**Pre procedure checklist** ( complete and scan into patients notes)

Healthcare assistant performing spirometry + reversibility @ WMC

**Patients Name: Patients DoB:**

**Date of procedure:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Ensure up to height , weight entered if not update these |  |  |
| Check patient has Salbutamol PSD on their notes |  |  |
| Check patient has none of the contra-indications listed |  |  |
| Check spirometry used has been calibrated/ sterilised before use |  |  |
| Assessment and use of bacterial filter if required |  |  |
| Patient has received written or verbal information explaining the procedure and has had the opportunity to give consent and ask questions |  |  |

If answered ‘ Yes’ to all of the above then spirometry testing can be done.

Salbutamol 4 x 100mcgs used Lot no: Expiry Date:

**Contra – indications ( Absolute)**

* Active respiratory infection in last 2 wks
* Conditions aggravated by forced expiration ( aortic aneurysm, current pneumothorax, eye/ ear surgery, thoracic/ abdominal or neuro surgery)

**Contra – indications ( Relative risk check with GP first)**

* Suspected respiratory infection in last 4 weeks
* Haemoptysis
* Conditions aggravated by forced expiration, prior pneumothorax, unstable vascular event in last 4 weeks such as MI,uncontrolled hypertension, PE or stroke, previous thoracic/ abdominal or neuro surgery
* If patient is too unwell to perform forced expiration
* Communication issues ( LD or confusion)