Primary Care Respiratory Academy



Developed in





Patient data

What information do you	have about the	patient and	their r	risk
of respiratory disease?				

Is the test data correct - do the gender and age match?

Number of blows

Does the report show a minimum of three blows?

If pre- and post-bronchodilator blows are shown, what is the elapsed time between tests?

Quality of blows

Are there any errors in the blows?

Reproducibility

What is the reproducibility of the blows?

To be acceptable, results should meet Grade A criteria (or Grade B in occasional, highly variable patients).

Shape of graphs

What do the size and shape of the graphs suggest?

For example, are they concave or scooped?

Are they smaller than the predicted normal for this subject?

Presence of obstruction

Does the graph shape(s) indicate obstruction?

Does the FEV,/VC or FEV,/FVC (whichever is greater) support this?

Extent of reversibility

If the test shows pre- and post-blows, what is the extent of any improvement?

An improvement in FEV $_1$ of \geq 12% and a volume increase of \geq 200mLs is usually considered a positive result

Fits clinical picture/presentation

Do the test findings fit the clinical picture?

Do they support or conflict with the diagnosis suggested by the symptoms, risk factors and examination/imaging?

Yes	No			
Yes	No			
Time				
Grade A: 100 mls or less of FEV ₁ , FVC, VC from th	s between the best two values iree good blows			
Grade B: 101-150 mls between the best two values of FEV ₁ , FVC, VC from three good blows				
Grade C: 151-200 mls be FEV ₁ FVC, VC from three	etween the best two values of e good blows			
.,	mls between the best two values			
Grade E: unacceptable	blows			
%	mLs			
Restricted	Mixed/combined			

	Normal	Obstructed	Restricted	Mixed/combined
FVC	>80% pred	>80%	<80%	<80%
FEV ₁	>80% pred	<80%	<80%	<80%
FEV ₁ /FVC or FEV ₁ /VC	>70% or >LLN	<70% or <lln< td=""><td>>70% or >LLN</td><td><70% or <lln< td=""></lln<></td></lln<>	>70% or >LLN	<70% or <lln< td=""></lln<>

Adapted from 'A guide to performing quality-assured diagnostic spirometry (PCC 2013)'. Reproducibility grades adapted from Ferguson G, Buist S, Higgins M. Office spirometry for lung health assessment in adults: A consensus statement from the National Lung Health Education Program. Chest. 2000; 117:1146-1161

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