


Name of Policy: <u>Termination of Exercise Testing</u> Policy Number: 3364-106-S09 Department: Heart Station Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director Cardiovascular Services Scope: University of Toledo Medical Center Heart Station	 Effective Date: 3/1/2022 Initial Effective Date: 9/23/1987
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input 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.
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.

Approved by:	Review/Revision Date:
<u>/s/</u> <u>03/16/2022</u> Todd Korzec, RN, BSN Director Cardiovascular Services Date	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
<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> <i>Todd Korzec, RN, BSN</i>	
	Next Review Date: 3/2025
Policies Superseded by This Policy:	