



DELAWARE
CARDIOVASCULAR
ASSOCIATES

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www.decardio.com

TILT TABLE TEST EATING INSTRUCTIONS

If your test is at

8:00 a.m., 9:30 a.m. or 10:00 a.m.

- **Nothing to eat or drink after midnight
- **You may take your medication with a sip of water
- **NO Water Pills

11:00 a.m. or 11:30 a.m.

- ** Nothing to eat or drink after midnight
- ** Clear liquids until 7:00 a.m.
- **You may take your medication with a sip of water
- **NO Water Pills

1:00 p.m.

- **Light breakfast only until 8:30 a.m. only
- **Clear liquids until 9:00 a.m.
- **You may take your medication with a sip of water
- **NO water Pills

2:30 p.m.

- **Light breakfast only until 9:30 a.m.
- **Clear liquids until 10:30 a.m.
- **You may take your medication with a sip of water
- **NO water pills

Definition of Clear Liquids: Tea or coffee (without milk), apple juice, ginger ale
Sprite or 7up. **NO ORANGE JUICE**

NOTE FOR DIABETIC PATIENTS ON INSULIN ONLY:

Eat a light meal 3 hours prior to your appointment along with clear liquids.

Take your insulin and medication as usual.

NO water pill.

******CANNOT TAKE Cialis, Viagra, Levitra 36 HOURS PRIOR TO TILT TEST******

If you have any questions of concern; please call the office where your test is scheduled. There is a \$50.00 charge for non-cancel of an appointment without 24 hour notice.



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Cardiac Tilt Table Testing Consent

I hereby authorize and direct Dr. _____, his /her

Associates and whomever he/she may designate as his /her assistants to perform upon

_____ (myself or name of patient) a Cardiac Tilt Table Test.

I understand that the procedure requires placement of cardiac monitoring electrodes on the skin and insert of an intravenous catheter into the vein for administration of IV fluids. The Purpose of this test is to evaluate the reflex that maintains normal blood pressure and heart rate.

During the test I will be elevated to a 70 degree upright position for 20 minutes and then for 20 minutes after sublingual nitroglycerin is given, my pulse rate, rhythm, and blood pressure will be monitored once every 5 minutes or as needed during the length of the test.

It has been explained to me that certain risks are associated with this test. Complications that may occur during the Tilt Table Test include: infection due to peripheral intravenous insertion and several possible complications resulting from decreased blood pressure and/ on heart rate during the test. These include: chest pains, seizure-like activity, and loss of consciences, heart attack, abnormal heart rhythm, and stroke.

The nature and purpose of the Tilt Table Test as well as the risks and benefits of such a procedure have been explained to me in detail. I have been given an opportunity to ask whatever questions I might have regarding the procedure to be performed and they have been answered to my satisfaction by Dr. _____.

Signature of patient

Date

Signature of Physician

Date

Authorization if patient is a minor, incompetent, or otherwise unable to sign.

Signature of legally Responsible Person

Date