Gastroenterology Consultants PC
2860 Creekside Circle · Medford, Oregon 97504
P · (541) 779-8367 F · (541) 779-7471

John A Walker MD FACG
Paul F Schleinitz MD
Lois E Hauch FNP
Kris N Jacobson MD
Anthony A Haulk MD FACP
Jeani G Buhl FNP
Peter W Adesman MD
Gregory F Winters MD
Adam M Mougey MD
Mariana D Cooper PA-C

Lactulose Breath Test Analysis Report

Date: GCPC Provider: Pt Acct #:

Patient Name: DOB: Age:

Referring PCP:

Medical Assistant:

Diabetic ☐ Yes ☐ No (if yes, see instruction #5)

Patient Symptoms:

Procedure: 10 grams of Lactulose

PATIENT TO COMPLETE THE FOLLOWING:

Describe your last meal: _____

_____

Please chart your symptoms when you take a sample.
(0= none, 4= severe)

Sample	Time		Nausea (0-4)	Bloating (0-4)	Cramps (0-4)	Gas (0-4)	Diarrhea (Y/N)
1.	Every 20 minutes	(Baseline)					
2.		20 min.					
3.		40 min.					
4.		60 min.					
5.		80 min.					
6.		100 min.					
7.		120 min.					
8.		140 min.					
9.		160 min.					
10.		180 min.					

FOR OFFICE USE ONLY

H_2	CH_4	CO_2	Corr.

RETURN THIS FORM WITH YOUR SAMPLE KIT IMMEDIATELY AFTER COMPLETING YOUR TEST.
***Questions, please call our office at 541-779-8367.**

Rev. 5/13

BREATH HYDROGEN TEST

PATIENT INSTRUCTIONS

YOUR PROVIDER HAS ORDERED A HYDROGEN BREATH TEST FOR YOU. THIS TEST IS EASILY PERFORMED BY THE PATIENT IN THE COMFORT OF THEIR HOME. YOU WILL NEED 3 HOURS TO COMPLETE THIS TEST.

1. IF YOU ARE TAKING ANTIBIOTICS YOU WILL NEED TO DISCONTINUE THEM FOR 10 DAYS PRIOR TO TAKING THIS TEST.
2. FOLLOW THE DIETARY INSTRUCTIONS ON THE ATTACHED SHEET THE DAY PRIOR TO DOING YOUR TEST.
3. TAKE YOUR TEST TUBES OUT OF THE KIT. REMOVE THE LABELS OUT OF THE KIT. NUMBER THE LABELS AND WRITE YOUR NAME AND DATE OF BIRTH ON THE LABELS *(PLEASE WRITE LEGIBLY, IF THIS IS NOT DONE CORRECTLY WE WILL NOT BE ABLE TO PROCESS YOUR TEST RESULTS. IF YOU HAVE TO REPEAT THE TEST THERE WILL BE A SECOND CHARGE)*
4. **YOU MUST BE FASTING (WITHOUT FOOD OR DRINK) FOR 12 HOURS PRIOR TO DOING YOUR TEST.** YOU MAY HAVE WATER UP TO ONE HOUR BEFORE TAKING THE TEST. YOU WILL NOT HAVE ANYTHING TO EAT OR DRINK OTHER THAN YOUR TEST SOLUTION UNTIL AFTER THE TEST HAS BEEN COMPLETED
5. **DIABETIC INSTRUCTIONS:** IF YOU TAKE ORAL MEDICATION, HOLD THE MORNING DOSE THE DAY OF THE TEST. IF YOU TAKE INSULIN, TAKE ½ OF YOUR USUAL DOSE THE MORNING OF THE TEST. YOU MUST MONITOR YOUR BLOOD SUGARS DURING THE TEST.
6. PRESCRIPTION MEDICATION MUST BE TAKEN AT LEAST AN HOUR PRIOR TO STARTING THE TEST WITH A SMALL SIP OF WATER. DO NOT TAKE ANY MEDICATION DURING THE TEST PERIOD.
7. LAY THE NUMBERED TEST TUBES OUT IN ORDER 1 THROUGH 10.
8. COLLECT YOUR BASELINE BREATH SAMPLE (TUBE #1). HOLD THE EASY SAMPLER DEVICE IN ONE HAND AND THE TEST TUBE IN THE OTHER. YOU WILL ONLY EXHALE ONCE PER EACH SAMPLE COLLECTION. TAKE A NORMAL BREATH, CLOSE YOUR MOUTH AROUND THE MOUTHPIECE THEN BLOW OUT NORMALLY. AS YOU EXHALE, THE BAG WILL FILL WITH AIR, KEEP IT INFLATED. INSERT THE TEST TUBE INTO THE NEEDLE HOLDER COMPLETELY SO THE STOPPER ON THE TUBE IS PUNCTURED. AFTER 2 SECONDS, REMOVE THE TUBE FROM THE NEEDLE HOLDER AND STOP EXHALING. KEEP THE BAG INFLATED UNTIL THE TEST TUBE IS REMOVED FROM THE NEEDLE HOLDER.
   (THERE ARE NO "DO OVERS" THIS MUST BE DONE CORRECTLY FOR US TO PROCESS YOUR TEST RESULTS)

9. CHART YOUR SYMPTOMS ON THE LOWER LEFT HAND CORNER OF THE ANALYSIS FORM. *(ZERO IS NO SYMPTOMS, 4 IS THE MOST SEVERE)*

10. TAKE THE TEST SOLUTION PACKET OUT OF THE KIT AND MIX THE CONTENTS OF THE TEST SOLUTION PACKET INTO 1 CUP (8 OUNCES) OF WARM WATER.

