

Methacholine Challenge Test

In our LINCOLN location

Pretest Instructions:

- Please allow about one (1) hour to complete the test.
- **Do not** eat or drink **anything** with caffeine (coffee, soda, chocolate) 16 hours prior to testing.
- **Do not** smoke six (6) hours **prior** to testing
- If you have any respiratory symptoms on the day of your test, **inform** the technician **prior** to testing.
- **Do not** take **any** breathing medications before the test as directed below:
 - Serevent, Foradil, Advair, Slo-bid, Theo-24, Spiriva, Uniphyll, Dilor, Dilex or other Theophylline containing products, should be held 48 hours prior to appointment.
 - Albuterol, Ventolin, Proventil, Pro-Air, Alupent, Azmacort, Flovent, Pulmicort, Aerobid, Q-Var, and Atrovent should be held 12 hours prior to appointment.
- **Do not** take SINGULAIR (Montelukast) for **48 hours** before the test.

Important Note:

If for some reason you are unable to make your appointment, **please notify the office 24 hours prior to visit.** *Methacholine* has a **very short shelf life** and must be **discarded if not used.** It is prepared on the day of testing by the technician, therefore, if a 24-hour notice is **not given**, you will be billed **\$100** for cost of the medication and preparation for testing.

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Procedure:

The purpose of a *Methacholine Challenge* test is to determine *the amount of airway irritability* of a patient. You, or your child, will be asked to **inhale** a mist that contains **different concentrations for Methacholine**. The mist is produced by a device called a nebulizer and inhaled through a **mouthpiece** or **facemask**. Before the test begins, and after each period of inhalation, you or your child will be asked to **blow forcefully** into a **Spirometer**. The test usually takes about an **hour**.

Discomforts and Risk:

This test **does not cause an asthma attack** but inhalation of aerosols may be associated with **mild** shortness of breath, cough, chest tightness, wheezing, chest soreness, or headache. Many patients **do not have any symptoms** at all. These symptoms, if they occur, **are mild**, last for only a **few minutes**, and **disappear** following the inhalation of a bronchodilator medication. There is a very small possibility of severe narrowing of your airways. This could cause severe shortness of breath, if this occurs, you will be immediately treated.

I have read the above information and understand the purpose of the test and the associated risks. With this knowledge, I agree to have this test performed on my child or me.

Patient Name (Please Print): _____

Patient or Guardian signature: _____

Witness by: _____

Date: _____

ASTHMA & ALLERGY PHYSICIANS OF RHODE ISLAND

Methacholine Challenge Questionnaire

Name: _____ D.O.B: _____

1. List all medications that you are taking for asthma, hay fever, heart disease, blood pressure, allergies or stomach problems.

Drug	Dose and Frequency
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- | | | |
|---|-----|----|
| 2. Has a physician told you that you have asthma? | Yes | No |
| 3. Have you ever been hospitalized for asthma? | Yes | No |
| 4. Did you have respiratory disease as a child? | Yes | No |
| 5. Have you ever experienced asthma symptoms
Such as wheezing, chest tightness, or shortness
of Breath within the last 2 weeks? | Yes | No |
| 6. If a smoker, when did you last smoke? _____ | | |
| 7. Have you had a respiratory infection in the last
6 weeks? | Yes | No |
| 8. Have you had a heart attack or stroke within the
last three months? | Yes | No |
| 9. Do you have high blood pressure? | Yes | No |
| 10. Do you have an aortic aneurysm? | Yes | No |
| 11. Are you pregnant? | Yes | No |