patient then booked for next available slot and not be placed on spirometry waiting list.
* To book patients for a 20 min slot then 20 min gap then another 20 min slot

**Identification :**

* Patients to be requested for spirometry + reversibility testing by the GP or a respiratory consultant
* Appropriately trained HCA to perform spirometry + reversibility on adults or children aged > 12 yrs, any below this age to be booked with respiratory PN for this procedure

**Process :**

* Spirometry patients to have received verbal and/ or written information on spirometry + reversibility testing prior to the procedure
* Appointments to be a 40 min slot time and booked as spirometry
* Admin to book patients for spirometry testing as and when spaces arise, working from a waiting list
* Patients requested as ‘ urgent’ spirometry by GP or Respiratory consultant to have spirometry testing done as soon as is possible and not be placed on the waiting list
* HCA to have meet all training requirements and be signed off as competent on all of these prior to performing spirometry testing + reversibility alone
* Ensure procedure performed adhering to WMC Infection Control and Health & Safety protocol
* All patients performing spirometry testing with the HCA to have fulfilled a pre procedure checklist, any concerns HCA to initially discuss with respiratory PN
* Administer Salbutamol for reversibility testing as per Salbutamol PSD and document lot number and expiry date of salbutamol used in patients notes
* Results to be entered into the ‘Spirometry’ template
* Spirometry tracing to be saved ( in spirometry screen go to data tab> export> export to PDF> name as pts EMIS no and date of test> save)
* Spirometry tracing to be attached to patients EMIS notes ( when back in pts notes go to consultation> add> document>attach document > attach relevant tracing matching patients emis no and date of recording>label as spirometry tracing and file to attach)
* Print a copy of the tracing and place in GP tray for review
* Ensure patient demographics ( Ht, Wt ) have been updated recently

( ideally in the last 6-12 mths) and that other relevant information has been entered ( ethnicity, smoking status )

* HCA to stop procedure if patient unable to perform the required breaths in the maximum attempts allowed / patient is not well enough to complete the testing/patient withdraws their consent at any point/ repeatability criteria is not met
* Perform post FEV1 testing 15 mins after delivery of Salbutamol reversibility agent
* Inform patient that results will go to their GP for review and interpretation, the HCA is unable to give any information regarding this.