



## Referral for cardiac rehabilitation

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_

Please **CIRCLE** the appropriate ICD-10 diagnosis:

Admit to monitored outpatient Phase II cardiac rehab due to:

I21 / I22	Acute MI	I125	Old MI
Z98.89	PTCA and/or Stent	I25.1	CAD
I20	Stable Angina	I50.22	CHF
Z95	MVR/AV repair/replacement	I42.9	Cardiomyopathy
I125	CABG	_____	_____
Z94.1	Heart/Lung Transplant	_____	_____

Date of event: \_\_\_\_\_

- 6 minute walk test at initiation, discharge and PRN to adjust exercise prescription
- Initiate ACLS protocols in the event of patient code/collapse
- Administer sl NTG 0.4mg PRN for chest pain/ACLS protocol
- Initiate approved emergency protocol as needed
- Cardiac monitoring during sessions
- Administer oxygen PRN for SpO2 < 90%
- Order lipid profile, if no results on file
- Order resting 12-lead ECG if no results on file post event
- Order HgbA1C for history of diabetes and no results on file in last 6 months
- Record and document resting and peak exercise cardiac rhythm strips, heart rate, blood pressures and SpO2 PRN during each session
- Record and document dysrhythmias
- Do not exercise if resting BP>200mm Hg systolic or 100mm Hg diastolic
- Discontinue exercise if Systolic BP>220mmHg or Diastolic BP>110mmHg
- Discontinue exercise for decrease of BP>20mmHg not related to medication
- Discontinue exercise for Symptomatic PVCs>10/min or Symptomatic Ventricular Tachycardia, Supraventricular Tachycardia, Atrial Fibrillation/flutter with RVR
- Perform respiratory muscle training PRN

Establish exercise prescription based on:

- 6 minute walk/clinic exercise tolerance

\_\_\_\_\_  
Referring provider signature

\_\_\_\_\_  
Date