


Name of Policy: Termination of Exercise Testing Policy Number: 3364-106-S09 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: 9/1987	
Key words: Stress Test, Termination, Exercise Testing, Guidelines, Symptoms			
<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/reasons for terminating an exercise/stress test will be identified.

(B) Purpose of Policy

To identify guidelines or reasons for terminating an exercise test.

(C) Procedure

1. The patient is unable to exercise, develops dyspnea, fatigue, faintness, chest pain, unsteadiness of gait or ataxia, clouding of mentation or other symptoms.
2. Extreme elevation in blood pressure, systolic and/or diastolic. (>230 mm Hg systolic or >115 diastolic mm Hg) Associated symptoms of headache, blurred vision, or incoordination.
3. Drop in systolic BP > 10 mm Hg below resting BP at any time during exercise when accompanied by other evidence of ischemia.
4. New onset of atrial tachycardia, atrial fibrillation, or flutter with a rapid ventricular response.
5. Development of second- or third-degree heart block.
6. Ventricular tachycardia or increasing frequency of premature ventricular contractions particularly with R on T.
7. Progressive anginal pain.
8. ST segment depression >2 mm.
9. ST segment elevation >1 mm.
10. Claudication or musculoskeletal pain.

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11. Appearance of marked peripheral vasoconstriction, circumoral pallor, clammy skin, and/or ashen skin color.
12. Development of LBBB or intraventricular conduction delay not distinguishable from ventricular tachycardia.
13. Patients with implantable cardioverter defibrillators, when the heart rate attained is within 20 beats per minute of the lowest heart rate at which antitachycardia pacing or shock is programmed to be delivered.
14. Equipment or lead problem such as loss of EKG or failure of important equipment.
15. Patient insists on voluntary stopping.

<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: 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: 9/1987</p> <p>Review/Revision Date:</p> <p>2/91 6/93 8/95 3/99 4/01 5/03 5/05 5/07 2/08 8/10 6/13 3/16 3/19 3/22</p> <p>3/24/2025</p> <p>Next review date: 3/24/2028</p>
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