Outpatient Cardiac Rehabilitation
Physician Order Form
Medical Center of Lewisville

500 W. Main Street Lewisville, TX 75057 Phone: 972-420-1526 Fax: 972-219-7506

Patient Name: _____ DOB: _____

Phone Home: _____ Cell: _____

Patient Diagnosis / Procedure:

	Dates:		Dates:
_____ MI	_____	_____ PCI (PTCA / Stent)	_____
_____ CABG	_____	_____ Valve Surgery (AVR /MVR)	_____
_____ Stable Angina	_____	_____ Heart Transplant	_____
_____ Pacemaker	_____	_____ ICD	_____
_____ Other _____		_____ CAD	_____

Program Options / Treatment Plan:

_____ Phase II Continuous Telemetry Monitored Cardiac Rehab, duration based on patient progress to a maximum of 36 sessions in 12-18 weeks

- **Initial Evaluation Nursing Assessment**
- **Progressive exercise training 3 times per week, 30-60 minutes per session, utilizing treadmill, stationary bike, Air Dyne, arm ergometer, hand weights, steps/recumbent stepper, elliptical and other conditioning activities**
- **Education to promote an active healthy lifestyle and reduction of personal health risk factors**
- **Cholesterol testing as appropriate for education**

Intensity:

- **Patient will be exercised to tolerance with the following restrictions:**
  ___ None **___ Heart Rate Range _____ - _____**
  ___ Based on Stress Test Completed on _____ **___ Maximum Heart Rate: _____**

Restrictions: _____

_____ Phase III Cardiac Rehab

- **Initial Evaluation Nursing Assessment**
- **Supervised Exercise Without Telemetry Monitoring**

_____ Phase IV Cardiac Rehab Maintenance Program

- **Supervised Exercise Without Telemetry Monitoring**

Use Standard Orders for:

1. **Nitroglycerin 0.4 mg SL q 5 min X 3 if angina pain persists: Physician to be notified.**
2. **ACLS protocols for emergencies.**
3. **Oxygen 2-3 L/min continuous until angina pain resolved or new orders from physician.**

I certify that Cardiac Rehabilitation is medically necessary for this patient and in accordance with the established treatment plan I approve its implementation.

Physician's Signature _____ Date: _____