

Program Overview

Cardiac CT Angiography (CCTA) is a non-invasive test that uses a CT scanner to see the blood flow in the arterial vessels throughout the chest. It enables the physician to look for blocked arteries in the heart using these images. Our goal is to provide advanced technology in cardiac diagnostic imaging as well as premium care for our patients.

In order for us to achieve this goal in the most efficient manner, we would like you to review the following **information necessary to schedule** a patient for this procedure.

To schedule, call the Radiology Nurse at (231) 487-7326.

Please seek pre-authorization with insurance company before scheduling exam and complete the patient referral form for specific questions that **must** be answered before the test can be scheduled.

Please prepare to fax the following:

- Cardiac CT Angiography referral/screening form (provided by Radiology).
- A copy of patient demographic sheet (face sheet).
- A signed Pre-Admission Testing Form with diagnosis, procedure requested, physician name, and physician contact information.
- Current medication list, recent H&P including resting heart rate, and any recent lab work.

To fax, dial (231) 487-7473.

Intravenous contrast is used during this procedure. It is critical to know if the patient has any allergies to contrast. If the patient has known renal impairment or is at risk for renal impairment, a serum creatinine should be drawn no more than two weeks prior to the procedure.

It is also important to note that if the patient is on any oral diabetic agents that contain Metformin, it will need to be held the day of the procedure and for two days after the procedure. The patient's physician will be responsible for monitoring any diabetic related issues.

For this test to be performed, the patient's heart rate should optimally be below 60 beats per minute and regular.

- If the patient's resting heart rate is greater than 60 and the patient is **not currently on beta-blockers**, referring physician should prescribe Lopressor 50 mg po to be taken 2 hours prior to the patient's **arrival** time.
- If the patient **is already on beta-blockers** and the resting HR is greater than 60, referring physician should prescribe Lopressor 100 mg po 2 hours prior to the patient's **arrival** time. *For example, if the patient's exam time is 10 a.m. arrival time is 9 a.m., 1 hour prior. So Lopressor should be taken at 7 a.m.*
- If the patient's resting HR is 60 or less, no oral beta-blocker is recommended. It is recommended that the patient have a driver to and from the procedure.

Thank you for your cooperation and assistance with this process. If you have any questions, please feel free to contact the radiology nurses at (231) 487-7326. If no answer, please leave a message and they will return your call.



Standing Physician Orders

- Confirm NPO 4 hours prior to the scheduled Cardiac CT Angiography. No caffeine for 12 hours. May take oral meds with sips of water.
- Evaluate patient for renal impairment and draw creatinine if needed, with IV start.
- Start 18 g angiocatheter in antecubital vein. Normal Saline Lock with Clave Valve.
- Give Lopressor 5 mg IV Q 5 min, up to max dose of 30 mg to achieve HR of 60 bpm. *Check BP before and after each administration of IV Lopressor.*
- Nitro 0.4 mg SL just before Cardiac CT Angiography scan. Unless contraindicated.
- In symptomatic bradycardia, implement emergency IV atropine protocol and call supervising physician.

Post Cardiac CT Angiography Care

- Monitor vital signs for 15 min.
- If vital signs are stable, discontinue IV and discharge patient.



Referral / Screening Form

| Patient Name | Date of Birth | | | |
|---------------------|---------------|----------------|--------|--|
| Patient Phone | Address | | | |
| Referring Physician | Ph | nysician Phone | Fax | |
| Resting Heart Rate: | Height | | Weight | |
| Allergies | | | | |

Pre-Procedure Diagnosis / Pre-Procedure Diagnosis / Symptoms _

- If patient has history of or is at risk for renal impairment, give patient a lab slip for creatinine to be drawn no more than 2 weeks prior to scan. Fax results to 231.487.7473.
- Give patient prescription for beta blocker with instructions.

Recommendations

- If resting HR < 65 no oral beta-blocker needed
- If resting HR > 65 and pt Is not on a beta-blocker prescribe Lopressor 50 mg po 2 hours prior to patient's arrival time.
- If resting HR > 65 and pt is on a beta-blocker prescribe Lopressor 100 mg po 2 hours prior to patient's arrival time.

Cardiac CT Angiography

| History of A-fib (CCTA Contraindicated if patient currently in A-fib) | Yes | No |
|--|-----|----|
| Contrast / dye allergy | Yes | No |
| Latex allergy | Yes | No |
| Is patient on diabetic agent with Metformin (i.e. Glucophage) If yes, will need to hold day of test and 2 days after test | Yes | No |
| History smoking Quit | Yes | No |
| Is patient on Viagra, Levitra or Cialis If yes, will need to hold 2 days prior to exam, and day of | Yes | No |
| Pregnant / nursing | Yes | No |
| Asthma / lung disease | Yes | No |
| Previous heart disease | Yes | No |
| Does patient have pacemaker / ICD (CCTA Contraindicated if patient has pacemaker / ICD) | Yes | No |
| Kidney disease | Yes | No |
| Able to lift arms over head for exam | Yes | No |
| Able to lay flat for 10 minutes | Yes | No |
| History multiple myeloma or sickle cell disease | Yes | No |
| History coronary bypass or stents | Yes | No |
| | | |

Please fax a recent H&P and pertinent labs. If patient has a previous history of coronary bypass, please provide the surgical report. Fax info to the Radiology Liaison at 231.487.4272.

Please call the radiology nurses if you have any questions or concerns at 231.487.3352