JOHNS HOPKINS
MEDICAL IMAGING

Cardiac CTA: Prep Recommendations

Thank you for your cooperation in ensuring patients achieve the <60 beats per minute optimal heart rate for the Cardiac CTA exam. This standard ensures patients receive high-quality imaging results necessary for diagnostic interpretation.

As part of this effort, we recommend the use of **metoprolol tartrate** for heart rate lowering in advance of the exam rather than **metoprolol succinate**, which is an extended-release medication and could contribute to long wait times after arrival before the scan can take place.

Premedication helps obtain high quality images and, on average, shortens patient wait times by 65 minutes. For patients with contraindications, irregular, or persistently elevated heart rates, the Cardiac CTA exam may be technically limited or not feasible.

Suggested regimens and relative contraindications by the Johns Hopkins Cardiac Imaging faculty:

Please supply patient with Rx and instructions to take two hours before their cardiac CT exam:

- Resting heart rate <60 bpm or patient already on beta blocker therapy: not indicated
- Resting heart rate 60-65 bpm: 25mg oral metoprolol tartrate, once
- Resting heart rate 66-70 bpm: 50mg oral metoprolol tartrate, once
- Resting heart rate >70 bpm: 75mg oral metoprolol tartrate, once

Relative contraindications include:

- Active airway disease (asthma or COPD)
- Decompensated heart failure
- Hypotension (systolic blood pressure <100 mmHg)
- Second or third degree AV block. Significant 1st degree AV block (PR>0.24 sec). 1st degree AV block combined with left or right bundle branch block
- Allergy

For patients with active airway disease (asthma or COPD), consider 15 mg oral ivabradine once, 2 hours prior to exam (ineffective in atrial fibrillation)

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