



INFORMED CONSENT FOR DOBUTAMINE NUCLEAR STRESS TESTING

Name: _____ Date: _____

Age: _____ DOB: _____ Sex: _____ Physician: _____

INFORMED STATEMENT

Dobutamine stress testing is performed to evaluate the function, performance and capacity of your heart and blood vessels. This knowledge facilitates better treatment and makes possible a more accurate diagnosis for future cardiac events. This testing method is specific for patients with limited physical mobility who are unable to exercise on a treadmill adequately. Before being tested you will be questioned, examined by the physician and a resting electrocardiogram recorded (to show whether or not testing should proceed.)

The test will involve a medication called Dobutamine that alters blood vessels. A tiny catheter will be inserted into a vein so the Dobutamine can be given intravenously. During the test the physician/nurse practitioner will monitor your pulse, blood pressure and EKG. Midway through the IV infusion of Dobutamine when your blood vessels are maximally dilated, nuclear substance (myoview or cardiolite) that goes selectively to the heart for imaging of any possible blocked blood vessels will be given IV. This nuclear substance has a very short half-life (6 hours) and is not harmful to the body.

POSSIBLE SIDE EFFECTS of testing can include occasional changes in the rhythm of the heartbeats, changes in blood pressure, flushing, shortness of breath, dizziness, chest tightness and/or nausea. There have been rare instances of heart attack or cardiac arrest (1:10,000). Every effort will be made to minimize these possibilities by the preliminary examination and by observation made during the testing. There is an antidote available to decrease the side effects which are usually short lasting should they occur. Dobutamine remains in your body for about 2 hours after the infusion is discontinued. Therefore, the duration of any adverse effects is generally short and self-limiting. Emergency equipment and trained personnel will be present to deal with unusual situations that may arise. The physician/nurse practitioner may discontinue the test prior to completion if any symptoms or adverse effects occur out of the expected normal.

CONSENT: I have read and understand the information statement above. I have had explained to me the nature of Dobutamine stress testing and the risk to me as a patient. I have had an opportunity to ask questions about the test. Accordingly, I hereby consent to participate in the test under the supervision of Dr. Martin Aldrich M.D., F.A.C.C.

Patient: _____ Date: _____

Witness: _____ Date: _____