

THUMB REGION

DOBUTAMINE STRESS TESTINFUSION RESPONSE RECORD

Date: _	Time:	Arrived: Amb	oulatory
Allergies: Latex Allergy: YES NO			
Hx of Glaucoma: YES NO Weight:			
Physician performing test:Target HR:			
IV access: Time Gauge, # of attempts Inserted by:			
Site: Right Left Hand Wrist Forearm Antecubital fossa Other			
Saline Lock Fluids:Rate:			
Infusion for Stress Test: Dobutamine 100 mg in 50 mL 0.9% Sodium Chloride (2 mg/mL)			
Other:			
Initial Vital Signs: BPPRPost Vital Signs: BPPR			
TIME	MEDICATION	INF DOSE	COMMENTS
	Dobutamine	10 mcg	
	Dobutamine	20 mcg	
	Dobutamine	30 mcg	
	Dobutamine	40 mcg	
	Atropine	0.3mg	
	Atropine	0.3mg	
	Atropine	0.3mg	
	Lopressor		
Total Time of Dobutamine given:mins Total amount given:mg Total Atropine given:			
Infusion monitored by:RN			
IV discontinued by: Catheter intact, site satisfactory Other			
Discharged by: Ambulatory \[\] \			mbulatory Wheelchair Other
to home room # other:			