

Phase II Cardiac Rehabilitation Referral/Order Form

Patient Name:	DOB:	DATE:	TIME:
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1. The above named patient may participate in Outpatient Phase II Cardiac Rehabilitation Services two times per week.

2. Diagnosis: _____ **Date of Event:** _____

Acute STEMI, Unspecified I21.3	Acute NSTEMI, Unspecified I21.4
Old Myocardial Infarction(>wks prior to rehab services and <52 wks from date of infarction) I25.2	Stable Angina Pectoris(*Documented symptoms and/or medical correlation must be present) I20.8, I20.9
Chronic Congestive Heart Failure I50.22, I50.32, I50.42	Heart Valve Replacement(Prosthetic, Xenogenic, or Other) Z95.2, Z95.3, Z95.4
Coronary Artery Bypass Surgery Z95.1	PTCA or Coronary Artery Stenting Z95.5, Z98.61
Heart or Lung Transplant, Status Z94.1, Z94.3	Heart or Lung Transplant, Aftercare Z48.21, Z48.280
Other Specified Post-Procedural States Z98.89	Chronic Ischemic Heart Disease, Unspecified I25.9
Other Specified Qualifying Diagnosis: ICD-10:	

*In order to use Stable Angina as a diagnosis, you must select Class II or III on the Canadian Cardiovascular Society Functional Classification.

_____ **Class I** Ordinary physical activity, such as walking and climbing stairs does not cause angina. Angina occurs with strenuous, rapid, or prolonged exertion at work or recreation.

_____ **Class II** Slight limitation of activities of daily living. Angina occurs when walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, in the cold, in the wind, or when under emotional stress, or only during the few hours after awakening.

_____ **Class III** Marked limitation of activities of daily living. Angina occurs when walking one to two blocks on level ground and climbing more than one flight of stairs in normal conditions.

_____ **Class IV** Inability to carry on any physical activity without discomfort. Angina may be present at rest.

3. Please use a target heart rate of _____ bpm. (30 + Resting Heart Rate if on Beta Blocker)

4. As indicated, implement the following:

- Initiate ACLS protocol.
- Administer Nitroglycerin SL every 5 minutes x3 PRN for chest pain not relieved by rest.
- Oxygen per nasal cannula at 2-4 L/min for chest pain not relieved by rest or Nitroglycerin.
- If new onset of angina or if pain persists, notify physician for further orders.
- If condition warrants, transport patient to Emergency Room.

Comments: _____

Physician Signature: _____

Printed Physician Name: _____