



THUMB REGION

VASCULAR LAB
DOBUTAMINE STRESS TEST

Allergies:

CROSS OUT ENTIRE LINE TO OMIT AN ORDER.

PRIOR TO ADMISSION FOR TEST:

1. NPO for 4 hours prior to test.
2. No smoking 4 hours prior to test.

TEST DATE:

1. Initiate IV with 20 gauge catheter or larger in the left arm if possible. (See medication list below for IV solution).

DURING TEST:

2. Continuous Cardiac Monitor
3. BP monitor per protocol
4. Continuous O2 saturation monitor

MEDICATIONS: DATE: _____

Medication Order	Administration		Signature
	Dose Given/Used	Time	
500 mL 0.9% Sodium Chloride at 10 mL/hr	500 mL attached	Started	
		Stopped	
Dobutamine 100 mg in 50 mL 0.9% NaCl infuse per protocol	100 mg in 50 mL NS	Started	
		Stopped	
Atropine 0.3 mg IVP every 2 minutes to a maximum dose of 2 mg as needed until HR is greater than 100 BPM.	Total given: _____	See Dobutamine Stress Record	
Metoprolol (Lopressor) 5 mg IVP PRN	Total given: _____	See Dobutamine Stress Record	
NS 10 mL IVP PRN			

POST-TEST:

5. Continue cardiac monitor.
6. Blood pressures and O2 saturations every 5 minutes.
7. May discharge when vital signs returned to within 20% of pre-procedure values.

PHYSICIAN SIGNATURE:	DATE:	TIME:
NURSE SIGNATURE: T.O. READ BACK	DATE:	TIME:
ORDER SENT OR FAXED TO PHARMACY BY:	DATE:	TIME: