

## A NUCLEAR STRESS TEST

APPOINTMENT DATE: \_\_\_\_\_

APPOINTMENT TIME: \_\_\_\_\_

Referred to as myocardial perfusion scan, is one of the most commonly performed diagnostic heart tests. During a nuclear stress test, a small amount of a radioactive isotope is injected into a person's bloodstream. The distribution of the radioactive isotope in the heart muscle is recorded by a camera shortly after the person exercises. The camera produces three-dimensional images of the heart that show the physician exactly where the heart muscle may not be receiving enough blood and oxygen.

### **PRE-TEST GUIDELINES**

#### **▪ 24 HOURS BEFORE TEST:**

- **No Caffeine-** Containing foods/liquids.

Examples include: Coffee or tea, decaffeinated coffee or tea (including herbal tea); cola's or soft drinks including those labeled caffeine -free, chocolate.

- **Patients may bring a snack.** (to eat AFTER the test is completed)

#### **▪ THE DAY OF THE TEST:**

- **Nothing to eat or drink 4-6 hours before your test \*\*EXCEPT WATER\*\*.**

- **Wear comfortable clothing.**

These can be any loose fitting clothes.(T-shirts, button down shirts, sweats, etc.)

Avoid wearing dresses, or one piece garments, since you will be connected to an EKG machine during the stress part of the exam. NOTE: Exam area tends to be cold. You are welcome to bring a light zip-up jacket or sweatshirt. If you are walking on the treadmill, please wear comfortable shoes (rubber-soled running, flat, or walking shoes.

- **Bring Seltzer Water/Carbonated Water.**

- **Bring a snack to eat after the stress portion.**

- **Continue to take your medications as prescribed, unless otherwise ordered by your physician.**

### **WHAT TO EXPECT**

In the testing room, a nuclear medicine technologist will start an intravenous line, or IV, in the arm/hand of the person being tested and the radiotracer is injected through the IV. 35-45 minutes post injection patient will lie still on a table underneath a camera that rotates and senses the radiation being emitted by the tracer. 10 small, sticky ECG electrodes with wires will be attached to the person's chest and recordings of the hearts resting activity are made before exercise begins. The patient begins the stress test by walking slowly on a treadmill. The speed and incline of the treadmill typically increase every 3 minutes to raise the patient's exertion level and increase the work the heart must do. Exercise typically lasts from 5 to 15 minutes. When the person's maximum predicted heart rate has nearly been reached, the radioactive tracer is injected through the IV. The person continues exercising. 35-45 minutes post injection patient will lie still on a table underneath a camera that rotates and senses the radiation being emitted by the tracer.

For people who cannot exercise, the effects of exercise can be simulated with drugs, such as dobutamine and regadenoson.

**The Entire Stress Test May Take Between 2 and 4 Hours.**

### **POST-TEST GUIDELINES:**

Patients are encouraged to drink plenty of fluids to flush the radioactive tracer. They can resume normal activities immediately following the test.

**\*\*\* 24 HOURS NOTICE IS REQUIRED FOR ALL CANCELLATIONS OR YOU WILL BE CHARGED A CANCELLATION FEE AND FOR THE COST OF THE TRACER. RADIOISOTOPES ARE A SPECIAL ORDER AND CANNOT BE REUSED OR STORED !!!**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Cardiologist \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Have you ever had a heart attack? YES or NO If so, when \_\_\_\_\_

Have you ever had a nuclear stress test? YES or NO If so, when \_\_\_\_\_

Have you ever had a cardiac catheterization? YES or NO If so, when \_\_\_\_\_

Have you ever had heart surgery? YES or NO If so, when \_\_\_\_\_

Did you have stents implanted? YES or NO  
Did you have bypass surgery? YES or NO

Do you have a pacemaker? YES or NO

Do you have a defibrillator? YES or NO

Do you have high blood pressure? YES or NO

Do you have high cholesterol? YES or NO

Do you have a history of chest pain? YES or NO

Do you have shortness of breath? YES or NO

Are you diabetic? YES or NO

Does anyone in your immediate family have/had heart disease?  
If yes, approximately what age were they diagnosed? \_\_\_\_\_

Do you currently smoke? YES or NO? How long ago did you quit? \_\_\_\_\_

**FEMALE PATIENTS**

What size bra do you wear? \_\_\_\_\_ Have you had a mastectomy? YES or NO

Do you have implants? YES or NO

## Consent for Nuclear Stress Test

I, \_\_\_\_\_ consent to have a stress test done to determine the state of my heart and my level of fitness. I acknowledge that this test is being performed at the recommendation of my physician.

To prepare for the stress test I will have my chest hair shaved, if applicable, and rubbing alcohol will be used to wipe the areas of the electrode placement.

My stress test may be performed on a treadmill or by a chemical pharmacologic agent. During the test my pulse, blood pressure and ECG will be monitored and received by a specially trained person.

I have been informed that the stress test may cause abnormal blood pressure, fainting, irregular heartbeats, chest pains, and in un-usual circumstances heart attack, cardiac arrest or death.

The nature, purpose, procedure, risk and possibility of complications of the stress test have been explained to me. Should any complications arise, I consent to whatever treatment is necessary to correct the complications.

I understand I have the right to withdraw from the evaluation at any time. I have read and understand this consent and my questions have been answered to my satisfaction.

A nuclear medicine technologist or other qualified personnel will insert an intravenous line for the purpose of injecting the isotope, NOT A DYE, which contains a small amount of radiation that is necessary for the nuclear examination. The radiation involved is equivalent to a CAT scan procedure.

### FEMALE PATIENTS

There is no possibility of me being pregnant and I am not nursing a child.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date