

Patient Label

**REFERRAL FORM: CARDIAC Rehabilitation Program**

Date of referral: \_\_\_\_\_

<b>Patient Name:</b>	<b>Date of Birth:</b> (d/m/y)
<b>Address:</b>	<b>PHN:</b>
<b>Referral Diagnosis:</b> *** See Inclusion and Exclusion Criteria on back of page	<b>Interventions:</b> *** A post intervention EST is required for participation in Cardiac Rehab. Waivers accepted from internal medicine only. Please attach copy of EST or EST plan. <b>If there is no EST or waiver by program start, the exercise px will default to a low intensity exercise plan until a waiver or EST is obtained. Please note any exercise restrictions below.</b>
<input type="checkbox"/> NSTEMI <input type="checkbox"/> STEMI <input type="checkbox"/> CHF <input type="checkbox"/> Stable Angina <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Valve Disease <input type="checkbox"/> Aneurysm <input type="checkbox"/> Other _____  	<input type="checkbox"/> EST <input type="checkbox"/> Angiogram <input type="checkbox"/> PCI <input type="checkbox"/> CABG <input type="checkbox"/> ECHO EF _____ % <input type="checkbox"/> MIBI <input type="checkbox"/> ICD <input type="checkbox"/> Pacemaker <input type="checkbox"/> Fibrinolytic Therapy <input type="checkbox"/> Other _____ 
<b>Risk Factors:</b>	
<input type="checkbox"/> Diabetes <input type="checkbox"/> Smoking <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Family history of heart disease	<input type="checkbox"/> Obesity <input type="checkbox"/> Previous ACS <input type="checkbox"/> HTN <input type="checkbox"/> Other _____
<b>Code Status/Advanced care planning:</b>	
<input type="checkbox"/> Full Code <input type="checkbox"/> DNR <input type="checkbox"/> Other	
<b>Any exercise restrictions?</b>	
<b>Current Medications</b>	
Have you discussed cardiac rehabilitation with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No By completing this referral I agree to be the ordering physician for the following blood work to be drawn pre and/or post Cardiac Rehab: CBC, HgA1c, and non-fasting lipid profile. <b>Bloodwork will be drawn by the cardiac rehab nurse during the patient's initial assessment and/or post-program completion. No need to arrange for this.</b>	

**Physician/NP Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

Send referrals to: **Tanya Matthews: Cardiac and Pulmonary Rehab Program Lead**

16 Garfield Street, Charlottetown, PE, C1A 6A5

Fax: 902-569-0579; Phone: 902-569-7566 Email: tamatthews@gov.pe.ca

## What is Cardiac Rehab?

Cardiac rehabilitation is a professionally supervised program to help people recover from heart attacks, heart surgery and percutaneous coronary intervention procedures such as stenting and angioplasty.

## Cardiac Rehab Program: Inclusion Criteria

- **Must have a post-intervention Exercise Stress Test completed within the past 6 months. This can be waived by an internal medicine physician.**
- Must have the following blood work completed within the past 6 months for admittance to the Cardiac Rehab Program: **electrolytes, creatinine, magnesium, calcium, TSH, and fasting blood sugar**
- 18 years of age or older\*
- Must be medically stable.
- **PLEASE NOTE: Telemetry monitoring will not be available**
- Patient willing to participate
- Able to arrange own transportation
- Able to perform own ADL's (e.g. toileting) or bring caregiver to assist

\* Exceptions may be considered on a case by case assessment

## Exclusion Criteria\*\*

- Prior cardiac arrest (without revascularization)
- Poorly controlled angina on minimal exertion
- Resting Systolic Blood pressure > 180mm Hg or resting Diastolic Blood Pressure > 100 mm Hg
- Significant drop ( $\geq 20$  mm Hg) in resting Systolic Blood Pressure from the patient's average level that cannot be explained by medications.
- Severe or symptomatic Aortic Stenosis (valve area  $< 1\text{cm}^2$  or gradient  $> 60$ )
- Uncontrolled Atrial Dysrhythmia
- Uncontrolled Ventricular Dysrhythmia/ Prior history VT/VF
- Uncontrolled resting tachycardia ( $> 100$  bpm)
- Symptomatic congestive heart failure New York heart classification 3-4
- Third degree heart block without a pacemaker
- Active pericarditis or myocarditis
- Recent Embolism/Thrombophlebitis (within last 3 months)
- Resting ST segment displacement ( $> 3\text{mm}$ )
- Labile Blood Sugars
- Any medical problem that severely restricts exercise or compliance with the program e.g. severe arthritis or dementia
- Resides in a long term care facility

\*\* Exceptions may be considered on a case by case basis with the Medical Director

## Where will the Cardiac Rehab Program be located?

The Cardiac Rehab program will be offered in Charlottetown (UPEI) and Summerside (Credit Union Place). Free parking will be available for patients participating in the program.

## When will the Cardiac Rehab Program be offered?

The Cardiac Rehab program will be offered 2 days per week for 12 weeks. Participants can expect to be in the clinic 2 to 2 1/2 hours for each session (4 to 5 hours per week). The sessions consist of exercise, group education, and individual counselling where appropriate. For further details, please contact the Program Lead.