

# YAKIMA HEART CENTER®

## NUCLEAR MEDICINE MYOCARDIAL PERFUSION SCAN PATIENT INFORMATION SHEET

PATIENT NAME: \_\_\_\_\_

REST DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ *Please do not eat or drink anything, except water, 4 hours prior to test.*

STRESS DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ *Please do not eat or drink anything, except water, 6 hours prior to test. Please do not eat or drink any products containing caffeine 48 hours prior to your Stress test (see list on the back of this form).*

**\*PLEASE BRING ALL OF YOUR CURRENT MEDICATIONS WITH YOU\***

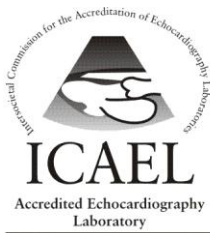
This test is a two day evaluation to determine the blood flow to your heart. Day one is the “rest” portion and day two is the “exercise” portion of the test.

- **Day One:** You will receive an injection for a mildly radioactive tracer in your hand or arm. After the injection, you will be asked to lie under a camera for about 20 minutes. This allows us to take pictures of the blood flow to the heart while you are at rest. **It is important not to eat or drink anything, except water, 4 hours prior to coming in on this day. Please drink water as this will help with administering your I.V. Please take your medications as prescribed for this part of your test.** You will meet with one of our Physician Assistants during this visit and will be given instruction regarding medications for “day two”.
- **Day Two:** **IMPORTANT! IT IS ESSENTIAL THAT YOU DO NOT EAT OR DRINK ANY CAFFEINATED PRODUCTS 48 HOURS PRIOR TO THIS PORTION OF THE TEST.** Please review the restricted list on the backside of this sheet. **Please drink water as this will help with administering your I.V. Do not eat or drink anything, except water, 6 hours prior to arrival.** For this visit, your doctor may decide to have you walk on a treadmill or they may prefer that you be given a medication that replicates exercise. An I.V. will need to be started. We will monitor your heart rate and blood pressure throughout the exam. After “exercising”, we will obtain a second set of pictures that demonstrates the blood flow to the heart with exertion. Please wear comfortable clothing such slacks and a loose fitting shirt or blouse. We also suggest wearing comfortable closed shoes, such as sneakers.

Allow 2 to 3 hours for each portion of the exam. We do schedule a limited amount of one day procedures. If you are scheduled for a one day exam, instructions for medications will be provided over the phone by our Physician Assistant. You will most likely be able to return to normal activities immediately following the procedures.

**If you do not keep your appointment or fail to cancel 24 hours in advance, a \$100.00 deposit must be paid before your test can be rescheduled.**

YHC6677E



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If you have any questions or concerns regarding this procedure, please direct them to 509-248-7715.

## **FOOD & DRUGS TO AVOID PRIOR TO EXERCISE PORTION OF EXAM**

### **FOOD CONTAINING CAFFEINE**

Chocolate Candy  
Chocolate Coated Candy  
Baking Chocolate  
Chocolate Cake  
Chocolate Pudding  
Chocolate Mile  
Brownies  
Anything with chocolate in it

### **PRESCRIPTION DRUGS CONTAINING CAFFEINE**

Cafergot (all forms)  
Esgic (all forms)  
Fioricet  
Fiorinal (all forms)  
Norgesic and Norgesic Forte  
Synalgos –DC  
Wigraine (all forms)

### **OTC DRUGS CONTAINING CAFFEINE**

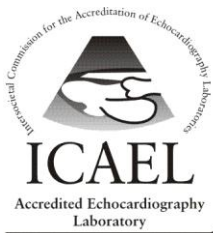
Anacin  
Excedrin  
No Doz

### **DRINKS CONTAINING CAFFEINE**

Brewed coffee	Pepsi
Instant coffee	Diet Pepsi
Decaffeinated coffee	Any Cola's – Regular or Decaffeinated
Brewed tea	Dr. Pepper
Instant tea	Mr. Pibb
Decaffeinated tea	Mellow Yellow
Iced tea	Mountain Dew
Coca Cola	Cocoa
Diet Coke	Some brands of Root Beer
Tab	

### **MEDICATIONS**

Aerolate	Quibron	T-PHYL	Theo-Dur	Theostat
Constant-T	Respbid	Tedral SA	Theolair	TheoX
Elixophylline	Slo-Bid	Theo-24	Theo-Organidin	Uniphyl
Primatene	Slo-Phylline	Theoclear	Theo-Sav	Trental



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