

**REFERRAL FORM: Pulmonary Rehabilitation Program**

\* Please see inclusion/ exclusion criteria on reverse to ensure referral is appropriate

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

<b>Advance Care Planning:</b> <input type="checkbox"/> Comfort care only <input type="checkbox"/> Medical care <input type="checkbox"/> Full Resus	
Patient Name:	Date of Birth: (d/m/y)
	PHN:
Address:	Phone: Home: Work: Mobile:
Respiratory Diagnosis:	
Number of exacerbations in the past year: _____	
Number of hospitalizations due to exacerbations in past year: _____	
mMRC: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Other Relevant History or Information:	
Does the patient currently use home oxygen? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If Yes: _____ lpm at rest _____ lpm activity/exercise _____ lpm during sleep	

Have you discussed pulmonary rehabilitation with patient?  Yes  No

Please attach last spirometry report. Spirometry attached  Yes  No

CBC, HgA1c and Non-Fasting Lipids will be done pre and post program (**Bloodwork will be drawn by the pulmonary rehab nurse during the initial assessment and post-program completion. No need to arrange for this**).

**Referring Physician/ Nurse Practitioner**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Send referrals to: **Lindsay Hansen: Cardiac and Pulmonary Rehab Program Lead**  
199 Grafton Street, Suite 208 Polyclinic, Charlottetown, PE. C1A 1L2  
Fax: 902-569-0579 Phone: 902-569-7566 Email: cardiacpulmonaryrehab@ihis.org

### **What is Pulmonary Rehab?**

Pulmonary rehab is an outpatient program which aims to improve the function of people with chronic lung disease, particularly Chronic Obstructive Pulmonary Disease (COPD). The program will be provided by an interdisciplinary team consisting of a core team (physiotherapist, Nurse COPD Educator, Respiratory Therapist) as well as linkages to other health care providers (community dietitian, guest speakers such as pharmacist and occupational therapist)

Pulmonary rehab is an important component of evidence based care aimed at improving quality of life and decreasing mortality and morbidity. Program elements include: reducing modifiable risk factors, using behaviour modification strategies to sustain healthy lifestyles, promoting pharmacological adherence and providing supervised therapeutic exercise training.

All pulmonary patients can benefit from pulmonary rehab. **The pulmonary rehab program selects for high risk patients; including those with an mMRC  $\geq 2$ , recent or frequent exacerbations, ER visits, or hospitalizations.**

#### **\*Inclusion Criteria**

- A diagnosis of COPD or other chronic lung disease (e.g. pulmonary fibrosis, adult asthma, lung cancer) who are functionally disabled by their symptoms
- 18 years of age or older\*
- Must be medically stable (e.g. no acute cardiac disease)
- 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**

- Poorly controlled angina on minimal exertion
- 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

### **Where will the Pulmonary Rehab Program be located?**

The pulmonary rehab program will be offered in Charlottetown, Summerside and Montague. Free parking will be available for patients participating in the program.

### **When will the Pulmonary Rehab Program be offered?**

The pulmonary 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 more information contact the Program Lead.