


Name of Policy: <u>Tilt Table Test – Patient Education (Information Sheet)</u> Policy Number: 3364-106-T01 Department: Cardiology Clinic Approving Officer: Chief Executive Officer - UTMC Responsible Agent: Director Cardiovascular Services Scope: University of Toledo Medical Center Cardiology Clinic	 Effective Date: 3/1/2022 Initial Effective Date: 8/25/2010
<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 nurse or the physician will explain the Tilt Table Test, possible side effects, 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 a M.D.

Approved by: <u>/s/</u> _____ 3/2023 Todd Korzec Director, Cardiovascular Services Date <u>/s/</u> _____ 3/2023 Blair P. Grubb, MD Director, Syncope & Autonomic Disorders Date <u>/s/</u> _____ 3/2023 Christine Stesney-Ridenour, FACHE Chief Operating Officer-UTMC Date <i>Review/Revision Completed By: Todd Korzec</i>	Review/Revision Date: 6/10/2013 7/24/2015 3/1/2019 3/2022 Next Review Date: 3/2025
Policies Superseded by This Policy:	