

## Nuclear Stress Test

### Patient Preparation Instructions

A nuclear stress test evaluates blood flow to your heart. Your test may involve exercise on a treadmill or bicycle, or medication that simulates the effects of exercise. Even if exercise is planned, medication may sometimes be needed instead.

Your appointment: \_\_\_\_\_ Date: \_\_\_\_\_ Arrival time: \_\_\_\_\_

#### BEFORE YOUR TEST

- **NO CAFFEINE for 24 hours before your appointment.** Avoid coffee, tea, soda, energy drinks, chocolate, caffeine-containing foods or medicines, and decaffeinated coffee or tea.
- **Do not eat or drink after midnight prior to the test.** Follow any medication instructions provided by the testing facility.
- **Avoid alcohol and recreational drugs before testing.**
- **Avoid smoking/nicotine for 5-10 hours before testing.**
- **Wear comfortable clothing and exercise-appropriate shoes,** even if medication stress is planned.

#### MEDICATIONS

- **Do not stop prescription medications** unless your healthcare provider or stress-testing laboratory specifically instructs you to do so.
- Some medications can affect your test, including beta blockers, calcium-channel blockers, and nitrates.
- **Bring your medication bottles.**
- If you take dipyridamole, theophylline, caffeine-containing medications, or a proton-pump inhibitor (PPI), contact the testing facility for specific instructions.

#### DIABETES / WOMEN / IMPORTANT MEDICAL CONDITIONS

- **Diabetes:** You may need special instructions for food, insulin, and diabetes medications. Follow the individualized instructions from your treating clinician or testing facility.
- **Pregnancy/breastfeeding:** Tell the staff if you are or could be pregnant, or if you are breastfeeding.
- **Tell us before your test** if you have had a recent heart attack, worsening chest pain, heart-failure symptoms, serious heart rhythm problems, severe heart-valve disease, recent stroke/TIA, a blood clot, significant lung disease/wheezing, a seizure disorder, a pacemaker/defibrillator, or another serious medical condition.

#### DAY OF YOUR TEST

- **Please arrive at your scheduled time.**
- **Bring your medication bottles.**
- Before testing, the team will review your symptoms, medical history, medications, blood pressure and other vital signs, and determine whether exercise or medication stress is appropriate.

**Questions?** If you are unsure whether something you eat, drink, or take contains caffeine - or whether you should take a medication before the test - contact our office before your appointment.



## CANCELLATION POLICY

I understand, and agree that a fee of **\$100.00** may be charged for the day of the exam if I do not cancel my appointment at Dr. Kalani's office at least **24 hours prior** to my scheduled testing date.

**IF YOU DO NOT HEAR FROM US THE DAY PRIOR TO YOUR TESTING, PLEASE CALL OUR OFFICE TO CONFIRM YOUR APPOINTMENT.**

\_\_\_\_\_ AT \_\_\_\_\_ (Date and time of testing)

\_\_\_\_\_ AT \_\_\_\_\_ (Date and time of follow up)

**PATIENT NAME** \_\_\_\_\_

**PATIENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

This handout is for preparation guidance and does not replace individualized instructions from your healthcare provider or testing facility.