

| GUIDELINES FOR NUCLEAR STRESS TEST | |
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| Indications for Nuclear Test | Contraindications for Nuclear Test |
| 1 Adult patients (including those with complete right bundle branch block or less than 1 mm | Very recent acute myocardial infarction (generally < 2 days) |
| 2 Patients with vasospastic angina. | Unstable angina not previously stabilized by medical therapy |
| 3 Patients undergoing initial evaluation with suspected or known CAD. | Uncontrolled cardiac arrhythmias causing symptoms or hemodynamic compromise |
| 4 Patients with suspected or known CAD previously evaluated with significant change in | Symptomatic severe aortic stenosis |
| 5 Patients with myocardial infarction "before discharge for prognostic assessment, activity | Uncontrolled symptomatic congestive heart failure |
| 6 Patients with myocardial infarction "early after discharge for prognostic assessment, | Acute pulmonary embolus or pulmonary infarction |
| 7 Patients with myocardial infarction "late after discharge for prognostic assessment, activity | Acute aortic dissection |
| 8 Patients with myocardial infarction "after discharge for activity counseling and/or exercise | Hypotension (generally < 90mmHg systolic) |
| 9 "Evaluation of exercise capacity and response to therapy in patients with heart failure who | Severe ST segment depression at rest |
| 10 Patients for whom "assistance in differentiating cardiac versus pulmonary limitations as a | Acute thrombophlebitis or deep vein thrombosis |
| 11 "Evaluation of exercise capacity when indicated for medical reasons in patients in whom | Acute pericarditis, myocarditis or endocarditis |
| 12 Patients who require "demonstration of proof of ischemia before revascularization". | Severe symptomatic left ventricular dysfunction |
| 13 "Evaluation of patients with recurrent symptoms suggesting ischemia after | |
| 14 "After discharge for activity counseling and/or exercise training as part of cardiac | |
| 15 "Identification of appropriate settings in patients with rate-adaptive pacemakers." | |
| 16 "Evaluation of patients with known or suspected exercise-induced arrhythmias." | |
| 17 "Evaluation of medical, surgical, or ablative therapy in patients with exercise-induced | |
| 18 Evaluation of exercise capacity of selected patients with valvular heart disease with related | |
| 19 Uncontrolled metabolic disease, such as diabetes, thyrotoxicosis or myxedema | |
| 20 Suspected left main coronary artery (or equivalent) stenosis | |
| 21 Second or third degree heart block | |
| 22 Severe aortic valvular heart disease | |
| 23 Severe arterial hypertension (generally > 180 mmHg systolic or > 110mmHg diastolic) | |
| 24 Acute or serious noncardiac disorder | |
| 25 Significant and / or acute anemia | |
| 26 Moderate stenotic valvular disease | |
| 27 Tachyarrhythmias or bradyarrhythmias | |
| 28 Hypertrophic cardiomyopathy and other forms of outflow tract obstruction | |
| 29 Mental and physical impairment leading to inability to exercise adequately | |
| 30 High degree atrioventricular block | |

| GUIDELINES FOR STRESS ECHO | |
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| Indications for Stress ECHO | Contraindications for STRESS ECHO |
| 1 To detect coronary artery disease in patients presenting with chest pains, including atypical | Very recent acute myocardial infarction (generally < 2 days) |
| 2 To assess prognosis and functional capacity in patients following an acute myocardial | Unstable angina not previously stabilized by medical therapy |
| 3 To evaluate the extent of exercise induced ischemia in patients who have had a | Uncontrolled cardiac arrhythmias causing symptoms or hemodynamic compromise |
| 4 To evaluate a prior nondiagnostic or abnormal ECG exercise test as a substitute for a | Symptomatic severe aortic stenosis |
| 5 To evaluate patients who are at high risk for myocardial infarction prior to a scheduled | Uncontrolled symptomatic congestive heart failure |
| 6 To evaluate patients presenting with various arrhythmias (atrial and/or ventricular) or | Acute pulmonary embolus or pulmonary infarction |
| 7 To evaluate patients when an indicated standard exercise ECG is likely to be non-diagnostic, | Acute aortic dissection |
| 8 | Hypotension (generally < 90mmHg systolic) |
| 9 | Severe ST segment depression at rest |
| 10 | Acute thrombophlebitis or deep vein thrombosis |
| 11 | Acute pericarditis, myocarditis or endocarditis |

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| 12 | Severe symptomatic left ventricular dysfunction |
| 13 | History of reactive airway disease (asthma) |
| 14 | Active bronchospastic disease |
| 15 | History of tachyarrhythmias |
| 16 | Second-degree AV block |
| 17 | Oral dipyridamole |
| 18 | Xanthine derivatives (theophylline; caffeine) |
| 19 | Atrial fibrillation with rapid ventricular response |
| 20 | Severe prostatic hypertrophy |