



HEART CENTER OF NEVADA

PERSANTINE/ADENOSINE/CARDIOLITE STRESS TEST

Patient _____

Date: _____ Time: _____

_____ 1815 E. LAKE MEAD SUITE #110	702-642-9010
_____ 700 SHADOW LN SUITE #240	702-384-0022
_____ 4275 S. BURNHAM AVE. SUITE #370	702-732-0022
_____ 5380 S. RAINBOW BLVD. SUITE # 226	702-260-0022

INSTRUCTIONS:

1. PLEASE DO NOT HAVE ANYTHING TO EAT AFTER MIDNIGHT. NO CAFFEINE OR DE-CAFFINATED PRODUCTS STARTING ONE DAY PRIOR TO THE TEST. THIS INCLUDES COFFEE, TEA, SODAS, CHOCOLATE, ENERGY DRINKS, RED BULL, ANACIN, EXCEDRIN, OR NO-DOZ. **HYDRATION IS MANDATORY**—DRINK PLENTY OF NON-CAFFEINATED LIQUIDS OF YOUR CHOICE, BUT ESPECIALLY WATER, THE DAY PRIOR TO THE TEST. THE DAY OF YOUR TEST, WATER ONLY UNLESS DIABETIC.
2. TAKE ALL YOUR MEDICATIONS AS PRESCRIBED **EXCEPT** FOR THE FOLLOWING LISTED ON THE NEXT PAGE.
3. WEAR COMFORTABLE CLOTHES AND WALKING SHOES. **NO** DRESSES, SKIRTS, SANDALS, FLIP-FOPS, OR ONE-PIECE OUTFITS. PLEASE **DO NOT** USE POWDERS, OILS, LOTIONS, ON THE DAY OF THE TEST. YOU MAY SHOWER AND USE ANTI-PERSPIRANTS OR DEODORANTS. **DO NOT** WEAR METAL BUTTONS, BODY PIERCINGS, CHAINS OR METAL SUPPORTING BRAS. **BREAST PROSTHESIS ARE TO BE REMOVED.**
4. THIS TEST WILL TAKE APPROXIMATELY **2 HOURS** IN THE MORNING AND ABOUT **1 HOUR** IN THE AFTERNOON WITH A **BREAK IN BETWEEN.**
5. **DIABETIC PATIENTS:** PLEASE **DO NOT** TAKE YOUR INSULIN OR DIABETIC MEDICATIONS IN THE MORNING OF THE TEST. PLEASE BRING THEM WITH YOU. YOU WILL BE ABLE TO EAT AND TAKE YOU MEDS BETWEEN TESTS.
6. **BREATHING MEDICATION:** IF YOU TAKE ANY RESPIRATORY MEDICATIONS, PLEASE **DO NOT** TAKE THEM **48 HOURS** PRIOR TO THE TEST. PLEASE SEE ATTACHED SHEET.
7. **IF YOU NEED TO CANCEL, RESCHEDULE, OR HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE. YOU MAY BE RESPONSIBLE FOR**

PAYMENT IF OUR OFFICE IS NOT NOTIFIED 24 HOURS PRIOR TO THE TEST.
THIS TEST REQUIRES SPECIAL MEDICATIONS THAT ARE SPECIFICALLY ORDERED FOR YOUR TEST. THEY **CANNOT** BE USED FOR ANOTHER DAY FOR ANOTHER PATIENT.

Medications that are okay to take the morning of the test include:

Antibiotics: such as Cipro, Zithromax, Amoxil, etc.

Pain Medications: such as Tylenol, Advil, Lortab, Percocet, etc.

