Name of Child: ______________________________   Date: ________________

**Methacholine Challenge Test**

**What is this test for?**
This test will help your doctor tell if your child has **asthma** or **reactive airway disease** (RAD).

**Before the test**
- Tell your child this test does not hurt.
- Read this, and tell your child how the test is done, and what your child will see, hear, and feel. Answer your child’s questions, if your can.
- Two weeks before this test (starting date: ___________ ) do not give your child these medicines: ______________________________________________________
- Two days before this test (starting date: ___________ ) do not give your child any these medicines: ______________________________________________________
- On the day of this test (date: _____________), do not give your child these medicines: ______________________________________________________
- On the day of this test (date: _____________), your child should not drink coffee, tea, or cola, and should not be around cigarette smoke.
- If your child is wheezing, coughing, or has trouble breathing on the day of the test, call the Pulmonary Function Lab at 602-933-0985 to have the test on another day.

**Come to the hospital**

Date of test: _________________   Time to be at the hospital: _________________

Time of test: _________________

Where to go:
Phoenix Children’s Hospital at 1919 East Thomas Road.
You may park for free in the garage. Go to the front desk of the Main hospital to check in.

- If you are more than 30 minutes late, your child may have to have the test on another day.
- The Methacholine Challenge Test takes about 1 hour.

**During the test**

1. Your child will be asked to blow into a tube attached to a machine. This will measure how well he or she can breathe out.
2. Your child will be asked to breathe in some mist that has a medicine called methacholine in it.
3. Your child will then be asked to blow into the tube attached to a machine again. This is to see if the medicine changed how well your child could breathe out.
4. This will be done a few more times. Your child will get a little more medicine, and then will be asked to blow into the machine again.
5. At the end of the test your child will be given medicine (Albuterol) to relax the breathing tubes, and blow into the machine one more time.

**After the test**

☐ yes  ☐ no After the test, you may give your child his or her medicines, like usual.
- The doctor will talk to you about the test results.

**Now that you’ve read this**

☐ Tell your nurse or doctor what you will tell your child about this test. (Check when done.)

☐ Tell your nurse or doctor which medicines you may give your child before this test. (Check when done.)

☐ If there are medicines you should not give your child before this test, what are they, and when is the last time you can give them? (Check when done.)
If you have any questions or concerns,
☐ call your child’s doctor or ☐ call ______________________

If you want to know more about child health and illness,
visit our library at The Emily Center at Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016
602-933-1400
866-933-6459
www.phoenixchildrens.org
www.theemilycenter.org
Facebook: facebook.com/theemilycenter
Twitter: @emilycenter
Pinterest: pinterest.com/emilycenter

Disclaimer
The information provided at this site is intended to be general information, and is provided for educational purposes only. It is not intended to take the place of examination, treatment, or consultation with a physician. Phoenix Children’s Hospital urges you to contact your physician with any questions you may have about a medical condition.
Methacholine Challenge Test

Name of Health Care Provider: _______________________________
Date returned: ____________  ☐  db

Family Review of Handout

Health care providers: Please teach families with this handout.
Families: Please let us know what you think of this handout.

Would you say this handout is hard to read?  ☐ Yes  ☐ No

Would you say this handout is hard to read?

Would you say this handout is easy to read?  ☐ Yes  ☐ No

Please circle the parts of the handout that were hard to understand.

Would you say this handout is interesting to read?  ☐ Yes  ☐ No

Why or why not?

Would you do anything differently after reading this handout?  ☐ Yes  ☐ No

If yes, what?

After reading this handout, do you have any questions about the subject?  ☐ Yes  ☐ No

If yes, what?
Is there anything you don’t like about the drawings? □ Yes □ No

If yes, what?

What changes would you make in this handout to make it better or easier to understand?

Please return your review of this handout to your nurse or doctor or send it to the address below.

The Emily Center
Health Education Specialist
Phoenix Children’s Hospital
1919 East Thomas Road
Phoenix, AZ 85016-7710

602-933-1395

Thank you for helping us!