

**BARTLETT REGIONAL HOSPITAL OUTPATIENT
PULMONARY REHABILITATION
REFERRAL ORDERS (POST COVID)**

Patient Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Suspected or Confirmed date of COVID-19 symptom onset (minimum of 4 weeks): _____

- Post Covid-19 condition (U.09.9) and
 - Chronic respiratory failure (J96.1)
 - Pneumonia due to coronavirus disease (J12.82)
 - Multisystem inflammatory syndrome (M35.81)
 - Acute respiratory distress syndrome (J80)
 - Viral cardiomyopathy (B33.24)
 - Shortness of breath (R06.02)
 - COVID-19 Long Hauler – Dyspnea (R06.09)
 - COVID-19 Long Hauler – Chronic Cough (R05.3)

1. Please enroll in Pulmonary Rehabilitation
2. Recent history and physical: Enclosed
3. Tests required by rehab enclosed or ordered:
 - a) Exercise test with oximetry (if cardiac history) Enclosed Ordered
 - b) Electrocardiogram Enclosed Ordered
- 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 SpO₂ above 90%.
- 8) Emergency and dysrhythmia treatment – O₂ per nasal cannula to keep oxygen saturation 90% or greater.
- 9) Sessions may be conducted at BRH, using Telehealth technology in the patient's home (state of Alaska only), or both.
- 10) ECG monitoring PRN

9) Code Status: <input type="checkbox"/> NO CODE - attach completed copy of CBJ Code Status Order Sheet <input type="checkbox"/> FULL CODE
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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