

Fairview Rehabilitation Services
Outpatient Cardiac Rehabilitation
Physician Orders



PATIENT NAME: _____ DOB: _____

OUTPATIENT CARDIAC REHABILITATION FOR MEDICALLY STABLE PATIENTS TO INCLUDE:

1. **Risk Stratification**
2. **Telemetry monitored six-minute walk test pre and post cardiac rehabilitation.**
3. **Exercise:**
 - Supervised Warm-up, Aerobic Conditioning, Cool Down
 - Stretching/Flexibility training
 - Light Strength Training, if appropriate
 - Monitored Blood Pressure, Heart Rate, EKG, Perceived Exertion, Blood Glucose, and Oxygen Saturation as appropriate
 - Exercise Intensity per six minute walk results, HR, BP and RPE or per physician recommendation:
4. **Patient Education:**
 - Exercise Principles
 - Signs and Symptoms of Exercise intolerance and CAD
 - Hypertension
 - Smoking Cessation
 - Diabetes and Exercise
 - Nutrition
 - Medications
 - Stress Management / Support for Lifestyle Changes
5. **Behavior Change:**
 - Outcome Measures
 - Nutritional Assessment
 - Psychosocial Assessment
6. **Depression Screening:**
 - Referrals made to Social Services, Chaplaincy or Physician, as clinically indicated.

IF DIAGNOSIS IS HEART FAILURE ANSWER ALL QUESTIONS BELOW

1. **EF:** _____
2. Does patient have NYSA class II-IV symptoms despite being on optimal heart failure (HF) therapy for at least six weeks
Yes or **No** if No, when did HF therapy start _____
3. Has the patient had an unplanned hospitalization related to a major cardiovascular event within the past six weeks (excludes: PCI, ICD or pacemaker)
Yes or **No** If Yes, when was date of hospitalization _____ what was procedure _____
4. Does patient have a scheduled cardiovascular procedure in the next six months:
Yes or **No** if Yes, what is the scheduled date _____

Special Instructions: _____

PATIENT DIAGNOSIS: _____

MD/PA/NP NAME (printed): _____ **DATE:** ____ / ____ / ____ **TIME:** _____

MD/PA/NP SIGNATURE: _____ **PAGER #:** _____