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PCRS Position Statement

Spirometry and lung function testing in primary care during the Covid-19 Pandemic

Spirometry, a test used to measure and monitor lung function, is an important component of the diagnosis, management and monitoring of respiratory conditions in primary care. Spirometry should be delivered and interpreted by healthcare professionals who have met the criteria and are included in the Association for Respiratory Technology & Physiology (ARTP) National Register of Certified Spirometry Professionals and Operators hosted by the Academy for Healthcare Science (AHCS).

Whilst Covid-19 risks remain high, spirometry should only be carried out in primary care when the results will definitively inform or change a patient's management. For patients with asthma, spirometry should be reserved for those with intermediate probability; those with high clinical probability for asthma can be managed appropriately with a trial of treatment. For patients with suspected chronic obstructive pulmonary disease (COPD), a tentative diagnosis using peak expiratory flow rate (PEFR) diary monitoring can be made because a PEFR <75% predicted suggests a degree of airflow obstruction. Then with serial measurements over 2 weeks that do not vary but also remain low despite use of salbutamol for symptom relief, a clinical suspicion can be objectively supported. Confirmatory spirometry can be deferred until a later date. Ideally, patients for whom spirometry is judged to be necessary should be referred to a primary care network respiratory diagnostic service with expertise in the diagnosis of the most common respiratory conditions, asthma and COPD, and of less common respiratory disease and non-respiratory causes of respiratory-related symptoms.

[Position-Statment-Spirometry-20201123.pdf](#)

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Category: Clinical resource or information
PCRS Position
Consensus

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Clinical Area: COVID-19
Respiratory tests and investigations

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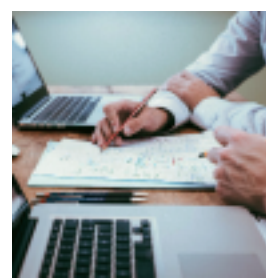
Clinical Leadership



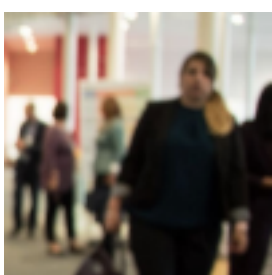
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