

Stress Test / Stress Echo Requisition

SMBD 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	Imaging Protocol	Indication	Lifestyle	Chest Pain
<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	<input type="checkbox"/> Echo <input type="checkbox"/> MIBI (cardiolite) <input type="checkbox"/> Thallium <input type="checkbox"/> Other	<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	<input type="checkbox"/> Active <input type="checkbox"/> Sedentary <input type="checkbox"/> Unknown	<input type="checkbox"/> Typical <input type="checkbox"/> Atypical <input type="checkbox"/> Nonanginal <input type="checkbox"/> None
Risk Factors	Medications	Held ?	Height	cm in
Fam Hx <input type="checkbox"/> Smoking <input type="checkbox"/> HTN <input type="checkbox"/> Hi Chol <input type="checkbox"/> DM <input type="checkbox"/>	Digoxin <input type="checkbox"/> <input type="checkbox"/> BB <input type="checkbox"/> <input type="checkbox"/> CCB <input type="checkbox"/> <input type="checkbox"/> Nitrate <input type="checkbox"/> <input type="checkbox"/>			
			Weight	kg lb
			Resting ECG	
			Normal – X0 <input type="checkbox"/>	
			or	
			X_____ X_____ X_____ X_____	

Exercise Duration (min)

METS

Hemodynamics

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

	Rest	Peak	End
HR			
BP	/	/	/

Exercise ECG

- Unchanged
- Changed

ST depression
 ST elevation
 Arrhythmia – X_____

ST depression			
Time of Onset (min) HR BP /			
Type	H	U	D
Leads	A	I	L
AL IL all			/
Max (mm)			Lead
Resolution (min)			

Recovery ECG

- Resolution
- Worsening
- New changes

ST depression
 ST elevation
 Arrhythmia – X_____

ST elevation	
Max (mm)	Lead

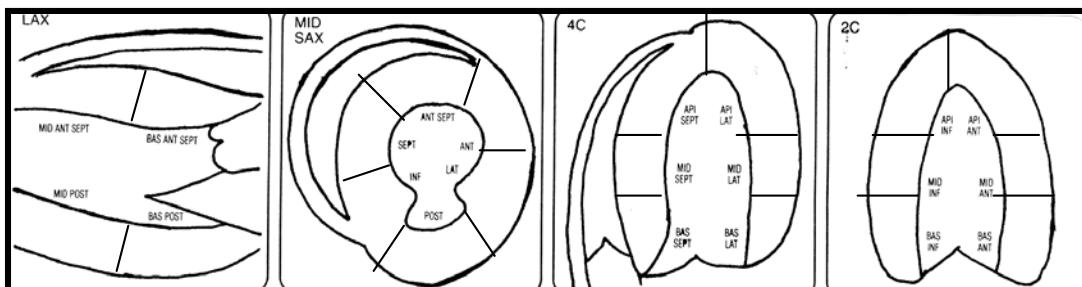
Stress Echo Information

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

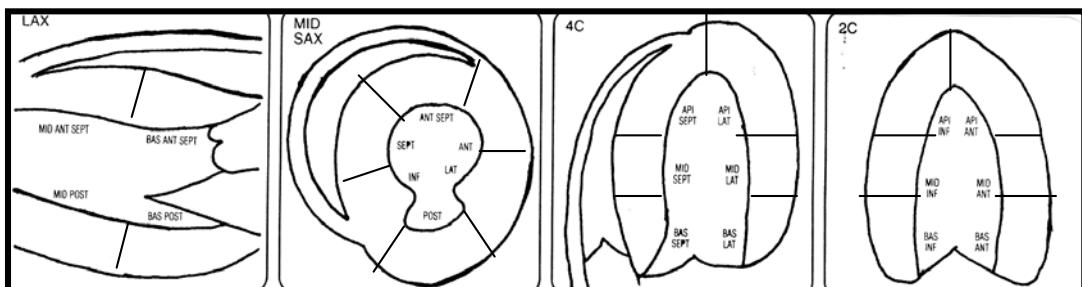
% EF:



Post Exercise or Low Dose

% EF:

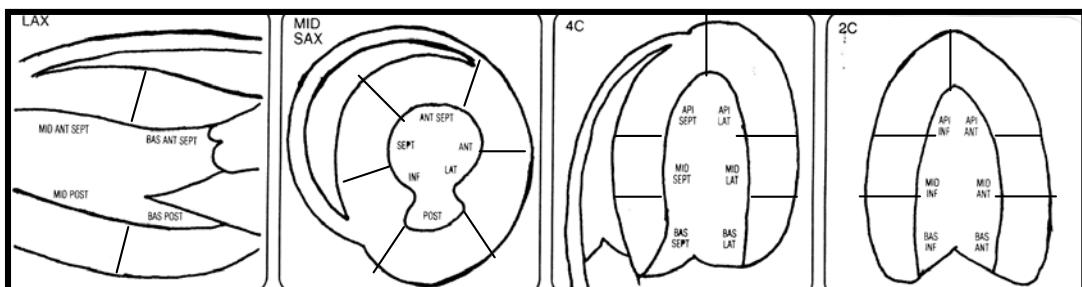
Dose:



Peak Dose

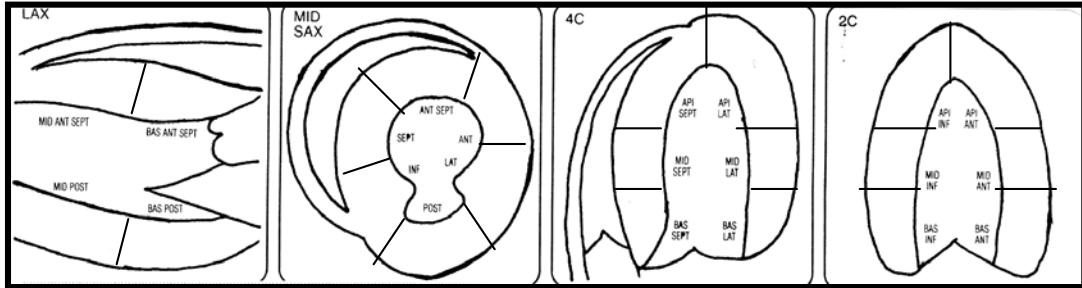
% EF:

Dose:



Recovery

% EF:



CLINICALLY

- Positive
- Negative
- Indeterminate

ELECTRICALLY

- Positive
- Negative
- Indeterminate

Comments