Purpose:
This quick reference tool offers provincial guidance about the prudent use of pulmonary function testing (PFT) following COVID-19 infection. It combines best available evidence from the published literature with consensus-based clinical expertise from across Alberta; it will be revised as new evidence becomes available.

This guidance is to be used with clinical judgment and availability of local testing facilities.

Documentation of serial lung function decline following COVID-19 infection, even in previously hospitalized asymptomatic patients, could be of value to detect restrictive lung disease. All patients who have had confirmed or suspected COVID-19 infection should be periodically reassessed for the possibility of ongoing respiratory symptoms. Regarding the frequency of follow-up PFT testing in these patients, consider a pulmonary specialty consult.

Consider referral for a full PFT (i.e. *spirometry + lung volumes + diffusing capacity/DLCO) when those 6 years old or greater had confirmed or suspected COVID-19 infection and:

- The patient was hospitalized (i.e. admitted as an inpatient) for any length of time for the treatment of COVID-19, **whether or not** they have ongoing respiratory symptoms (e.g. chronic cough, sputum, wheeze, dyspnea) and it has been at least 3 months since discharge;

  or

- The patient was treated at home, has ongoing respiratory symptoms and it has been at least 3 months since the onset of COVID-19 infection;

  or

- The patient was hospitalized or treated at home and has concerning respiratory symptoms at any point in time since the resolution of acute COVID-19 symptoms.

*Note:* For those with respiratory symptoms for whom you suspect asthma, COPD and/or chronic cough but have NOT had confirmed or suspected COVID-19 infection, spirometry alone is the prudent pulmonary testing.