



DELAWARE CARDIOVASCULAR ASSOCIATES

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LEXISCAN NUCLEAR STRESS TEST

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

NAME _____ APPOINTMENT: _____

THIS TEST TAKES APPROXIMATELY 3 TO 4 HOURS

**FAILURE TO FOLLOW THESE INSTRUCTIONS MAY REQUIRE US TO RESCHEDULE
YOUR TEST**

- 1. NO CAFFEINE OR DECAF PRODUCTS 24 HOURS PRIOR TO PROCEDURE**
2. Nothing to eat after midnight on day of your test.
3. **NO SMOKING** 2 hours prior to your test.
4. **MEDICATIONS:** You may take all medications unless otherwise specified by your cardiologist.
5. Wear short sleeves because you will have an IV in your arm. You may bring a light jacket or sweater that is easy to remove if needed. **NO** metal on your top including zippers, pins, or necklaces. Please wear comfortable walking shoes (for Low Level exercise test).
6. **FAILURE TO GIVE 24 HOURS NOTICE FOR CANCELLATIONS WILL RESULT IN A \$50 FEE BILLED TO YOU, FOR ADMINISTRATIVE & MEDICATION COSTS INCURRED.**

Commonly used Drinks and Foods Containing Caffeine

Coffee

Brewed drip coffee	60-180 mg/5 oz cup
Brewed percolated coffee	40-179 mg/5 oz cup
Instant coffee	30-190 mg/5 oz cup
Decaffeinated brewed coffee	2-5mg/5 oz cup
Decaffeinated instant coffee	1-5 mg/5 oz cup

Tea

Brewed commercial tea	20-90 mg/5 oz cup
Brewed imported tea	25-110 mg/5 oz cup
Instant tea	2-20 mg/5 oz cup
Iced tea	67-76 mg/12 oz cup

Cocoa

Chocolate milk

2-20mg/5 oz cup
25-110 mg/8 oz cup

Food

Milk chocolate	1-15 mg/1 oz
Dark semisweet chocolate	5-35 mg/1 oz
Bakers chocolate	average 26 mg/1 oz
Chocolate syrup	average 4 mg/1 oz
Chocolate cake	13.8 mg/92 g serving (1/16 of a 9in cake)
Chocolate candy	7.7 mg/1 oz bar
Candy, chocolate covered	2.8 mg/1 oz bar
Chocolate ice cream	4.5 mg/ 2/3 cup
Chocolate pudding, instant	5.5 mg/1/2 cup
Nut fudge brownie	7.7 mg/1 1/4 oz

Soft drinks

Coca-cola	45.0 mg
Cola, decaf	trace-0.18 mg
Dr. Pepper	39.6 mg
Dr. Pepper, sugar free	39.6 mg
Jolt Cola	70.0 mg
Mellow Yellow	54.0 mg
Mountain Dew	54.0 mg
Mr. Pibb	40.5 mg
Pepsi Cola	38.4 mg
Diet Pepsi	36.0 mg
Tab	46.5 mg

Some OVER-THE-COUNTER Drugs that contain Caffeine

Anacin	32 mg
Excedrin	65 mg
No Doz	100 mg

Prescription Meds Containing Caffeine

Cafergot (all forms)	100 mg
Darvon Compound	32.4 mg
Fiorinal	40 mg
Synalgos- DC	30 mg
Wigraine (all forms)	100 mg

Prescription Meds containing THEOPHYLLINE*

Theo-24	Theoclear LA	Theovent Long-Acting
Bronkodyl	Slo-bid Gyrocaps	Sustaire
Theospan-SR	Uniphyl	Theobid Jr. Duracap
Theo-Dur Sprinkle	Theophylline S.R.	Elixophyllin SR
Slo-Phylline Gyrocaps	Constant-T	Quibron-T/SR
Theochron	Theolair-SR	Theobid Duracap
Theo-Dur	Aerolate	Respbid

**See PDR for more complete list.

♥ Delaware Cardiovascular Associates ♥
History & Physical Examination

Patient Name _____ Age _____ DOB _____ Date _____

Family Doctor _____ Referring Doctor _____

1. Indication:
2. Symptoms
3. Previous Cardiac Procedures:

RISK FACTORS

HYPERTENSION
HYPERLIPIDEMIA
SMOKER
FAMILY HISTORY
DIABETES
OTHER _____

Medications: Reviewed attached list

Physical Examination:

Vitals: Pulse _____ BP _____ Wt _____

Cardiovascular Examination: _____

Pulmonary Examination: _____

Labs: Reviewed

BASELINE EKG: _____

Assesment: CAD evaluation / follow up by stress test

Recommendation:

1. No contraindication for planned stress test from a cardiovascular point of view.
2. Use: Exercise/ Persantine/ Lexiscan/ Dobutamine

Physician _____ Date _____

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Nuclear Cardiology Imaging

Patient Name _____ Age _____ DOB _____ Date _____

Family Doctor _____ Referring Doctor _____

Exercise Stress Test:

Bruce _____ Modified Bruce _____ Lexiscan _____ Dobutamine _____ Persantine _____

1. Indication:*
2. Symptoms
3. Previous Cardiac Procedures:

RISK FACTORS

HYPERTENSION
HYPERLIPIDEMIA
SMOKER
FAMILY HISTORY
DIABETES
OTHER _____

Resting EKG _____

Exercise Time _____ minutes _____ seconds METS _____ DP _____

Exercise was terminated due to _____ Exercise Tolerance _____

Resting HR _____ Max HR _____ %MPHR _____

Resting BP _____ Peak BP _____ mm/Hg BP response _____

During Exercise:

() Normal ECG response to exercise/ lexiscan/ dobutamine

() ST depression consistent with ischemia LEADS _____

() ST segment abnormalities occurred not interpreted due to _____

Arrhythmias noted () _____ () NONE

This is () Positive () Negative () Non-diagnostic stress test for ischemia

Rest Isotope Injected _____ Amount _____ Time Injected _____ Initials _____

Stress Isotope Injected _____ Amount _____ Time Injected _____ Initials _____

Patient Height _____ inches Weight _____ Bra or Sport Coat Size _____

Regadenoson 0.4mg _____ Dobutamine Dose _____ Persantine _____

Aminophylline _____ Lopressor _____ Atropine _____

Physician interpreting _____ Date _____

Delaware Cardiovascular Associates

Nuclear Cardiology Imaging Patient Questionnaire

Name: _____ Date: _____

Family Doctor: _____ Cardiologist: _____

Are you a current smoker? Yes No Packs per day: _____

Are you a past smoker? Yes No Year quit: _____

Do you have any of the following?

_____ Coronary Artery Disease

_____ Stroke- When? _____

_____ Congestive Heart Failure

_____ Hear Attack- When? _____

_____ Abnormal EKG

_____ Chest pain/tightness/fullness

_____ Shortness of Breath

_____ Skipped Heart Beats (Arrhythmia)

_____ Palpitations (Heart Racing)

_____ Dizzy Spells

_____ Headaches

_____ Cardiac Catheterization- When? _____

_____ Stent Placement- When? _____

_____ Angioplasty- When? _____

_____ By-pass Surgery- When? _____ Number of vessels? _____

_____ High Blood Pressure

_____ High Cholesterol

_____ Diabetes

_____ Family History of Heart Disease _____ Mother _____ Father

Do you have an upcoming surgical procedure scheduled? Yes No

Have you ever had a **Nuclear** Stress Test before? Yes No

If yes, where _____ when _____

Please list any medications, over the counter drugs and supplements you take:
