Cardiac Investigation Unit

**Inpatient Cardiac Test Request**

**(Do not use to request an echo)**

**Patient Name:**

**Hospital number:**

**Date of Birth:**

**Ward:**

**Consultant:**

**Clinical details:**

**Infection / Covid status:**

**Requested by:**

**Date Requested:**

**To finish requesting the test(s), attach this form to an email and send it to:** **sft.inpatientcardiactests@nhs.net**

Email address monitored 8am-5pm Mon - Fri

 Salisbury NHS Foundation Trust

 **Please highlight the relevant test(s)**

**Device check**

* Pacemaker check (if not currently checked at Salisbury, please provide pacemaker generator details here)
	+ Brady pacemaker
	+ CRT- P pacemaker
* Implantable Loop recorder check (ILR)
* Implantable Cardiac Defibrillator check (ICD / CRT-D)

**Ambulatory monitoring**

* 24hr ECG
* 24hr Blood Pressure

**Exercise Tolerance Test**

* Maximal OR
* Modified Bruce
* Supervised OR
* Unsupervised (Must be signed off by consultant)

To be performed:

* Whilst on beta-blocker
* Beta-blocker to be held 48hours before

Incomplete forms will be returned to sender