

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**ADMIT TO OUTPATIENT CARDIAC REHABILITATION PROGRAM DUE TO:**

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

1. **Do routine admission workup including:** cardiovascular, history and exam, risk factor profile, body mass index, fall/safety assessment, other: \_\_\_\_\_

We recommend a repeat lipid panel at the end of cardiac rehabilitation.

2. **Begin aerobic exercise training** and progress per risk-adjusted protocol over the weeks of rehab within the following parameters.

**INTENSITY**

**From recent stress test, 50-80% Max Heart Rate and/or Karvonen's Formula:**

- $THR = (HR_{max} - HR_{rest}) (50-80\%) + HR_{rest} = \text{Target Heart Rate}$
- Rate range of: \_\_\_\_\_

**No recent stress test, 20-40 beats above average Resting Heart Rate ( $R_{hr}$ ) =**

**Target heart range of:** \_\_\_\_\_

**Patient's rate of perceived exertion = 12-15 Borg Scale**

**Other:** \_\_\_\_\_

**Duration:** progress exercise 10-40 minutes per protocol

**Frequency:** schedule exercise sessions 3 times per week (M-W-F)

**Type:** use interval training with a full circuit of arm and leg devices

3. **Extent of Surveillance:** Use continuous telemetry monitoring of EKG during exercise; immediately report any abnormal EKG observations to physician.

4. **Implement the following emergency orders as indicated:**

- Initiate Advanced Cardiac Life Support protocols in the event of patient code
- Administer sl NTG 1/200 mg (or patient's usual dose) every 5 minutes x 3 for chest pain.
- Apply oxygen
- Notify Dr. \_\_\_\_\_ immediately for any change in the patient's clinical status

5. **Other orders:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician name: \_\_\_\_\_

Physician signature: \_\_\_\_\_