

Patient's Name: _____ Date of Birth: _____

Diagnosis: _____

Pulmonary Function Test Results (must show ONE of three qualifying results; **please check all that apply**):

NOTE: Long COVID patients DO NOT need Pulmonary Function Testing

- FEV1/FVC < 70% predicted
- FEV1 < 80% predicted
- DLCO Diffusion <65%

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 PULMONARY REHABILITATION PHYSICIAN'S ORDERS

As the referring physician, I will retain responsibility for my patient. An individualized treatment plan will be completed and approved every 30 days by the medical director. If your patient exhibits an acute problem during an education/exercise class, you will be contacted. If you cannot be reached, the medical director of the Pulmonary Rehabilitation Department will be contacted.

Orders for Pulmonary Rehab are as follows (please check all applicable boxes):

1. If PFT's or spirometry results are unavailable, a PFT is to be ordered
2. A pre and post rehab 6-minute walk test will be completed
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 exhibits signs and symptoms of physiological instability, a rapid response will be activated
7. **If supplemental oxygen needs are identified by the registered nurse, titrate oxygen by 1L/min every 5 minutes up to _____ L/min to maintain an SPO2 of \geq _____ %**
8. If patient exhibits signs and symptoms of physiological instability, a rapid response will be activated
9. 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
10. For severe dyspnea: administer 2 puffs of Albuterol MDI solution 90mcg x1
11. Patient will have the option to participate in Hybrid Pulmonary 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 Pulmonary Rehab Program**

I have examined the above application and prescribe Pulmonary Rehabilitation as part of the medical regimen.

Physician Signature: _____ Date: _____ Time: _____

Physician Printed Name: _____ Tel: _____ Fax: _____

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