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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BEOORDELINGSFORMULIER SPIROMETRIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Naam: | | Datum: | |
|  | |  | |
|  | | | | | **U i t v o e r i n g** | | | | | | | | | | | | | | | | | | | | | | | | | Geboortedatum: | | Kenmerk: | | | | | |
|  | |  | | | | | |
| C  O  Ö P  E- | R  A  T  I  E | | | Begrijpt patiënt de uitleg? | | | | | | | | | | | | | | | | | | | | | Ja /nee | | | | | Eigen medicatie gestaakt | | Ja/ Nee/ NVT | | | | | |
| Worden de correcties opgevolgd? | | | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |
| Is patiënt in staat een maximale inspanning te verrichten? | | | | | | | | | | | | | | | | | | | | | Ja /nee | | | | | Gewicht: | |  | | | | | |
| Is patiënt gemotiveerd een maximale inspanning te leveren? | | | | | | | | | | | | | | | | | | | | | Ja /nee | | | | | Lengte: | |  | | | | | |
| Overall indruk | | | Vlg. patiënt | | | | | Ging goed/ kon beter | | | | | | Na verwijding | | | | | | | Zelfde/ beter | | | | | Reversibiliteitstest: | | Ja/nee | | | | | |
| Vlg. uitvoerder | | | | | Ging goed/ kon beter | | | | | | Zelfde/ beter | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A  C  C  E  P  T  A  T  I  E | Uitvoering: 4 M | | |  | | Maximaal diepe inademing | | | | | | | | | | | | | | | | | | | Ja /nee | | | | | Relevante medicatie: | | | | | | | |
|  | | Maximaal krachtige uitademing | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Maximaal lange uitademing | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Maximaal diepe inademing | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Mondstuk tussen tanden en lippen | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Rechte houding gehandhaafd | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Geen luchtlekkage | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
| FV-curve | | |  | | Snelle stijging | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Scherpe piek | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |
|  | | Gladde curve | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | |  | | | | |  | |  | | |
|  | | Geleidelijke daling naar X-as | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | | |
|  | | Uitademingvolume gelijk aan inademingsvolume | | | | | | | | | | | | | | | | | | | Ja /nee | | | | |  | | | | | | | | |
| VT | | |  | | Plateaufase van min. 1 sec | | | | | | | | | | | | | | | | | | | Ja /nee | | | | | Aantal pretesten: | | | | | | | | |
|  | | Niet langer dan 15 sec uitgeblazen | | | | | | | | | | | | | | | | | | | Ja/nee | | | | | Aantal posttesten: | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HERHAALBAARHEID | | | | | | | | | | Pré bronchodilatatie | | | | | | | | | Post bronchodilatatie | | | | | | | | | | | Opmerkingen t.a.v. uitvoering: | | | | |  | | | | | | | | | | | |  | | |  |
| Hoogste waarde | | | Op 1 na hoogste waarde | | Voldaan | | | | Hoogste waarde | | | | Op 1 na hoogste waarde | | | | Voldaan | | |
| Bekijk de 2 hoogste FVC | | | | | | | | | | .......l | | | .......l | | Ja/nee | | | | .......l | | | | .......l | | | | Ja /nee | | | Uitvoerder: | | | | |
| Bekijk de 2 hoogste FEV1 | | | | | | | | | | .......l | | | .......l | | Ja/nee | | | | .......l | | | | .......l | | | | Ja /nee | | |
| ***Resultaat*** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | **Z score** | |
| **Hoogste waarde** | | | | | | Voorspelde waarde | | | | | | **Pré** | | | % voorspeld | | | | **Z-score** | | | **Post** | | | | % voorspeld | | | **Z-score** | Wijziging post t.o.v. pre | | | |
| FVC | | | | | | .......l | | | | | | .......l | | | …….% | | | ....... | | | .......l | | | | | .......% | | | …….. | …... ml/…...% | | | |
| FEV1 | | | | | | .......l | | | | | | .......l | | | …….% | | | ....... | | | .......l | | | | | *.......%* | | | …….. | *….. ml/…...%* | | | |
| FEV1/FVC | | | | | | X | | | | | | .......% | | | X | | | ....... | | | .......% | | | | | X | | | …….. | X |
| **I n t e r p r e t a t i e** | | | | | | | | | | | | | | | | | | | | ***Conclusie*** | | | | | | | | | | | ***Diagnostische overwegingen*** | | | | | | |
|  | | |  | | | | | | Gemeten waarde | | % van voorspeld | | | | | Z score | | | (Cijfers + curve) | | | | | | | | | | | | Restrictief?  🡪 kaderarts of 2e lijn TLC  *Obstructie passend bij*  **Astma**  of  **COPD**  GOLD I II III IV  Opmerkingen: | | | | | |  | | | | | | | | |
| **R** | | | FVC | | | | | | .......l | | .......% | | | | |  | | | **Restrictie** | | | | | | | Mogelijk/nee | | | | |
| **O** | | | Pre/post FEV1/FVC | | | | | | ......%/……..% | | | | | | |  | | | **Obstructie** pre/post | | | | | | | Ja/nee | | | | |  | | | | | | | | |
| **E** | | | Pre/post-FEV1 | | | | | | .......l | | .......% | | | | | X | | | Licht | | | Matig | | | | Ernstig | | | Zeer ernstig | |
| **R** | | | Toename na verwijding | | | | | | Toename  .......% | | Toename  ......ml | | | | | X | | | **Reversibiliteit** | | | | | | | Ja/nee | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| ***Advies/beleid:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GLI CASPIR jr/ juli 2021 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |