


<b>Name of Policy:</b> Contraindications to Stress Testing <b>Policy Number:</b> 3364-106-S08 <b>Approving Officer:</b> Chief Operating Officer <b>Responsible Agent:</b> Director of Cardiovascular Services, Medical Director, Non-Invasive Cardiac Imaging <b>Scope:</b> University of Toledo Medical Center		 <b>Effective date:</b> 3/24/2025 <b>Original effective date:</b> 9/1990	
Key words: Stress Test, Contraindications, Safety, Procedure, Cancellation			
<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**

Guidelines will exist to outline circumstances that would prohibit a patient from participating in a stress test.

**(B) Purpose of Policy**

To ensure the safety of the patient during the stress test procedure.

**(C) Procedure**

The following are contraindications and must be cleared with the attending cardiologist or cardiology fellow. The supervising R.N. or resident M.D. should proceed only with the approval of the staff cardiologist or cardiology fellow. At the discretion of the Advanced Practice Nurse, an attending cardiologist or cardiology fellow may be required to be present during testing. If the test is cancelled the ordering physician will be notified.

**Absolute Contraindications:**

1. Systolic BP at rest > 200 mmHg, or diastolic BP at rest > 100 mmHg.
2. Patients with signs and symptoms of unstable angina within 24 hours. However, patients with chest pain syndromes at presentation who are stable and without ECG evidence of ischemia and without serum biomarker evidence of myocardial injury can undergo exercise stress testing.
3. Patients with an acute MI within three days (low-level protocol may be appropriate).
4. Acute myocarditis or pericarditis.
5. Patients with uncontrolled atrial or ventricular dysrhythmia.
6. Acute pulmonary embolism.
7. Decompensated or inadequately controlled congestive heart failure (CHF).
8. Acute aortic dissection.

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9. Severe symptomatic aortic stenosis.
10. Severe pulmonary hypertension.
11. Hemoglobin (Hgb) must be  $\geq 8.0$  g/dl prior to stress testing. Hemoglobin (Hgb) must be checked and documented at  $\geq 8.0$  g/dl within 4 hrs. of stress testing in patients with suspected bleeding.
12. Patients with acute infections, illnesses, uncontrolled hyperthyroidism, or severe anemia.

### **Relative Contraindications:**

1. The patient has temporary pacer wires.
2. Rule-out MI patients whose cardiac enzymes are not yet known, minimum of two sets of troponins required.
3. Patients with asymptomatic aortic stenosis/hypertrophic cardiomyopathy.
4. Post-MI patients with chest pain within 24 hours.
5. Patients with second- or third-degree heart block.
6. Patients with known severe left main coronary artery or equivalent disease.
7. No elective nuclear medicine studies are to be performed on pregnant patients.
8. Patients with uncontrolled emotional or mental disorders.
9. Patients with signs and symptoms of pulmonary edema manifested by rales and/or orthopnea.
10. Sedation which renders the patient unable to communicate.

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<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><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• <i>None</i></li></ul> <p>Initial effective date: 9/1990</p> <p>Review/Revision Date:</p> <p>3/93 6/93 8/95 10/95 12/95 9/97 3/99 4/99 4/01 5/03 5/05 5/07 2/08 8/10 6/13 3/16 3/19 3/22 3/24/2025</p> <p>Next review date: 3/24/2028</p>
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