


Name of Policy: Exercise Test-Patient Education Policy Number: 3364-106-S07 Approving Officer: Chief Operating Officer Responsible Agent: Director of Cardiovascular Services, Medical Director, Non-Invasive Cardiac Imaging Scope: University of Toledo Medical Center		 Effective date: 3/24/2025 Original effective date: 11/1985	
Key words: Stress Test, Patient Education, Informed Consent, Pediatric, Risk			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

A patient education information sheet or informed consent form (for pediatric patients) will be signed by all patients prior to testing.

(B) Purpose of Policy

To ensure that the patient has received a clear explanation and understands the purpose of the test, the test itself, risks involved, and the potential for any necessary resuscitative measures.

(C) Procedure

1. A patient education information sheet will be given to patients prior to testing for them to read.
2. The exercise technologist and/or nurse or the physician will explain the exercise test, side effects possible, and answer any questions prior to testing.
3. The patient's signature and a signature of a witness will be obtained.
4. Pediatric testing informed consent will be obtained from parent or guardian by supervising M.D.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Todd Korzec, RN, BSN Director, Cardiovascular Services</p> <p>3/6/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Samer Khouri, MD Medical Director, Non-Invasive Cardiac Imaging</p> <p>3/7/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Christine Stesney-Ridenour, FACHE Chief Operating Officer</p> <p>3/24/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by:</i> <i>Director, Cardiovascular Services</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: 11/1985</p> <p>Review/Revision Date:</p> <p>10/85 10/87 10/88 10/89 9/90 12/91 8/92 6/93 8/95 10/95 9/97 3/99 4/01 6/02 5/03 5/05 5/07 3/08 8/10 3/22 6/13 3/4/2025 3/16 3/19</p> <p>Next review date: 3/24/2028</p>
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