Anti-Anxiety: Xanax

IF YOU ARE TAKING ANY OF THE FOLLOWING MEDICATIONS PLEASE **DO NOT** TAKE THEM FOR 24 HOURS PRIOR TO YOUR **EXERCISE STRESS TEST OR DOBUTAMINE STRESS TEST:**

BRAND NAME

BETAPACE

BLOCADREN

CARDIZEM LA

CARTROL

COREG

CORGARD

CORZIDE

INDERAL

INDERIDE

LEVATOL

NORMODYNE

SECTRAL

LOPRESSOR

TENORMIN

TENORETIC

TIMOLIDE

TOPROL

TRANDATE

VISKEN

ZEBETA

ZIAC

GENERIC NAME

SOTALOL

TIMOLOL

DILTIAZEM

CARTEOLOL

CARVEDILOL

NADOLOL

BENDROFULMETHIAZIDE

PROPANOLOL

METOPROLOL

PENBUTOLOL

PENBUTOLOL

ACEBUTOLOL

ATENOLOL

LABETALOL

PINDOLOL

BISOPROLOL

DILTIAZEM

BYSTOLIC

VERAPAMIL

HYDROCHLOROTHIAZIDE

BISOPROLOL

BISOPROLOL + HCTZ

STOP ANY OF THESE RESPIRATORY MEDICATIONS LISTED BELOW **48 HOURS PRIOR** TO A **PERSANTINE OR ADENOSINE STRESS TEST:**

THEOPHYLLINE

THEO-DUR

AMINOPHYLLINE

You will be having one of the following procedures as prescribed by your physician...Please consider that you will be here all morning, have a break and then return in the afternoon. The following is an explanation of the test that will be performed at Heart Center of Nevada.

□ **NUCLEAR PERSANTINE STRESS TEST**

Persantine is a chemical that dilates your arteries to stimulate the response of exercise in the heart and the arteries associated with it. It is the equivalent of taking a treadmill stress test.

During the first part of the test you are given an IV, and a dose of radioisotope is injected. Then, after approximately 15 to 20 minutes, photos of the heart are taken.

During the second part of the test, your EKG and blood pressure will be monitored while Persantine is administered. You will then be monitored for a period of approximately 5 to 10 minutes. You will then take a break from the testing, and the technician will indicate when you need to return for the third part of the testing.

During the third part of the testing you will have more pictures taken of your heart, which will last approximately 30 minutes.

□ **NUCLEAR EXERCISE CARDIAC STRESS TEST**

During the first part of the test you are given an IV, and a dose of radioisotope is injected. Then, after approximately 15 to 20 minutes, photos of the heart are taken.

During the second part of the test, you will be asked to walk on a treadmill with the IV in place. You will also be monitored for blood pressure and EKG changes. You will be injected with another dose of radioisotope and monitored for approximately 5 to 10 minutes. You will then take a break from the testing, and the technician will indicate when you need to return for the third part of the testing.

During the third part of the testing you will have more pictures taken of your heart, which will last approximately 30 minutes.

HEART CENTER OF NEVADA

ATTENTION

Nuclear Testing Appointment

You have been scheduled for nuclear testing on the date and time below.

If you cannot make this appointment, there will be a \$150.00 fee for failure to cancel this appointment within 24 hours of your appointment time.

Patient Name:

Appointment Date and Time

Patient Signature:



CONSENT FOR CARDIAC STRESS TESTING

In order to determine an appropriate plan of medical management, I hereby consent to voluntarily engage in a cardiac stress to determine the state of my heart and circulation. The information thus obtained will help my physician in advising me as to the activities in which I may engage. The test is designed to measure my fitness for work and/ or sport to determine the presence or absence of clinically significant heart disease and/ or to evaluate the effectiveness of my current history.

Before I undergo the test, I've had an interview with a physician. I will also be examine by a physician to determine if I have any condition which would indicate that I should not engage in this test.

3. I understand that I will be participating in an exercise or pharmacologically induced stress test. During the performance of the cardiac stress test my electrocardiogram will be monitored and my blood pressure will be measured until I attain a predetermined end point corresponding to moderate exercise tress, or become distressed in any way or develop any abnormal response that the physician considers significant whichever of the above occurs first.
4. There exists the possibility of certain changes during the tests, They include abnormal blood pressure, fainting, disorders of the heartbeat (too rapid, slow or ineffective), and a very rare instance of heart attack. Every effort will be made to minimize there occurrences by the preliminary examination and observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.
5. The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person without my expressed consent. The information obtained however, may be used for statistical or scientific purpose with my right of privacy retained.
6. I have discussed this procedure with my physician, _____, M.D.

DATE: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ DO YOU SMOKE? YES NO
ARE YOU DIABETIC? YES NO

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

SIGNED: _____ WITNESS: _____