

Stress Test / Stress Echo Requisition

SMDB Jewish General Hospital

Pavilion E-206

- Bring appropriate exercise clothing.
- Light breakfast only (no coffee or tea).
- Bring all of your medication with you.
- You have been advised by your physician to:
 - Continue all medications
 - Hold the following medication(s) before the test:
 - _____ for ___ day(s)
 - _____ for ___ day(s)

Date: _____ Time: _____

Referring MD(s) _____

Information: _____

Status IP OP Location

Stress Protocol <input type="checkbox"/> Bruce <input type="checkbox"/> Modified Bruce <input type="checkbox"/> Submaximal <input type="checkbox"/> Ramp <input type="checkbox"/> Persantine <input type="checkbox"/> Dobutamine <input type="checkbox"/> Other	Imaging Protocol <input type="checkbox"/> Echo <input type="checkbox"/> MIBI (cardiolite) <input type="checkbox"/> Thallium <input type="checkbox"/> Other	Indication <input type="checkbox"/> CAD - Diagnosis <input type="checkbox"/> CAD - Prognosis <input type="checkbox"/> Post MI <input type="checkbox"/> Post PCI <input type="checkbox"/> Post CABG <input type="checkbox"/> Functional Capacity <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Other	Lifestyle <input type="checkbox"/> Active <input type="checkbox"/> Sedentary <input type="checkbox"/> Unknown Height _____ cm in Weight _____ kg lb	Chest Pain <input type="checkbox"/> Typical <input type="checkbox"/> Atypical <input type="checkbox"/> Nonanginal <input type="checkbox"/> None
Risk Factors Fam Hx <input type="checkbox"/> Smoking <input type="checkbox"/> HTN <input type="checkbox"/> Hi Chol <input type="checkbox"/> DM <input type="checkbox"/>	Medications Digoxin <input type="checkbox"/> BB <input type="checkbox"/> CCB <input type="checkbox"/> Nitrate <input type="checkbox"/>	Held ? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Resting ECG Normal – X0 <input type="checkbox"/> or X_____ X_____ X_____ X_____	

Exercise Duration (min) METS

Reason for termination

- Chest pain
- Fatigue
- Dyspnea
- ST changes
- Arrhythmia
- SBP elevation
- Target HR
- Other

Type:

- Typical
- Atypical
- Nonanginal

Onset: _____ min

NTG Rx: Yes No

Resolution: _____ min

Exercise ECG

- Unchanged
- Changed

- ST depression
- ST elevation
- Arrhythmia – X__

Recovery ECG

- Resolution
- Worsening
- New changes

- ST depression
- ST elevation
- Arrhythmia – X__

Hemodynamics

	Rest	Peak	End
HR			
BP	/	/	/

ST depression

Time of Onset (min) _____ **HR** _____ **BP** _____ /

Type H U D

Leads A I L AL IL all

Max (mm) _____ **Lead** _____

Resolution (min) _____

ST elevation

Max (mm) _____ **Lead** _____

Stress Echo Information

Heart Rhythm 1 2 3 4 5 6 7 8 9

Contrast ? Yes No

Echo exam Tape/Disc #

ID

Approach 5 6

Quality 1 2 3 4

Staff Technician

Trainee

Echo MD

Data Entry

Resting LV diagnostic codes

1.

2.

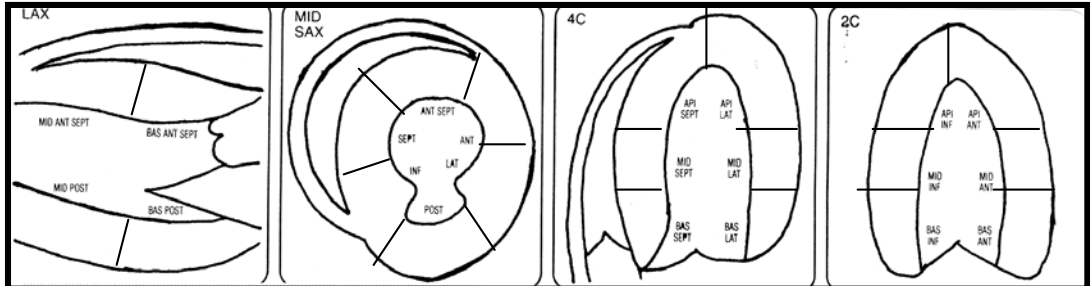
3.

