

SUBJECT: TREATMENT PLAN	REFERENCE #2010
DEPARTMENT: CARDIAC REHAB	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE:
	REVISED:

**POLICY:**

- Based on the initial assessment and evaluation of the patient's physical, cognitive, emotion and social status, a Cardiac Rehab Treatment Plan will be developed and documented in the patient's medical record.
- The Cardiac Rehab Treatment Plan includes the following components:
  - Current clinical condition of the patient, include current diagnosis
  - Patients' personal cardiac rehab goals and expectations
  - Cardiac Rehab goals and objectives in relationship to activities of daily living, learning and working
  - Realistic, attainable time frames and measurements for goal/objectives accomplishment
- Development of Short-Term Objectives:
  - Defined as achievable within days or weeks, dependent upon patient condition
  - Functionally related
  - Developed with participation from patient and family
  - Developed with participation from other members of the Cardiac Rehab Team, as appropriate
- Development of Long-Term Goals:
  - Defined as achievable in terms of final functional outcomes
  - Functionally related
  - Developed with participation from patient/family
  - Developed with participation from other members of the Cardiac Rehab Team, as appropriate
  - Patient support requirements for functioning with optional independence and choice.

# PATIENT PROGRESS REPORT FORM CARDIAC REHABILITATION SERVICES

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Week # \_\_\_\_\_  
(of Cardiac Rehab Program)

Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Exercise:</b>			
<b>Prescription:</b>			
<b>Frequency:</b>			
<b>Mode</b>	<b>Duration</b>	<b>Mode</b>	<b>Duration</b>
Cycle Ergometer	_____ minutes	Cardiac Exercises	_____ minutes
Walking	_____ minutes	Stairs	_____ minutes
Arm Ergometer	_____ minutes	Other: _____	_____ minutes
Rowing	_____ minutes		

Resting HR: _____	BP Response to Exercise:
Resting BP: _____	<input type="checkbox"/> Adaptive
Target HR: _____	<input type="checkbox"/> Hypertensive
Average Exercise HR: _____	<input type="checkbox"/> Hypotensive

**Weight Management:**      Weight: \_\_\_\_\_ Gained: \_\_\_\_\_ Lost: \_\_\_\_\_ Goal: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Education/Counseling:</b>	<b>Classes Attended:</b>
	1.
	2.
	3.
	4.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any comments, please call the Cardiac Rehabilitation Department at \_\_\_\_\_.

# PATIENT EDUCATION PLAN CARDIAC REHAB

Medical Diagnosis: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

**Assessment of Existing Knowledge/Skill Level:** (Past knowledge of condition, readiness and ability to learn, sensory or other limitations to learning).

Is Patient Motivated/Desires to Learn?  Yes  No

Education Level/Literacy: \_\_\_\_\_

Can Patient read?  Yes  No

Primary Language: \_\_\_\_\_

Translator Necessary?  Yes  No

Physical/Cognitive Limitations?  Yes  No

Religious Considerations?  Yes  No

Belief/Value System Considerations?  Yes  No

Knows Treatment Options?  Yes  No

Financial Implications?  Yes  No

Other Limitations?  Yes  No

Goals of Teaching: \_\_\_\_\_

Method of Teaching:  Information  Discussion  Demonstration

Learning Aids Used:  Literature  Audio-Visuals  Models  Supplies

Contents Taught: (Information, Procedure)

## Evaluation: Patient/Family Member:

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Able to     | <input type="checkbox"/> Comprehend Information | <input type="checkbox"/> Achieved Partial Understanding |
| <input type="checkbox"/> Not Able to | <input type="checkbox"/> Demonstrate the Skill  | <input type="checkbox"/> Need to Complete Reinforcement |
| <input type="checkbox"/> Skill Only  | <input type="checkbox"/> Need for Follow-up     | <input type="checkbox"/> Referred to: _____             |

**Follow-up/Re-evaluation:** Date: \_\_\_\_\_

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Able to     | <input type="checkbox"/> Comprehend Information | <input type="checkbox"/> Achieved Partial Understanding |
| <input type="checkbox"/> Not Able to | <input type="checkbox"/> Demonstrate the Skill  | <input type="checkbox"/> Need to Complete Reinforcement |
| <input type="checkbox"/> Skill Only  | <input type="checkbox"/> Need for Follow-up     |   |

## Patient/Family/Significant Other:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Cardiac Rehab Specialist(s):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBJECT: SMOKING CESSATION	REFERENCE #4018
DEPARTMENT: CARDIAC REHAB	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

**POLICY:**

All patients in the Cardiac Rehab Program will be screened at the time of admission for smoking or previous smoking history.

**PROCEDURE:**

- The Cardiac Rehab RN or exercise physiologist shall screen the patient for a smoking history, to include the following:
  - Is the patient currently smoking
  - If the patient quit smoking, when?
  - Has the patient attempted to stop smoking in the past
  - Length of cessation
  - Previous use of pharmacologist therapies used in the past, i.e., nicotine patch, nicotine gum
  - Do family members smoke?
  - Does patient have history of alcohol abuse?
  - Does the patient want to stop smoking?
  - Ask patients what are the negative outcomes of smoking
- Education/counseling and reinforcement for quitting smoking will be provided by the Cardiac Rehab Team.
- Those patients who do not choose to quit smoking presently shall continue to receive educational information on ways to quit smoking to encourage them to reconsider.
- The Cardiac Rehab Team will review the negative outcomes of smoking, i.e., acute and long term health consequences, with the patient.

SUBJECT: SCOPE OF SERVICES	REFERENCE #7006
DEPARTMENT: CARDIAC REHAB	PAGE: 1 OF: 3
APPROVED BY:	EFFECTIVE:
	REVISED:

**SCOPE OF SERVICES:**

- The Cardiac Rehab Department of \_\_\_\_\_ Hospital provides exercise programs and educational and lifestyle modification programs to inpatients and outpatients, who have cardiovascular disease, in order to optimize patient outcomes. Education/Counseling sessions include patient families when appropriate.
- The department is staffed to supervise \_\_\_\_\_ outpatients at one time Monday through Friday \_\_\_\_\_ AM to \_\_\_\_\_ PM.
- The department is also staffed to provide inpatient cardiac rehabilitation on a one-to-one basis as appropriate.

**PATIENT POPULATION:**

The patient population served by the Cardiac Rehab Department consists of the pediatric, adolescent, adult and geriatric population who has cardiopulmonary disease.

**COMPLEXITY OF CARE:**

- The Cardiac Rehab Department provides a safe and comfortable environment for patients with cardiovascular disease requiring interventions to prevent complications and to provide restorative health needs to restore an optimum level of wellness for the patient.
- The patient’s physical, psychological and social needs are assessed prior to beginning the Cardiac Rehab Program. Reassessments are performed throughout the patient’s Cardiac Rehab Program. An individualized plan of care is developed and revised as necessary. Modifications of the plan of care are based on the reassessment of the patient. The scope of services includes exercise prescriptions with cardiac monitoring via telemetry, education/counseling for cardiac risk factors, lifestyle modifications to include smoking cessation, weight management, lipid management, control of blood pressure, stress management and others.
- The Cardiac Rehab Program follows the continuum from inpatient to early outpatient cardiac rehab to extended outpatient cardiac rehab and/or maintenance. The patient’s risk stratification determines where he/she is in the program.