

JHCP Heart Care

Bethesda: 301-897-5301

Chevy Chase: 301-656-4064

Rockville: 240-238-3760

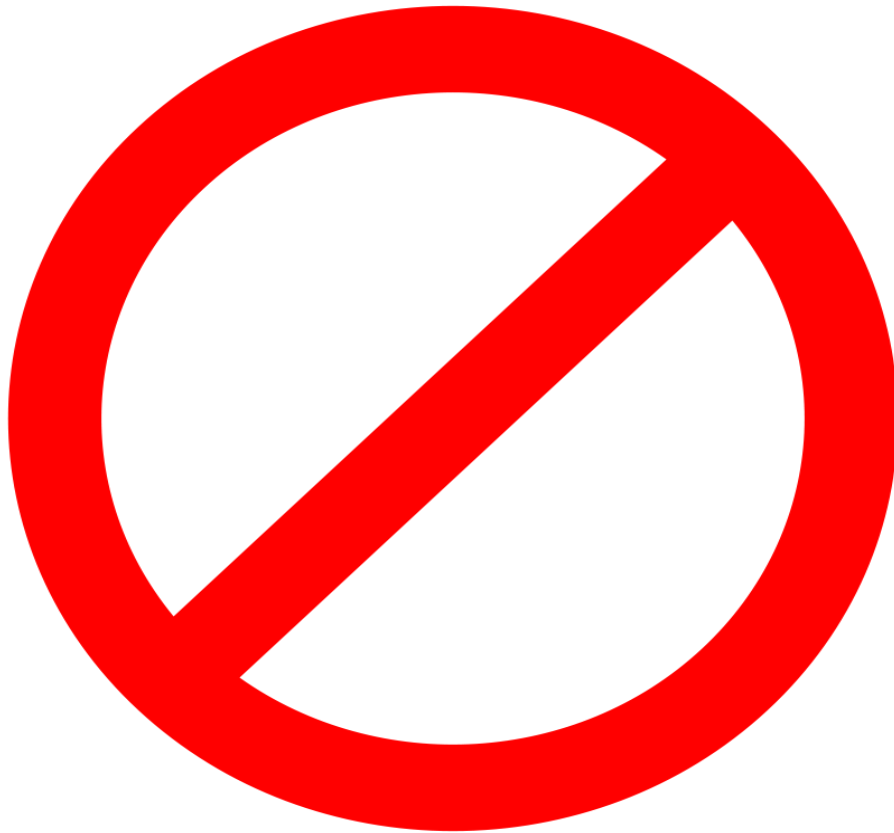
Silver Spring: 301-681-9095



JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
COMMUNITY PHYSICIANS

NO CAFFEINE!!!



24 hours prior to your test

NO:

Coffee, Tea, Cola, Energy Drinks, Chocolate,

EVEN DECAFFINATED sodas, coffees, and teas.

**Doing so will require that your test be
cancelled.**



NUCLEAR **PHARMACOLOGIC** **STRESS TEST**

Affiliates of the Johns Hopkins Health System

Johns Hopkins Hospital • Johns Hopkins Bayview Medical Center • Johns Hopkins Community Physicians • Johns Hopkins Care Group

Your doctor has ordered a NUCLEAR CARDIAC PHARMACOLOGIC STRESS TEST. This test helps to determine if you have an adequate blood supply to the different areas of your heart.

We have scheduled an appointment for your test on _____ at our _____ office. **Allow extra time to find parking. Please be on time.**

This procedure requires approximately 2 ½ hours at the office on the day of your appointment.

***Do not have caffeine for 24 hours prior to your test.**

***If you are unable to give legal consent please bring someone who can.**

***Please do not bring children under the age of eighteen (18) to accompany you.**

***Please notify us if you cannot speak English and are in need of a translator.**

To allow for ease of injections, an intravenous (IV) line will be placed in your arm and will stay in for the majority of the test.

You will be given an injection of Myoview, a small amount of radioactive material that enables images to be taken of the heart. After your injection, you must wait 15-20 minutes for the injection to concentrate. Then, you will lie flat on a table while rest images are taken. It is important to remain as still as possible. This will take 20 minutes.

Next, EKG electrodes will be placed on your chest to allow, EKG readings before and during the chemical exercise.

You will also wear a blood pressure cuff to allow blood pressure monitoring.

Next, a physician and an assistant will be present during the injection of a drug that will dilate the blood vessels. It will be followed by a second injection of Myoview, the radioactive material.

Upon completion of the chemical exercise, you will sit for about 20 minutes. You will then be escorted back to the imaging room and asked to lie flat on the table. Again images will be taken for about 20 minutes. This will conclude the test.

Once all the imaging data has been obtained, it will be processed and the results read by the physician who performed the test. The physician will call you later that day to discuss the findings. A detailed report will also be sent to the physician who requested the procedure.

Attached you will find a comprehensive set of instructions, as well as a copy of the Informed Consent that you will sign at the office at time of the test.

It is important that you report to the office at the scheduled time. If you are more than 15 minutes late for any reason, it is likely the test will need to be rescheduled.

If you have any additional questions prior to your test, please call our office (phone numbers on first page).

CONSENT FOR NUCLEAR I.V. PHARMACOLOGIC STRESS TEST

I _____ authorize JHCP Heart Care Physicians and such assistants as he/she may designate, to administer an exercise nuclear cardiac stress test.

This test is designed to determine the presence or absence of clinically significant coronary heart disease; to evaluate the severity of any underlying coronary heart disease; and/ or to evaluate the effect of my current therapy.

I understand that a small amount of radioactive tracer, Myoview (Technetium Tc99m Tetrofosmin), will be injected into my blood stream to enable pictures of the heart to be taken.

I further understand that a medication, to dilate arteries, will be administered, to simulate exercise, since an adequate exercise study was not felt to be appropriate in my case. The drug will be injected by IV followed by an injection of Technetium (Tc99m) Tetrofosmin, to determine if there are any regions of the heart that are not receiving an adequate blood supply.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. However, I understand that just as with other types of diagnostic tests, there are potential risks associated with a Pharmacologic nuclear stress test. These include episodes of chest pain, headache, dizziness, nausea, facial flushing, shortness of breath, and arrhythmias with very rare instance of heart attack or sudden death. I further understand that the proper emergency equipment and trained personnel are available to administer any emergency care necessary.

I have read and understand the foregoing and any questions which may have occurred to me have been answered to my satisfaction.

I voluntarily accept the risk associated with the above procedure. Are

you Pregnant or Breast Feeding? Yes No

Patient Signature: _____ Date: _____

Witness: _____



Preparation Directions

1. You **should not** have any caffeinated products. This includes coffee, tea, cola, energy drinks, or chocolate, for 24 hours prior to your test. This also includes: Decaffeinated sodas, coffees and teas, as they still have trace amounts of caffeine that can alter the results of your test.
2. Do not eat, drink or smoke 3 hours prior to your appointment, **unless you are a Diabetic**, in which case you should consult your ordering physician for eating instructions.
3. If you are a **new patient**, please bring a list of your medications, and have your referring physician send us a copy of your most recent EKG.
4. If you do not speak English, let us know and we will schedule a translator.
5. Please wear appropriate clothing:
 - a. Shirts should be short-sleeved, loose fitting, and should not have metal fasteners, zippers, buttons, etc.
 - b. If you will be using the treadmill, please wear tennis shoes or other exercise appropriate footwear.
 - c. If you will be using the treadmill, please wear pants or shorts appropriate for exercise.
 - d. **Do not wear:** dresses, skirts, one-piece outfits, pantyhose, girdles, high heels or turtle neck shirts.
6. Do not use any creams, lotions, oils, or powders on the chest or arms for 24 hours prior to the test.
7. Please ask the ordering physician if he or she wants you to stop taking any medications prior to your test. **Please do not stop** any medications unless instructed to by your physician. If you take Diabetic medications, Beta Blockers, Diuretics, or topical or oral Nitrates (Nitro) please be certain that you **consult the physician** about these medication prior to your test.