THE HEART CARE GROUP, P.C. NUCLEAR STRESS TEST (Walking)

NΑ	ME:	
DA	NTE: (
Yo	u are schedu	lled for a Nuclear Stress Test. This test will be performed at:
() 1249 S	outh Cedar Crest Blvd., Suite 100, Allentown, PA. 18103 (610) 770-2200
() 858 Int	erchange Road, Lehighton, PA 18235 (610) 377-9303
() 1504 F	tte. 61 Rockwood Center, Pottsville, PA 17901
		THIS TEST WILL TAKE APPROXIMATELY 4 HOURS (Bring a book or something else to help pass the time)
		SPECIFIC INSTRUCTIONS FOR YOUR TEST INCLUDE THE FOLLOWING: IF YOU ARE CLAUSTROPHOBIC PLEASE CALL AND LET US KNOW
1.	MEALS:	 A. Eat a light meal at least 2 hours prior to arriving at the office ★ Cereal, toast, fruit, etc. ★ Milk, juice and water are okay anytime prior to the test – please drink plenty of fluids to aid in starting your IV line
		B. No caffeine decaf, chocolate or caffeinated carbonated beverages 24 hours prior to the test!. This includes coffee and tea (regular or decaf), soft drinks such as colas or Mountain Dew, chocolate, cocoa and over the counter medications containing caffeine. (Anacin, Excedrin).
2.	SMOKING:	Nicotine raises the blood pressure and the heart rate. DO NOT SMOKE for at least 2 hours prior to the test
3.	ATTIRE:	Wear loose fitting, lightweight clothing, short sleeve shirt if possible. Women should wear slacks or shorts. Sneakers or comfortable walking shoes. Please do not wear high heels or pantyhose. Gowns will be provided. You may change clothes here.
4.	MEDICATIO	NS: Please bring a list of all current medications and doses you are currently taking. Continue to take all of your other medications unless otherwise instructed by your physician.
5.	<u>INSULIN</u> :	Take ½ dose of insulin; please eat a light, low fat breakfast. If you use an insulin pump – no special instructions. Oral Diabetes medications – take as usual.
6.	INHALERS:	May continue to use Serevent and Albuterol inhalers and/or steroid inhalers. Bring your inhaler.
7.	<u>SKIN</u> :	When showering/bathing on the day of the stress test, DO NOT use any body lotions, powders or oils on chest area as this interferes with the skin preparation. Underarm deodorant is permitted.
8.	INSURANCI	E: If your insurance requires precertification, please let us know so we can obtain the necessary clearance for you to have this test done. If you have an insurance that requires a referral form for this test, (such as HMO) it is YOUR responsibility to obtain this referral form prior to the test from your primary care physician.

9. QUESTIONS OR CANCELLATIONS: If you need to cancel this appointment, it is extremely important to notify this us at least 24 hours prior to this appointment as the dose of Nuclear Medicine is ordered specifically for you. Please make every effort to notify us to cancel this appointment so there are no extra costs to you.

If patient requires special assistance, or has a language barrier, please have a family member or friend over 18 years of age accompany and stay with the patient for the entire duration of the test.

PURPOSE OF THE TEST:

This heart scan is a closely monitored test to evaluate the circulation of the heart and will enable your physician to determine if coronary artery blockages are present and if your heart is getting enough blood flow.

- 1. When you arrive in our office, please register with the receptionist. Bring your insurance card; we will verify your coverage and update our files. If your primary care physician referred you, please bring your prescription for your test. If a referral form was necessary from your primary care physician, please give this to the receptionist. You may also be asked to complete a patient information form and a history and physical form.
- 2. A diagnostic staff member will escort you to the testing area. Your medical history will be reviewed.
- 3. A diagnostic staff member will start an intravenous line. The nuclear technologist will inject the Sestamibi/Cardiolite. This medicine attaches to the red blood cells, tracing the blood flow to your heart muscle.
- 4. After the injection, you will wait in the waiting room for approximately 1 hour while the medicine circulates. Then you will have your first nuclear scan.
- 5. <u>In the nuclear scanning room, you will lie on a table and place your arms above your head.</u> <u>If you would have</u> <u>difficulty keeping your arms above your head, please call and let us know.</u> The scan lasts approximately 20 minutes.
- 6. After the scan, you will be brought into a stress room where a diagnostic staff member will place electrodes on your chest to monitor your heart rate and rhythm while you exercise on the treadmill.
- 7. As you walk on the treadmill, the grade and/or speed will increase every 2 to 3 minutes. You should tell the diagnostic staff members about pain, shortness of breath, fatigue, or any problems during this time. Sestamibi/Cardiolite will again be given near the end of the exercise time.
- 8. After the exercise, you will wait about 45 to 60 minutes before your second scan; this scan will take approximately 15 minutes. Smoking is not allowed until after the second scan.
- 9. You are now ready to check out with our receptionist. If another appointment is necessary, it will be scheduled at this time.

IF YOU ARE OF CHILD BEARING AGE AND SUSPECT YOU COULD BE PREGNANT, PLEASE NOTIFY US IMMEDIATELY

Preferably before arriving for your test

SPECIAL INSTRUCTIONS:				
Follow-up Appointment for results: ()	Time:			