

M Health Fairview



PULMONARY REHABILITATION ORDER

University of Minnesota

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Fairview Southdale
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Fairview Northland
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Princeton, MN 55371
Phone: (763) 389-6426
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Fairview Lakes

5200 Fairview Blvd
Wyoming, MN 55092
Phone: (651) 982-7843
Fax: (651) 982-7844

Fairview Ridges
14101 Fairview Dr. Ste. 240
Burnsville, MN 55337
Phone: (952) 892-2147
Fax: (612) 273-7360

Fairview Range
750 East 34th Street
Hibbing, MN 55746
Phone: (218)362-6666 or (218)362-6607
Fax: (218) 362-6723

Patient

Name: _____ Date of Birth: ____/____/____ Patient's Ph #: () _____

OUTPATIENT PULMONARY REHABILITATION INCLUDES:

1. Monitored six minute walk test pre and post rehabilitation
2. Exercise:
 - Supervised Warm-up, Aerobic Conditioning, Cool Down
 - Stretching/flexibility training
 - Strength training upper and lower extremity
 - Monitored oxygen saturation response to exercise with titration as appropriate
 - Monitored blood pressure, heart rate and blood glucose
 - Exercise duration and intensity per six minute walk results, SpO2, HR, BP, RPE, and dyspnea or per physician recommendation
3. Education:
 - Breathing retraining
 - Anatomy and Disease Process
 - Air quality/Infection Control
 - Exercise Principles
 - Activities of Daily Living
 - Managing stress, panic and anxiety
 - Medication education including use of inhalers
 - Nutrition
 - Community Resources/When to call the doctor
 - Home Oxygen Equipment/Travel
 - Psychosocial Aspects of lung disease
4. Behavior Change:
 - Stage matched intervention/counseling for lifestyle change
 - Depression screening
 - Referrals made to Social Services, Chaplaincy, Fairview counseling as clinically indicated
 - Smoking Cessation
5. Outcome Measurements:
 - Functional Capacity, Dyspnea and Quality of Life Assessments

Patient Diagnosis (Gold Classifications): Moderate Stage II COPD Severe Stage III COPD
 Very Severe Stage IV COPD Other: _____

Pre-existing conditions: _____

Special Instructions/Restrictions: _____

MD/PA/NP Name (printed): _____

MD/PA/NP Signature: _____ **Date:** _____ **Time:** _____