Cardiovascular Medicine
Equbal Kalani, MD, FACC
Board Certified in Cardiology and Internal Medicine

ICANL Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

International Board of Heart Rhythm Examiners
Certified Cardiac Device Specialist
Physician

1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. Ph: 727-943-2880. Fax: 727-943-2878

INFORMED CONSENT FOR LEXISCAN NUCLEAR STRESS TEST

Regadenoson Pharmacologic Myocardial Perfusion Imaging

Patient Name | Date of Birth | Date

Indication / Diagnosis | Ordering / Supervising Clinician

PURPOSE OF THE TEST

A Lexiscan (regadenoson) pharmacologic nuclear myocardial perfusion stress test evaluates blood flow to the heart muscle when adequate exercise stress is not appropriate or not achievable. It may help identify reduced blood flow, prior heart muscle injury, and cardiac risk.

DESCRIPTION OF THE TEST

An IV line will be placed. Regadenoson (Lexiscan) will be administered to produce coronary vasodilation that simulates part of the effect of exercise on blood flow. A radioactive tracer will then be injected, and a special camera will obtain images of the heart. My EKG, heart rhythm, blood pressure, and symptoms will be monitored. Resting images may also be obtained according to the protocol.

COMMON TEMPORARY EFFECTS OF REGADENOSON

- Shortness of breath or a sensation of difficulty breathing.
- Flushing, warmth, headache, dizziness, nausea, abdominal discomfort, or weakness.
- Chest pressure, chest discomfort, palpitations, or changes in heart rate.
- Symptoms are usually brief, but medication such as aminophylline may be used when clinically appropriate to reverse persistent effects.

IMPORTANT RISKS AND POSSIBLE COMPLICATIONS

- Low or high blood pressure, fainting, or worsening of chest discomfort.
- Slow heart rate, AV block, rapid or abnormal heart rhythms; rarely, serious arrhythmias or cardiac arrest.
- Myocardial ischemia or heart attack; very rarely, death.
- Bronchoconstriction or respiratory difficulty, particularly in susceptible patients with asthma or obstructive lung disease.
- Seizure has been reported rarely with regadenoson.
- Allergic or hypersensitivity reactions can occur and may rarely be severe.
- IV pain, bruising, bleeding, infection, infiltration/extravasation, or irritation.
- Radiation exposure from the diagnostic radiopharmaceutical.
- The study may be nondiagnostic, falsely positive, or falsely negative and may lead to additional testing or procedures.

CAFFEINE / MEDICATION DISCLOSURE

Caffeine and certain medications can interfere with pharmacologic stress testing. I have told the clinical team about prescription medicines, over-the-counter medicines, inhalers, supplements, caffeine use, and medications containing methylxanthines or dipyridamole. I will follow the specific preparation instructions provided by the office.

☐ I have followed the preparation instructions provided to me or have informed staff if I did not.

RADIATION AND PREGNANCY / BREASTFEEDING

This test involves ionizing radiation from a diagnostic radiopharmaceutical. I will inform the clinical team if I am pregnant, might be pregnant, or am breastfeeding before receiving the tracer.

☐ I have informed the staff of pregnancy possibility and/or breastfeeding status, if applicable.

ALTERNATIVES

Depending on my condition, alternatives may include exercise stress testing, stress echocardiography, another pharmacologic stress method, coronary CT imaging, cardiac catheterization when clinically appropriate, or no stress test.

AFTER THE TEST

I will remain under observation until clinically appropriate. I should promptly report persistent chest pain, severe shortness of breath, fainting, seizure, new neurologic symptoms, or other concerning symptoms. I will follow facility-specific instructions regarding fluids, radiopharmaceutical precautions, and follow-up.

Cardiovascular Medicine
Equbal Kalani, MD, FACC
Board Certified in Cardiology and Internal Medicine

ICANL Nuclear Cardiology Accredited Nuclear Cardiology Laboratory

INTERNATIONAL BOARD OF HEART RHYTHM EXAMINERS
CERTIFIED CARDIAC DEVICE SPECIALIST
PHYSICIAN

1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. Ph: 727-943-2880. Fax: 727-943-2878

PATIENT QUESTIONS / ADDITIONAL COMMENTS

PATIENT ACKNOWLEDGMENT AND CONSENT

I have had the purpose, nature, expected benefits, risks, possible complications, and alternatives of the proposed test explained to me. I understand that abnormal findings may require additional testing or treatment and that a normal test does not exclude all heart disease. I have informed the clinical team of my medical conditions, medications, allergies, pregnancy status when applicable, and other relevant information. I have had the opportunity to ask questions, and my questions have been answered to my satisfaction. I voluntarily consent to the test described above.

SIGNATURES

Patient / Authorized Representative Signature (type name if electronically signing)

Date / Time

Printed Name

Relationship to Patient (if applicable)

Clinician Signature (type name if electronically signing)

Date / Time

Witness Signature (type name if electronically signing)

Date / Time

Practice template: Review and adapt this form to applicable law, institutional policy, current professional standards, radiopharmaceutical/regadenoson labeling when applicable, and the patient's individual circumstances.