


Name of Policy: <u>Exercise Test – Patient Education (Information Sheet)</u> Policy Number: 3364-106-S07 Department: Heart Station Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director Cardiovascular Services Scope: University of Toledo Medical Center Heart Station	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy
Effective Date: 3/1/2022 Initial Effective Date: 11/1985	

(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.

Approved by: <u>/s/</u> <u>03/16/2022</u> Todd Korzec, RN, BSN Director Cardiovascular Services Date	Review/Revision Date: 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 3/16 3/19
<u>/s/</u> <u>03/16/2022</u> Samer Khouri, MD Director, Non-Invasive Cardiac Imaging Date	
<u>/s/</u> <u>03/16/2022</u> Christine Stesney-Ridenour, FACHE Chief Operating Officer- UTMC Date	
<i>Review/Revision Completed By:</i> Todd Korzec, RN, BSN Heart Station	
Next Review Date: 3/2025	
Policies Superseded by This Policy:	