



Referral for pulmonary rehabilitation

Patient name: _____

DOB: _____

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

Admit to monitored outpatient Phase II pulmonary rehab due to:

J44.1	COPD***	E84	Cystic Fibrosis
J43.8	Emphysema	J84.112	Interstitial Fibrosis
J41	Chronic Bronchitis	G47.33	Sleep Apnea
J45.909	Asthma	Z98	Lung Reduction/Resection
Z94.2	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% or patients protocol
- Order lipid profile PRN, if no results on file
- Order resting 12-lead ECG if no results on file post event
- Order PFT and chest X-ray PRN if no results on file
- 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 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, 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