

All other inhalers / puffers and other medications should be taken as usual.

Hypertonic Saline Challenge.

Withdrawal anti-histamines and anti-depressants as specified for Histamine Provocation and

**Skin Allergy Testing**

eg. Sinequan Typtanol Enderp Melipramine Tolvon Surmontil

to the tests:

Some anti-depressants also contain anti-histamines and should be ceased for 48 hours prior

**No Claratyne or Telfast for 5 days before the test. No HISMANAL for 4 weeks before the test.**

eg. Polaramine Priton Avil Zadine Zyrtec Phemergan

No Anti-histamines for 48 hours before the test:

No Intal for 48 hours before the test.

eg. Brondecon Neulin Slo-Bid Elixophylline

No Theophyllines for 24 hours before the test:

No Serevent, Foradile, Seretide, Oxis or Symbicort for 12 hours before the test.

eg. Ventolin Atrovent Bricanyl Airomir Asmol

No Bronchodilators for 6 hours before the test:

**Histamine Provocation and Hypertonic Saline Challenge**

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No Theophyllines for 24 hours before the test:

No Serevent, Foradile, Seretide, Oxis or Symbicort for 12 hours before the test.

eg. Ventolin Atrovent Bricanyl Airomir Asmol

No Bronchodilators for 6 hours before the test:

**Spirometry, Diffusing Capacity, Static Lung Volumes, Body Plethysmography**

**DO NOT SMOKE FOR 6 HOURS BEFORE THE TEST**

These instructions may require you to cease some medications for a period of time. If you are unable to manage without your medication or have any questions regarding the test, please contact the Burnside Respiratory Centre on 8202 7272.

**APPOINTMENT:** Date: ..... Time: .....

Please read this information carefully as it is important to follow the instructions given for each test

**Patient Pre-Test Instructions**

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**Patient Pre-Test Instructions**

120 Kensington Road  
Toorak Gardens SA 5065  
Telephone: (08) 8202 7272  
Facsimile: (08) 8331 7152  
www.burnsidehospital.asn.au  
Email: respiratorycentre@burnsidehospital.asn.au



Dr. Peter Robinson  
Dr. Michael Chia  
Dr. Hugh Greville  
Dr. Mark Holmes  
A/Prof. R. Scicchitano

**BURNSIDE RESPIRATORY CENTRE  
Patient and Test Details**

**PATIENT DETAILS**

Surname: .....

Given Name(s): .....

Birth Date: .....

Address: .....

Telephone: (Home): ..... (Work): .....

**REFERRING DOCTOR**

Name: .....

Address: .....

Telephone: .....

Extra Copy to: .....

**TESTS REQUIRED**

**IMPORTANT: Please see overleaf for pre-test instructions**

- Spirometry (Flow Volume Curves) (Pre and Post Bronchodilator)
- Diffusing Capacity (Transfer Factor)
- Static Lung Volumes
- Hypertonic Saline Challenge
- Skin Allergy Testing
- Ambulatory Pulse Oximetry
- Arterial Blood Gases (Clinpath Pathology Form Required)

**RELEVANT MEDICAL HISTORY (including Communicable Diseases)**

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Doctor's Signature: ..... Date:...../...../.....

120 Kensington Road  
Toorak Gardens SA 5065  
Telephone: (08) 8202 7272  
Facsimile: (08) 8331 7152  
www.burnsidehospital.asn.au  
Email: respiratorycentre@burnsidehospital.asn.au



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