<b>Outpatient Phase II Cardiac Rehabilitation</b>
Bartlett Regional Hospital
<b>Referral Order Form</b>

	3260 Hospital Drive	Juneau, Alaska Ph	one: 907-796-8622	E Fax: 907-796-8486	
Patient	Name:	DOB:	Patient	Phone Number:	
	es:				
Patient Diagnosis/Procedure: Dates:   □ MI (within 1 year of infarction) □ PO				Dates: Stent)	
	Stable Angina				
	Other:				
	CHF*	Ejection Fraction	on:%		
			or less AND the pat	ient must have had "optimal HF	
	" for at least 6 weeks before s	-	-? for at locat (	alaa	
	confirm that the patient has h	ad optimal HF therap	y for at least 6 we	eks.	
History					
	Arrhythmia Type:				
				pheral Artery Disease  Seizures	
	Other:				
Treatme	ent Plans: Phase II Cardiac Rehab trea submitted to MD for review		ned by Cardiac Reh	ab team (Treatment plan will be	
	Phase II Cardiac Rehab: 1 h	our of cardiac monitor	ed exercise, 3 times	s/week for# of visits	
Intensity Patient	will be exercised to tolerance	e	Max heart rate	20-30 beats above resting	
Treatme	ent Goals (all boxes are recomm	nended)			
	Facilitate recovery, return to	maximal physical wo	rk capacity.	Please attach the following forms:	
	Monitor for abnormal cardio	-	□ Summary sheet of most recent ET		
	Identify and assist to modify		ctors.	Current medications list	
	Prevent or limit progression	_		Copy of Coronary Risk Profile	
	Referral for Medical Nutriti			Any other reports/findings which	
	Referral for Tobacco Cessat	ion counseling as need	ed.	may be of assistance	
In case of	of exercise induced angina:				
	Nitroglycerin 0.4 mg SL tab	let Q5 min X3 doses a	s needed if angina j	pain persists.	
OR	Check with referring MD before initiating Nitroglycerin.				
AND	check with ferening will be	fore initiating reliefly	com.		
	12 Lead EKG as needed				
•	Qualified staff will use standing orders for ACLS protocols in case of emergencies				
MD Agr	reement (all boxes are required I agree to have my patient in I have no reason to believe a I agree to have my patient c I agree to continue the regul I agree to review & sign pat	n the BRH Cardiac Reh an individually prescrib ounseled in measures of ar care of my patient th	ab Phase II Program bed exercise program lesigned to lower hi moughout his/her p	m. m will be harmful to my patient. s/her coronary risk factors. articipation.	
Code St	atus				
	Full Code				
	No Code/DNR (attach comp	bleted no code status d	ocumentation)		
Physicia	an Signature:	Physician Na	ame Printed:	Date:	

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