



Nursing and Exercise Physiologist Guidelines for Cardiovascular Rehabilitation (CR) #1

Title: Admission, Orientation, and Discharge Process for the CR Program

Responsibility: Cardiovascular Rehabilitation Personnel

Purpose of Guidelines: To ensure proper processing for patients that are admitted into and discharged from the program, have proper documentation for patients that are admitted into and discharged from the program, and to provide patients with instructions for UTMC Cardiovascular Rehabilitation Program.

Procedure:

- I. Patients are admitted into the UTMC Cardiovascular Rehab program with an order from a physician responsible for their care. (Appendix A) Once a patient attends orientation they are scheduled for their first exercise session.
 - A. Upon admission the chart must have a signed physician order, signed consent forms and the most recent summary of care documenting their cardiac/PAD diagnosis.
 - B. They must have the initial history and physical form in the electronic medical record (EMR) completed prior to their first exercise session. Laboratory values and additional records can be added as needed.
 - C. The patient's demographic information and diagnosis is given to registration for precertification and/or authorization of medical benefits.
- II. Orientation takes place after an appropriate order for cardiac rehabilitation is received. During orientation, patients are given a description of the components and expectations of cardiovascular rehabilitation. They are given a description of the benefits of attending the program and the following information to review and/or sign/ fill out as appropriate:
 - A. Consent to undergo treatment in the outpatient cardiovascular rehabilitation program
 - B. Informed consent for research if applicable
 - C. DASS 21, PHQ-9, Columbia Suicide Severity Rating Scale
 - D. Dietary Food Screeners
 - E. Quality of Life Survey
 - F. Ambulatory fall prevention and education
 - G. Exercise guidelines
 - H. Education schedule

- I. Cardiopulmonary exercise test information sheet
 - J. Patient parking guide
- III. Accommodations for orientation will be made for patients with special scheduling needs.
- IV. Patients are discharged from the program after completing 36 therapy sessions, which would show compliance to the order from their physician. Patients may also be discharged from the program prior to this for other reasons including returning to work, medical complications, limited insurance coverage, personal preference, non-compliance with therapy, and/or other reasons.
- A. The staff will make an attempt to contact the patient after several missed/no-call/no-show appointments by phone. If the staff is unable to contact the patient, a letter of intent to discharge will be sent. If the patient does not respond in a timely fashion, they will be discharged from the program.
 - B. Once the patient is discharged, the referring physician will be notified, and a summary of their therapy will be sent.

Reviewed by: Angela Petree, B.S., ACSM-CEP
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The University of Toledo Medical Center Cardiovascular Rehabilitation Physician Order

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Cardiovascular Rehabilitation
Preventative Cardiology
Medical Nutrition Therapy
Cardiopulmonary Exercise Testing
Supervised Exercise Therapy for PAD

Phone
(419) 383-5378
Fax
(419) 383-2966

Last First D.O.B.: NA MR #:

Patient Phone: NA

- Phase II Cardiac Rehab Cardiopulmonary Exercise Testing Medical Nutrition Therapy
 Phase III Cardiac Rehab Supervised Exercise Therapy for PAD

Cardiovascular Diagnosis: ICD-10 Code: _____

- Stable Angina s/p CABG s/p Valve Surgery CHF Other _____
 s/p PTCA/Stent s/p MI/NSTEMI s/p OHT PAD

Cardiac Risk Factors:

- Family Hx Hypertension Post-menopause Stress Smoking
 Dyslipidemia Sedentary Lifestyle Obesity Diabetes

Exercise Prescription should include the use of the treadmill, elliptical, cycle ergometer, rower, track, Sci-Fit, Nu-Step, weights, and UBE. Time and workload on any modality should be increased by the cardiac rehab staff, according to the patient's tolerance. The patient will begin at an intensity of resting HR +20-40 beats per minute and will be adjusted as needed by the Exercise Physiologist. Exercise should take place up to the 3 days per week for approximately 75 minutes each session. The patient will perform a 6 minute walk test and a cardiopulmonary exercise test during their stay in the program in order to provide an accurate exercise prescription. Please have the patient receive necessary nutrition counseling, diabetic treatment/counseling and risk factor modification, including education, counseling, and behavioral intervention tailored to the patient's individual needs/IITP. I have examined the above-listed patient and have determined that their admission in to UTMC Cardiac Rehab Phase II/III, Cardiopulmonary Exercise Testing, and/or Supervised Exercise Therapy for PAD is medically necessary.

Patient may use SL NTG 0.4 mg as prophylaxis for chest pain prior to exercise or per standing protocol for chest pain during exercise.

Patients with diabetes who are taking an oral hypoglycemic agent or are on insulin for control of their diabetes will have finger stick blood sugars (FSBS) assessed pre- and post- exercise per cardiac rehab guidelines.

Please send this form
to the above address

Physician Name (printed): _____

Physician Signature: _____

Date: _____