



PVDOMICS STUDY

Center Cycle Ergometer Non-Invasive Cardiopulmonary Exercise Test (CPET) Procedure Notes #290

Instructions: Review PVDOMICS MOP Chapter 110 prior to completing Cardiopulmonary Exercise Test (CPET). This worksheet/form is used for **non-invasive CPET results**. Invasive CPET results are reported on Form 291.

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1. Identification Number

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2. Alphacode

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3. Date of CPET (mm/dd/yyyy)

4. Did this participant undergo a non-invasive CPET? (0=No, 1=Yes)

a. If no, why was the CPET not done?

1=Abnormal resting ECG

2=Physically unable to cycle (e.g. arthritis)

3=Known contraindication to exercise (e.g. exercise induced arrhythmia or exertional syncope)

4=Other contraindication or physician judgment (provide explanation in comments box at end of form)

5=Logistics issue (provide explanation in comments box at end of form)

5. Date of last meal (mm/dd/yyyy)..... / /

6. Time of last meal (use 24-hr clock; hh:mm) :

7. Did participant exercise within the last 8 hours? (0=No, 1=Yes).....

8. Is participant using oxygen at the time of this CPET? (0=No, 1=Yes, 8=N/A, never on O2)

a. What O₂ flow is being used during CPET (L/min)?

9. How was blood pressure measured during the CPET?

(1=Manual blood pressure cuff, 2=Automatic blood pressure cuff)

For the following question, one interval is defined as the time spent at a work load (wattage).

10. Which ramp protocol is being used for this test?.....

1=10 watts/interval

2=15 watts/interval

3=20 watts/interval

4=25 watts/interval (*this response is considered a PVDOMICS Study DEVIATION*)

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All data should be captured during the last 30 sec of each interval (e.g. between 1:30 and 2:00)

Time Elapsed	Work Rate	Heart Rate	Pulse O ₂ sat	SBP	DBP	Dyspnea (Borg scale)	RPE (Borg scale)
(min)	(watts)	(bpm)	(%)	(mmHg)	(mmHg)	(0-10)	(0-10)
Pre-Exercise							
-1	Rest						
Exercise							
0	0						
Start ramp							
2							
4							
6							
8							
10							
12							
Recovery							
+1	0						
+2	0						
+3	Rest						
+4	Rest						
+5	Rest						
Peak							
____ : ____ minutes : seconds							

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CPET TEST RESULTS:

11. Did RER reach or exceed 1.10? (0=No, 1=Yes, 9=Unknown) _____
12. Primary reason for exercise termination (select one).....
 1=End of CPET protocol 5=Lower Extremity Pain
 2=Fatigue 6=Syncope/Near Syncope
 3=Dyspnea 7=Physician's or technician's discretion
 4=Chest Pain
13. Symptoms at end of exercise? (0=No, 1=Yes)
 a. Chest pain (0=No, 1=Yes)
 b. Dizziness (0=No, 1=Yes)
 c. Dyspnea (0=No, 1=Yes)
 d. Near syncope (0=No, 1=Yes)
 e. Lower extremity claudication (cramping) (0=No, 1=Yes)
 f. Lower extremity joint/leg pain (0=No, 1=Yes)
 g. Other musculoskeletal pain (e.g. back or hip pain) (0=No, 1=Yes)
14. a. Username of staff performing this CPET evaluation
 (Note: staff username is the first 6 letters of last name and first initial of first name.)
 b. Username of physician who either completed this form **OR** reviewed
 and verified accuracy of the data reported on this form
 (Username of physician is the first 6 letters of last name and first initial.)
15. Username of staff transferring CPET data to CPC Core
 (Note: staff member information must be entered on Form 10 in the database before
 username can be selected from database list of values menu)
16. Date CPET data transferred to CPC Core (mm/dd/yyyy)/...../.....
17. Are any comments documented? (0=No comments, 1=Yes, specify below)

Comments

200. Date form completed (mm/dd/yyyy)/...../.....
201. Username of person completing/reviewing completeness of this form.....

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form _____

Modified Borg Scale for use during CPET or iCPET**Modified Borg Scale**

0	Nothing at all
0.5	Very, very slight
1	Very mild
2	Mild
3	Moderate
4	Somewhat severe
5	Strong
6	-
7	Severe
8	-
9	Extremely severe
10	So severe you need to stop

Use this scale to measure both perceived dyspnea and rate of perceived exertion (RPE) before, during, and after exercise.

To assess dyspnea score ask the participant: “Using this scale from 0-10, where 0 is none at all and 10 is maximal, what number best describes your current shortness of breath?”

To assess the rate of perceived exertion (RPE) score ask the participant: “Using this scale from 0-10, where 0 is none at all and 10 is maximal, what number best describes your current level of fatigue?”