

**RespiriCare LTD**

4 Curlew Avenue
Lower Halstow
Sittingbourne
Kent, ME9 7DF

Thursday, 13 January 2022

RE: Patient Name **DOB:** DOB **NHS:** NHS
Address: Address
GP Address: GP Surgery address

Dear Colleague,

I am writing to advise you that <<Patient Name>> attended for a Drive in spirometry appointment on the <<date>>.

Please see the spirometry results below:

FEV1(L)	FEV1%	VCmax(L)	VCmax%	FEV1/VCmax Ratio	PEFR (L/min)	PEFR%
Acceptability criteria met			Repeatability criteria met			
Yes / No			Yes / No			

Spirometry Interpretation:

The results suggest << normal spirometry / mild obstruction / moderate obstruction / severe obstruction / restriction / combined obstruction and restriction>>.

Comments

Comments re: contraindication to testing, consent, smoking history, use of inhalers, if test is baseline or post bronchodilator.

Comment on technique and patients ability to reach required quality criteria on both relaxed and forced blows, and if not achieved, why not.

Comment on what the results show, including values and flow-volume and volume0time graphs.

Comment on additional measures taken today including: pulse oximetry, heart rate, height, weight, blood pressure.

Make recommendations re: CXR or 2-week PEFr diary if felt to be appropriate.

For your information, a full report of the spirometry can be seen on the attached page.

If you would like to discuss anything further please contact us via email at info@respicare.com, or pulmrehab@nhs.net or phone us on 07715 639 410. Please use the patient details as the subject to ensure rapid processing of your request.

If you would like any further information on the interpretation of the results, then please see the addendum at the end of this letter.

Yours sincerely,

N.Beckett

(Natasha Beckett, Specialist Respiratory Physiotherapist)

Spirometry Team for RespiCare LTD

Addendum 1

Spirometry Results

For support with the clinical application of spirometry results, see below. Please note, this is not an exhaustive list (ref: Practical Handbook of Spirometry, 3rd Edition. ARTP 2017).

Obstructive Spirometry:

- **COPD**
- **Asthma** – occupational asthma
- **Bronchiectasis**

Restrictive Spirometry

- **Lung parenchyma** – pulmonary fibrosis, sarcoidosis, rheumatoid arthritis, SLE, scleroderma, drug induced lung injury, extrinsic allergic alveolitis, pneumoconiosis
- **Chest wall disorders** - scoliosis, rib fractures, kyphosis, ankylosing spondylitis
- **Neuromuscular disease** – i.e. MND, Muscular dystrophy, Guillain-Barre syndrome, diaphragmatic paralysis, phrenic nerve trauma, myasthenia gravis
- **Pleural diseases** – pleural effusions, pneumothorax, pleural thickening
- **Others** – Obesity, ascites, pregnancy, congestive heart failure, previous lung surgery

Normal Spirometry:

- **well controlled asthma,**
- **early bronchiectasis**
- **lung cancer**
- respiratory symptoms caused by non-respiratory changes – **heart failure, allergic rhinitis, ACE inhibitors, reflux.**