

THE HEART CARE GROUP, P.C.

DOBUTAMINE NUCLEAR STRESS TEST

NAME: _____

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

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

(____) 1249 S. Cedar Crest Blvd., Allentown, PA. 18103 – (610) 770-2200

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

THIS TEST WILL TAKE APPROXIMATELY 4 HOURS

(Bring a book to read 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

- 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:

This heart scan is a closely monitored test to evaluate the ability of the coronary arteries to provide your heart muscle with blood.

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. **In the nuclear scanning room, you will lie on a table and place your arms above your head. If you would have difficulty keeping your arms above your head, please call and let us know.** 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 receive the Dobutamine.
7. Dobutamine increases heart rate and blood pressure, mimicking the body's response to exercise. Sestamibi/Cardiolite will be given again when your heart rate reaches a certain point. The Dobutamine is stopped and your heart rate and blood pressure are monitored as they return to pre-test levels.
8. After the Dobutamine infusion, you will wait about 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 the test.****

SPECIAL INSTRUCTIONS: _____

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