

**Outpatient Cardiac Rehabilitation Physician Referral/ Order Set**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

To qualify for insurance coverage diagnosis must be one of the following: CHF, STEMI or NSTEMI (within the last 12 months), CABG, stable angina, heart valve repair or replacement, PTCI or PTCA, heart or heart-lung transplant

**IF PATIENT IS A DIABETIC, CHECK THE APPROPRIATE BOX:**

Type I Diabetes     Type II Diabetes

**\*Please include in your notes any specific conditions or concerns for the rehab staff to be aware of.**

OUTPATIENT CARDIAC REHABILITATION PHYSICIAN'S ORDERS

As the referring physician, I will retain responsibility for my patient. I agree to the evaluation of this patient for admission to the BID-Plymouth Cardiac Rehabilitation Program. An individualized treatment plan will be completed and approved every 30 days by the medical director. If your patient exhibits an acute problem during, you will be contacted. If you cannot be reached, the medical director of the Cardiac Rehabilitation Department will be contacted.

**Orders for Cardiac Rehab are as follows:**

1. **A symptom limited ETT will be performed prior to enrollment;**  
 Results are included     Cannot complete, exercise HR parameters are: \_\_\_\_\_     ETT is to be ordered
2. A pre and post lipid panel; if patient is a diabetic, a HbA1c will be obtained
3. Pre and post rehab surveys to assess behavioral (PHQ-9), quality of life (QLI), and nutrition (RYP) outcomes.
4. Screen and refer patients for behavioral health consult with the behavioral health team in accordance to the Outpatient Cardiac & Pulmonary Rehabilitation Behavioral Health policy.
5. Screen and refer patients for nutritional consult with a registered dietician in accordance to Nutrition Services in Outpatient Cardiac & Pulmonary Rehabilitation policy.
6. If patient displays rhythm changes, a STAT EKG will be obtained and MD notified.
7. For patients with chronic stable angina:
  - a. **If angina is relieved with rest, the patient may resume exercise**
  - b. **Nitroglycerin 0.4mg sublingual may be administered prophylactically prior to exercise**
  - c. **If a patient is given Nitroglycerin 0.4mg due to the onset of angina while exercising, the patient may resume exercise once the angina subsides**
8. For unanticipated or unrelieved chest pain:
  - a. administer Nitroglycerin 0.4mg sublingual; may repeated every 5 minutes, up to three times while maintaining a systolic blood pressure >100 mmHg
  - b. activate a rapid response if symptoms persist
9. If patient exhibits signs and symptoms of physiological instability, a rapid response will be activated.
10. Obtain blood glucose pre and post exercise:
  - a. For Type 1 and Type 2 diabetics on hypoglycemic medications
  - b. For instances of symptomatic hypoglycemia as defined by departmental policy: Procedure and Policy for Collecting Blood Glucose Samples and Management of Hypo- and Hyperglycemia, refer to departmental Emergencies and Responses policy
11. If patient is hypoxic (spO2 < 94%) apply 2-4L supplemental O2 via nasal cannula
12. Patient will have the option to participate in Hybrid Cardiac Rehab Services if deemed appropriate by staff and medical director. If you do not want your patient to participate in a program that will occur mostly via audio visual supervision with some in person sessions then please check here:  **I do not want my patient to participate in the Hybrid Cardiac Rehab Program**

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

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