11. SET YOUR TIMER AND START SIPPING THE SOLUTION UNTIL IT IS COMPLETELY GONE (THIS SHOULD TAKE LESS THAN 20 MINUTES) YOU MUST BE DONE WITH YOUR DRINK BEFORE THE TIMER GOES OFF AND YOU OBTAIN THE SAMPLE IN TUBE #2. *(SEE THE ANALYSIS FORM TO SEE WHEN YOUR NEXT SAMPLE IS DUE*FOR NEXT COLLECTION TIME *(SEE THE ANALYSIS FORM)*

12. WHEN YOUR TIMER GOES OFF, FOLLOW THE INSTRUCTIONS IN SECTION #8 (ABOVE) TO OBTAIN THE NEXT SAMPLE IN TUBE #2 *(YOU MUST OBTAIN THE SAMPLES AT THE TIME LISTED ON YOUR ANALYSIS FORM).*

13. SET YOUR TIMER FOR THE NEXT COLLECTION TIME AND THEN COLLECT SAMPLE #3. CHART YOUR SYMPTOMS AFTER YOU COLLECT YOUR SAMPLE.

14. FOLLOW THE INSTRUCTIONS IN SECTION #8 UNTIL YOU HAVE OBTAINED SAMPLES IN ALL OF THE TUBES ENCLOSED.

15. AFTER YOU COMPLETE THE TEST, YOU ARE FREE TO EAT AND DRINK. WE URGE YOU TO REHYDRATE BY HAVING A LARGE GLASS OF WATER.

16. RETURN THE KIT TO OUR CLINIC (2860 CREEKSIDE CIRCLE, MEDFORD, OR 97504) AS SOON AS POSSIBLE *(THE AIR IN THE TEST TUBES ARE ONLY GOOD FOR SO LONG)* THE KITS WILL BE PROCESSED IN THE ORDER IN WHICH THEY ARE RECEIVED.

17. WE WILL NOTIFY YOU OF YOUR TEST RESULTS WITHIN 2 WEEKS AFTER WE RECEIVE YOUR KIT BACK IN THE CLINIC.

***IF YOU HAVE QUESTIONS PLEASE CALL 541-779-8367**

Dietary Guidelines for Testing
Please read carefully

****<u>THE DAY PRIOR TO THE TEST, THE FOLLOWING LIST OF FOODS SHOULD BE AVOIDED:</u>**

- **Grain Products**: Pastas, whole grain products (including cereals and Melba toast), bran's or high-fiber cereals, granola, etc.
- **Fruits:** Fruit juices, applesauce, apricots, bananas, cantaloupe, canned fruit cocktail, grapes, honeydew melon, peaches, watermelon. Raw and dried fruits like raisins and berries. Yogurt which contains fruit.
- **Vegetables:** Vegetable juices, potatoes, alfalfa sprouts, beets, green/yellow beans, broccoli, cauliflower, Brussels sprouts, cabbage, kale, swiss chard, lentil, corn, carrots, celery, cucumber, eggplant, lettuce, mushrooms, green/red peppers, squash, zucchini, etc..
- **Nuts, Seeds, Beans:** All nuts, seeds and beans, as well as foods that may contain seeds.
- **All Dairy Products:** Milk, cheese, ice cream, yogurt, butter.
- **Meats, Pastas, Corn, or Products that Contain Corn.**

**If you are uncertain if something may affect the test, <u>Do Not Consume</u> the products

<u>Suggestions for the Patients Last Meal to Consume Prior to NPO can be:</u>

- Baked or broiled chicken, fish, or turkey (salt and pepper only).
- Plain steamed white rice.
- Eggs.
- Clear chicken or beef broth.

****<u>DAY OF THE TEST, (3 HOUR TEST)</u>:**

- You may have **<u>nothing by mouth</u>** for 12 hours prior to the test. Only water may be consumed.
- Take any required medication 1 hour before test with a small sip of water.
- No water for an hour before test.
- No smoking, including second-hand smoke, for at least 1 hour before or at any time during the test.
- No sleeping or vigorous exercise for at least 1 hour before or at any time during the test.
- Perform the test (see the instructions that are located inside your kit). Make sure that you label and number each test tube correctly or your test results will be inconclusive.
- Return the kit with your analysis report as soon as possible.

*You will be notified of your results within 14 days after we receive your completed kit.
*If test is not completed or is done incorrectly you will be charged for test.
*If you have any questions either before you start the test or during the test, please call our office at 541-779-8367.