

THE HEART CARE GROUP, P.C.

DOBUTAMINE STRESS ECHOCARDIOGRAM TEST

NAME: _____

DATE: (____) _____ TIME: _____ () A.M. () P.M.

You are scheduled for a Dobutamine Nuclear Stress Test. This test will be performed at:

(____) 1249 South Cedar Crest Blvd., Suite 100, Allentown, PA. 18103 (610) 770-2200

(____) 858 Interchange Road, Lehighton, PA 18235 (610) 377-9303

THIS TEST WILL TAKE APPROXIMATELY 90 MINUTES

SPECIFIC INSTRUCTIONS FOR YOUR TEST INCLUDE THE FOLLOWING:

- MEALS:**
 - Eat a light meal 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.
 - ★ Dialysis patients: Please limit fluid intake to 8 oz. prior to arrival at our office.
 - No caffeine, decaf, chocolate, or 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).
- SMOKING:** Nicotine raises the blood pressure and the heart rate. **DO NOT SMOKE** for at least 2 hours prior to the test.
- ATTIRE:** Wear loose fitting, lightweight clothing, short sleeves if possible. Women should wear slacks or shorts. Please wear comfortable shoes or sneakers. Gowns will be provided. You may change your clothes here.
- MEDICATIONS:** No beta-blockers (see list below) for 24 hours prior to the test, however, **please bring your beta-blocker with you to the office** to take after the stress portion of your test is complete:

Beta-Blockers:

- | | |
|----------------------------|------------------------------------|
| - Atenolol (Tenormin) | - Metoprolol Succinate (Toprol XL) |
| - Bisoprolol (Zebeta/Ziac) | - Metoprolol Tartrate (Lopressor) |
| - Carvedilol (Coreg) | - Nadolol (Corgard) |
| - Labetalol (Normodyne) | - Propranolol (Inderal) |

Have a list of all current medications and doses you are currently taking for this appointment.

Your medication instructions are: _____

- INSULIN:** 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.
- INHALERS:** May continue to use Serevent and Albuterol inhalers and/or steroid inhalers. **Bring your inhaler.**
- SKIN:** 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.**
- INSURANCE:** 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 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.**
- QUESTIONS OR CANCELLATIONS:** If you need to cancel this appointment, it is extremely important to notify 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 not extra costs to you.

If the 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:

The stress echo provides your doctor with information about your heart size and the heart's function at rest and after exercise.

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, and electrodes will be placed on your chest to monitor your heart rhythm and rate before, during, and after you receive Dobutamine.
4. A "resting" echocardiogram will be performed. Gel will be placed on your chest near the breastbone. A small microphone (transducer) will be moved through the gel. The transducer gives off a high frequency sound wave that echoes back to the transducer from the heart. Images are made of these echoes.
5. Some patients need intravenous contrast to obtain high quality images of the heart. You will be given information about this contrast only if it is required.
6. Dobutamine is now given to increase heart rate and blood pressure, mimicking the body's response to exercise. When your heart rate reaches a certain point, the Dobutamine is stopped, another echocardiogram is obtained, and your heart rate and blood pressure are monitored as they return to pre-test levels.
7. 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 the test.****

SPECIAL INSTRUCTIONS: _____

Follow-up Appointment for results: (_____) **Time:** _____