



## INFORMED CONSENT FOR PERSANTINE NUCLEAR STRESS TESTING

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Physician: \_\_\_\_\_

### INFORMED STATEMENT

Persantine 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 adequately. Before being tested you will be questioned, examined by the physician/nurse practitioner and a resting electrocardiogram recorded (to show whether or not testing should proceed).

The test will involve a medication called Adenosine which dilates blood vessels. A tiny catheter will be inserted into a vein so Persantine can be given IV. During the test, the physician/nurse practitioner will monitor your pulse, blood pressure and electrocardiogram. Midway through the IV infusion of Persantine when your blood vessels are maximally dilated, nuclear substance (Myoview or Cardiolite) will be given IV that goes selectively to the heart for imaging of any possible blocked blood vessels. This nuclear material has very short half-life and is not in the body very long and is not harmful.

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 tightening 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 very short lasting should they occur.

Persantine remains in your body for about 12 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 which may arise. The physician/nurse practitioner may discontinue the test prior to completion if any symptoms or adverse effects occur out of the expected norms.

**CONSENT:** I have read and understand the information statement above. I have had explained to me the nature of the Persantine stress test 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 Martin Aldrich, M.D., F.A.C.C.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_