



Methacholine Challenge Instruction

Patient Name: _____ **Appointment:** _____
Date and Time: _____

You have been scheduled for a methacholine challenge test. This test is to determine the amount of airway irritability. You will be asked to inhale a mist that contains different concentrations of methacholine. The mist is produced by a device called a nebulizer and inhaled through a mouthpiece. Before the test begins and after each period of inhalation, you will be asked to blow forcefully into a spirometer. The test usually takes about one hour.

1. Instructions for Medications:

No exposure to the following in time period specified prior to challenge:

- | | |
|--|------------------|
| • Short-acting bronchodilators: Albuterol, Terbutaline | 8 hours |
| • Medium-acting bronchodilators: | 24 hours |
| - Anticholinergic agents | |
| - Atrovent (ipratropium) | |
| • Long-acting bronchodilators: Salmeterol, Formoterol | 48 hours |
| • Oral bronchodilators | |
| - Intermediate-acting Theophylline | 24 hours |
| - Long-acting theophyllines | 48 hours |
| - SioBid, StoPhylin, Unidur, Uniphylin, Theodur, Teo-24 | |
| - Standard B2 agonist tablets | 12 hours |
| - Long-acting agonist tablets | 24 hours |
| - Albuterol-SR, Proventil-SP, Volmax | |
| • Cromolyn sodium - Intal | 8 hours |
| • Nedocromil - Tilade | 48 hours |
| • Hydroxyzine, cetirizine - Anithistamine | 3 days |
| - Allegra, Clarinex, Claritin, Zyrtec | |
| • Leukotriene modifiers - Accolate, Singular | 24 hours |
| • Steroids - inhaled or pills - at your physician's instructions | Suggested 7 days |

FOODS: No caffeine. This includes coffee or tea that is brewed, instant or iced. No colas or other soft drinks that contain caffeine. No chocolates, including candies, frosting, cookies, pies, cocoa or chocolate milk. No aspirin that contains caffeine, such as Anacin and Excedrin.

DAY OF STUDY

2. On the day of the study, eat only a light meal in the morning and no food three to four hours before the test.

3. If you have wheezing within 24 hours of the test or had a respiratory infection within the past six weeks, contact your physician and reschedule the test. Call **202-687-4982** to reschedule.

4. If you have or had in the past any of the following conditions, do not schedule this test and notify the physician ordering the test:

- Heart attack or stroke within the last three months
- Uncontrolled hypertension
- Aortic or cerebral aneurysm
- Use of Beta adrenergic medication; Lopressor, Atenalol, Propranolol, Inderal, Nardolol, Corzide, Inderide, Betopic, Timoptic
- Epilepsy
- Cardiovascular disease accompanied by bradycardia, vagotonia
- Peptic ulcer disease
- Thyroid disease
- Urinary tract obstruction
- Using a cholinesterase inhibitor - for Myasthenia Gravis
- If you are pregnant and/or nursing

5. On the morning of the test complete and sign the patient questionnaire. Bring the completed, signed form and your ordering information from your physician.

