

PSYCHOPHYSIOLOGICAL INVESTIGATIONS OF MYOCARDIAL ISCHEMIA

PIMI FORM 7P

RADIONUCLIDE RECORD PHYSICAL STRESS RVG

GENERAL INSTRUCTIONS

This form should be completed to document the performance of the Physical Stress RVG. The following anti-ischemic medication must be stopped prior to the Visit:

<u>Medication</u>	<u>Must Be Stopped Prior to Visit</u>
Sublingual nitroglycerin	1 hour
Nitrates (long acting)	12 hours
Beta-blockers	3 days or 5 half lives whichever is longer
Calcium channel blockers	3 days

If the patient did not stop the above medications for the periods specified, the visit should be rescheduled and a Form 40 to extend the visit window should be completed. Any exceptions should be described in Item 23.

ITEM INSTRUCTIONS: Items with instructions outlined below have the symbol [*] preceding the item number on the form.

REFER TO ITEM 23

Record any comments explaining unusual circumstances during the visit. Describe any exceptions to protocol including use of medications prior to this visit. Record any adverse events.

Clinic No.							
ID No.							1
Visit Type	V		P	S			

PART I: IDENTIFICATION

1. Patient's NAME CODE:

2. Date of study or visit if study not done - Day - Month - Year

3. Check here if test not performed? (1)

4. Reason procedure was not performed: (Check all that apply.)

A. Physician refused (1)

B. Patient refused (1)

C. Procedure contraindicated (cardiac reason) (1)

D. Procedure contraindicated (physical disability or other reason) (1)

E. Equipment unavailable (1)

F. Equipment problem (1)

G. Other (1)

Specify: _____

5. Research Coordinator:
 Signature: _____ PIMI Staff No.. _____

DO NOT COMPLETE REST OF **FORM**. SEND ONLY PAGE 1 TO CCC.

ID No.							
Visit Type	V		P	S			

ART II: PROCEDURE

6. Time since last intake of: (enter 97 if not used within last 96 hours)

- A. Caffeine CAFFEINE _ _ hours
- B. Tobacco TOBACCO _ _ hours

7. Medication taken in last 24 hours:

- A. Medications altering pain perception:
 Narcotics, analgesics, anti-inflammatory medications Yes No Unknown
 (including aspirin), sedatives or hypnotics (1) (2) (3)
 If YES, specify name and dose: CUR-MAR
-
- B. Theophylline (1) (2) (3)
 If YES, specify name and dose: CUR-THEO
-
- C. Steroid medications (1) (2) (3)
 If YES, specify name and dose: CUR-STER
-
- D. ACE inhibitors (1) (2) (3)
 If YES, specify name and dose: CUR-ACE
-
- E. Digitalis (1) (2) (3)
 If YES, specify name and dose: CUR-DIG
-
- F. Psychotropic agents or antidepressant agents (1) (2) (3)
 If YES, specify name and dose: CUR-PSY
-
- G. Sympatholytics (1) (2) (3)
 If YES, specify name and dose: CUR-SYM
-
- H. Central acting alpha agonists (1) (2) (3)
 If YES, specify name and dose: CUR-AAA
-
- I. Other (1) (2) (3)
 If YES, specify name and dose: CUR-OTH
-

ID No.			-				
Visit Type	V		P	S			

PART III: DATA ON MAGNETIC TAPE

14. Imaging record:

Check if not done in column 1) or complete necessary data in columns 2) through 7). Record time of start of imaging in column 2) and highest value of blood pressure and heart rate during each stage in columns 5) to 7).

	1) <u>Check if image not Don</u>	2) <u>Start of Im Time</u> hour :Minut	3) <u>Number of Cycles</u>	4) <u>Frames it. (msec)</u>	5) <u>Systolic BP</u>	6) <u>Diastolic BP</u>	7) <u>Heart Rate</u>
<u>Rest</u>							
A. 25 minutes					SBP 25	DBP 25	
B. 28 minutes					SBP 28	DBP 28	
C. 30 minutes					93430	DBP 30	HR 30
<u>Baseline</u>							
0. LAO BL (2 min) 1st BP	()	— : —	— — —	—	SBP L1ST	DBP L1ST	HR BL1ST
2nd BP					SBP BL 2ND	DBP L2ND	HR BL 2ND
<u>During Exercise</u> (3 minute stages with 2 minute acquisitions)							
F. Stage 1 1st BP	()	— : —	— — —	—	SBP S11	DBP S11	HR S11
G. 2nd BP					SBP 12	DBP 12	HR 12
H. Stage 2 1st BP	()	— : —	— — —	—	SBP 21	DBP 21	HR 21
I. 2nd BP					SBP 22	DBP 22	HR 22
J. Stage 3 1st BP	()	— : —	— — —	—	SBP 31	DBP 31	HR 31
K. 2nd BP					SBP 32	DBP 32	HR 32
L. Stage 4 1st BP	()	— : —	— — —	—	SBP 41	DBP 41	HR 41
M. 2nd BP					SBP 42	DBP 42	HR 42
N. Stage 5 1st BP	()	— : —	— — —	—	SBP 51	DBP 51	HR 51
O. 2nd BP					SBP 52	DBP 52	HR 52
P. Stage 6 1st BP	()	— : —	— — —	—	SBP 61	DBP 61	HR 61
Q. 2nd BP					x & z	DBP 62	HR 62

ID No.					
Visit Type	V		P	S	

	1) Check i Image lot Don	2) Start of Image Time hour :Minutes	3) dumber of Cycles	4) Frames t. (msec)	5) Systolic BP	6) Diastolic BP	7) Heart Rate
<u>Recovery</u>							
R. 1 min					SBP1MIN	DBP1MIN	HR1MIN
S. 2 min					SBP2MIN	DBP2MIN	HR2MIN
T. 3 min					SBP3MIN	DBP3MIN	HR3MIN
U. 4 min					SBP4MIN	DBP4MIN	HR4MIN
V. 5 min					SBP5MIN	DBP5MIN	HR5MIN
W. 6 min					SBP6MIN	DBP6MIN	HR6MIN
X. 7 min					SBP7MIN	DBP7MIN	HR7MIN
Y. 6 min					SBP8MIN	DBP8MIN	HR8MIN
Z. 9 min					SBP9MIN	DBP9MIN	HR9MIN
. 10 min					SBP10MIN	DBP10MIN	HR10MIN
B. Post Exercise	(1)	---	---	---	SBPPE	DBPPE	HRPE

ID No.			-				
Visit Type	V		P	S			

RT IV: ADMINISTRATIVE MATTERS

19. Radionuclide Technician:

Signature: _____ PIMI Staff No.: - - - - -

20. Research Coordinator:

Signature: _____ PIMI Staff No.: ---- - - - - -

21. Materials mailed to the Radionuclide Core Lab:

Yes No

A. Form 71 (1) (2)

B. Data diskette (1) (2)

C. Date mailed --- Day - - Month - - Year

22. Materials mailed to the Rest and Exercise ECG Core Lab:

Yes No

A. Form 65 (1) (2)

B. Rest ECG (1) (2)

C. Stress ECGs (1) (2)

D. Recovery ECGs (1) (2)

E. Date mailed Day - - Month - - Year

*23. Comments:

ID No.							
Visit Type	V		P	S			