

**BARTLETT REGIONAL HOSPITAL  
OUTPATIENT PULMONARY REHABILITATION  
REFERRAL ORDERS**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

1. Please enroll in Pulmonary Rehabilitation
  2. Recent history and physical:  Enclosed  Ordered
  3. Tests required by rehab enclosed or ordered:
    - a) Arterial blood gases (within the last 3months)  Enclosed  Ordered
    - b) Complete PFT (within the last 3months)  Enclosed  Ordered

**[COPD patients must meet GOLD Classification II and III (FEV1/FVC<70%)]**

  - c) Exercise test with oximetry if patient has cardiac history.  
If not – 6 minute walk test with oximetry.  Enclosed  Ordered
  - d) Electrocardiogram (within the last 6 months)  Enclosed  Ordered
- 4) ECG monitoring PRN.
  - 5) Individual exercise prescription designed by pulmonary rehabilitation staff.
  - 6) Albuterol UD 2.5mg/3cc aerosol PRN wheezing and/or dyspnea.
  - 7) For patients on oxygen,  
Resting flow rate \_\_\_\_\_ per nasal cannula continuous  
With exercise, may increase to \_\_\_\_\_ per nasal cannula to keep SpO<sub>2</sub> above 90%.
  - 8) Emergency and dysrhythmia treatment – O<sub>2</sub> per nasal cannula to keep oxygen saturation 90% or greater.

9) Code Status:

- NO CODE** - attach completed copy of CBJ Code Status Order Sheet  
 **FULL CODE**

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

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

Please return to: Bartlett Regional Hospital  
Cardiopulmonary Rehabilitation Dept  
3260 Hospital Drive  
Juneau, Ak 99801  
  
Phone: (907)796-8622  
FAX: (907)796-8624