4.

5.

Baseline

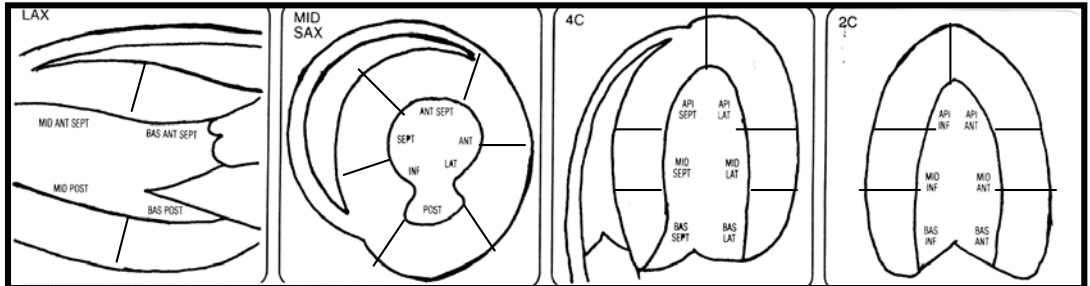
% EF:



Post Exercise or Low Dose

% EF:

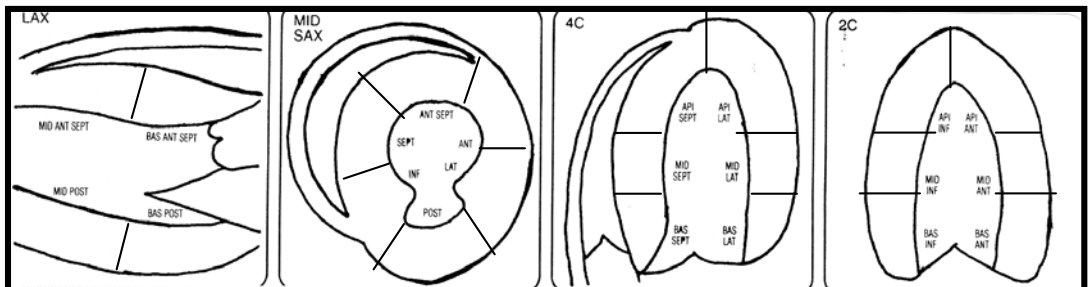
Dose:



Peak Dose

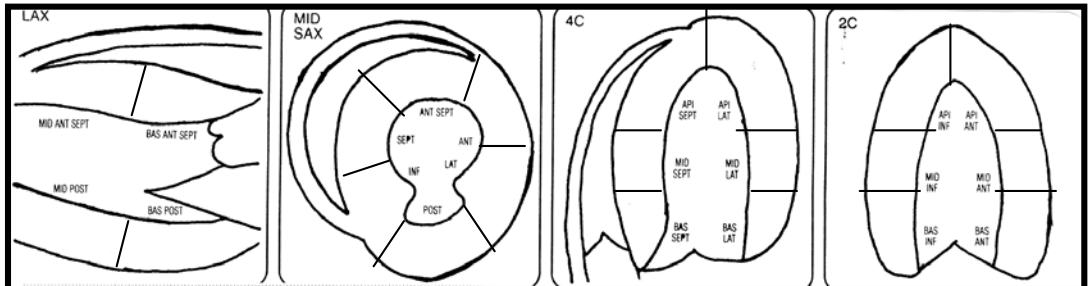
% EF:

Dose:



Recovery

% EF:



CLINICALLY

- Positive
- Negative
- Indeterminate

ELECTRICALLY

- Positive
- Negative
- Indeterminate

Comments