

Ordering Physician _____

Phone _____

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Cardiac CTA:

<input type="radio"/>	Coronary and Aortic CTA for ruling CAD and/or Aortic Dissection (estimated radiation dose: less than 5 millisivert)
<input type="radio"/>	Modified triple rule out - only mid and lower lung images for pulmonary embolism (lower dose than triple but better coronary artery quality)
<input type="radio"/>	Triple Rule out for ruling out CAD, acute PE, and Aortic Dissection (estimated radiation dose: 10-13 millisivert)

Patient Height _____ Weight _____

	Yes	No
1. HTN (blood pressure > 140/90 or on BP Meds)	<input type="radio"/>	<input type="radio"/>
2. Diabetes if yes: <input type="radio"/> on insulin or type II: <input type="radio"/> diet <input type="radio"/> oral agent <input type="radio"/> insulin	<input type="radio"/>	<input type="radio"/>
3. Dyslipidemia (LDL >100 mg/dL, HDL <40 mg/dL, or Triglyceride > 150 mg/dL) if yes, HDL level _____ and total cholesterol level _____ and on meds	<input type="radio"/>	<input type="radio"/>
4. Smoking history: <input type="radio"/> Current (quit <1 month) <input type="radio"/> recent (quit > 1 month but < 1 year) <input type="radio"/> former (quit > 1 year)	<input type="radio"/>	<input type="radio"/>
5. COPD or asthma if yes, <input type="radio"/> need to use daily inhaler <input type="radio"/> and/or steroid	<input type="radio"/>	<input type="radio"/>
6. Known CAD (stenosis ≥ 50% or history of MI, Stent, or CABG)	<input type="radio"/>	<input type="radio"/>
7. Family History of Coronary Artery Disease (MI age <55)	<input type="radio"/>	<input type="radio"/>
8. Aspirin use in past 7 days	<input type="radio"/>	<input type="radio"/>
9. Sedentary life style (sitting or remaining inactive most of the day and exercise less than 1.5 hours a week)	<input type="radio"/>	<input type="radio"/>
10. Cardiac arrest history	<input type="radio"/>	<input type="radio"/>
11. Congestive heart failure	<input type="radio"/>	<input type="radio"/>
12. Atrial fibrillation/flutter	<input type="radio"/>	<input type="radio"/>
13. Cerebral vascular accident	<input type="radio"/>	<input type="radio"/>
14. ICD (pacemaker or defibrillator)	<input type="radio"/>	<input type="radio"/>
15. Chronic kidney disease (Cr < 1.5 or eGFR >50)	<input type="radio"/>	<input type="radio"/>
16. Active malignant condition	<input type="radio"/>	<input type="radio"/>
17. Previous DVTE	<input type="radio"/>	<input type="radio"/>
18. Previous PE	<input type="radio"/>	<input type="radio"/>
19. Peripheral arterial disease	<input type="radio"/>	<input type="radio"/>
20. Hemoptysis	<input type="radio"/>	<input type="radio"/>
21. Trauma, surgery or fracture of lower extremities in previous 2 months	<input type="radio"/>	<input type="radio"/>
22. Unilateral leg swelling or pain	<input type="radio"/>	<input type="radio"/>
23. Exogenous estrogen	<input type="radio"/>	<input type="radio"/>

Physician Order:

1. A 20 gauge angiograph and preferably on right antecubital vein.
2. Give 50 mg oral metoprolol if the heart rate is lower than 70 but greater than or equal to 50. No beta blocker if the heart rate is less than 50.
3. Give 100 mg of oral metoprolol if the heart rate is greater than or equal to 70.
4. Use intravenous calcium channel blocker, e.g. cardizem or verapamil, if patient is a labile asthmatic.

Inclusion Criteria	Exclusion Criteria
<ol style="list-style-type: none">1. Possible acute coronary syndrome with or without ongoing chest pain (must have no dynamic ST segment deviation on initial ECG in the ED and negative serum cardiac biomarkers x 1)2. Test may be appropriate for patient with previous interpretable or equivocal stress test results (exercise, perfusion, or stress echo) unless patient is scheduled to have coronary angiography in the near future.3. Possible acute aortic dissection4. Possible acute Pulmonary Embolism5. Troponin <0.01	<ol style="list-style-type: none">1. History of documented coronary artery disease, e.g. previous MI, coronary stenting or coronary artery bypass surgery, unless ordered in agreement with patient's cardiologist or call radiologist2. Heart rate remains greater than 70 bpm 1 hour after oral administration of 100 mg metoprolol or IV calcium channel blocker for those who cannot take beta blocker. – call radiologist3. Known history of contrast reaction - call radiologist4. Renal insufficiency (eGFR <50).5. Inability to cooperate with scan acquisition and/or breath hold instructions6. Morbid obesity – call radiologist7. Clinical instability8. Contraindication to nitroglycerin (use of Viagra, Cialis, or Levitra within the last 24 (Viagra) – 48 (Cialis and Levitra) hrs.9. Troponin ≥0.01