

5.2.6 CAA standards for spirometry

Please carry this sheet to your doctor (preferably at the time of booking) so that an appropriate test, one that meets CAA requirements, may be carried out. In case of questions, the Aviation Medicine Team may be contacted at 04 560 9466.

Note: If the tests are not carried out as per these guidelines, (and the tracings are not provided), the test may need to be repeated, causing inconvenience, delays, and expense.

Conduct of the test

The test is effort dependent. Three tests should be conducted. The test should also be repeated after a dose of a bronchodilator (i.e. Ventolin, by inhalation) if there is any lung function impairment, or a history of asthma or respiratory disease, or a suspicion of asthma or respiratory disease. In this case the post-bronchodilator spirometry must be done even if the initial spirometry results are within normal range.

No bronchodilator should be taken on the day and prior to the test unless necessary for clinical reason, in which case this must be indicated in the report.

Graphs and recordings

The spirometer should ideally record the complete respiratory cycle in the form of a flow volume loop and must be up to date with regard to calibration.

Data should be presented in absolute values and as a percentage of the predicted values. Post bronchodilator values changes should be presented as a percentage of the baseline values (positive or negative)

Report

A report on the Spirometry should comment on normality, or degree of obstruction/ restriction and reversibility. Printouts from the spirometer (as above) should be included with the report and should be sent to the requesting party, the ME or CAA.

Please be advised that any costs for this investigation will need to be borne by you.