

Which Stress Test Should I Order??

In general, if a patient can walk, they should. If they cannot, or are not anticipated to be able to achieve the requested workload, a “chemical” stress test can be ordered - and - Local physician expertise plays a big role in which imaging modality should be used also.

An imaging study is not necessary for all patients. Consider the ETT-only stress test in low-risk patients.

1. No added benefit to patients who achieved 10.1 METS without ECG changes.
2. Low-Risk Duke Treadmill Score predicts mortality as well.

Patient Specific Issues with Stress Test ordering

- EPIC Order Codes are in Brackets

Patient Population	Exercise Treadmill Testing (ETT) [CAR2]	Exercise Nuclear [5156]	Vasodilator Nuclear [5157]	Exercise Echo [ECH1016]	Dobutamine Echo [ECH06]	Rest + Stress Echo [ECH1024]	CCTA [CT1312]
Normal ECG with Exertional Dyspnea	X						
Evaluation of Exercise-related palpitations / arrhythmia	X						
Evaluation of Syncope with possible cardiac cause	X					X	
Evaluation of Congenital Coronary anomaly							X
Female patients with chest pain	X ²	X ²	X ²	X ¹			X ²
Abnormal baseline ECG (LVH, digoxin, IVCD, ect)		X	X	X	X		X
Perfusion analysis of known CAD; localization of ischemia		X	X				
Inability to exercise or reach target heart rate	X (C.I.)		X				X
LBBB or Pacemaker			X				
Obesity with Exercise Limitations			X ² or Cath		X ³ or Cath		
Atrial Fibrillation			X				
Low-Risk ACS (TIMI Risk Score less than 2) - Tpn	X		X or Cath				

¹If you can feel the PMI on the anterior chest, the stress echo will be clinically adequate.

²Large breasts - typically deal with breast attenuation artifact on a nuclear stress test. Wear a sports bra

³Order “Contrast Stress Echo” [ECH 1026]