



FOR NON-PARTNERS PHYSICIANS

When referring a patient to the BWH Pulmonary Rehab program, please use the following checklist to ensure that all the necessary materials have been sent to us. Thank you!

Referral Checklist

- Fully completed and signed Referral Form
*** Form must be signed by a Physician
- Pulmonary Function Tests **within 1 year of referral**
- Stress Test results (**Not Required for the program**) If there is an indication that one is needed this should be arranged by the referring physician prior to the start of the program
- Most recent office note
- Complete and up to date list of the patient's medications

BRIGHAM AND WOMEN'S HOSPITAL OUTPATIENT PULMONARY REHABILITATION**Physician Referral/Standing Orders**

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Patient's Name: _____ BWH #: _____

Patient Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Date of Birth: _____

Diagnosis: _____ ICD-10 Code(s): _____

Pulmonary Function Test Results within one year of referral

Date: ____/____/____ FVC / % Pred. ____/____% FEV1 / % Pred. ____/____ FEV1/FVC Ratio ____%

OUTPATIENT PULMONARY REHABILITATION PHYSICIAN'S ORDERS

DOCTOR: As the referring physician, you will retain responsibility for your patient. No segment of your patient's care will be altered without authorization. Your patient will receive instruction in self-care and therapy in the Outpatient Pulmonary Rehabilitation Department. If your patient exhibits an acute problem during an education/exercise class, you will be contacted. If you cannot be reached, the Medical Director of the Pulmonary Rehabilitation Department will be contacted.

Each patient will:

- Attend up to 18 education/exercise sessions, lasting 1 ¾ hours two times a week
- Follow the department's protocol re: smoking cessation
- Perform a pre and post program six minute walk
- Complete quality of life assessments such as the SGRQ , PHQ9, CAT, etc.

The staff will:

- Evaluate each patient on an individual basis
- Aid the patient in setting realistic goals
- Titrate oxygen needs to maintain a saturation greater than 90% during class or testing
- Notify you if there are any trends that demonstrate the need to increase or decrease the present oxygen prescription
- Devise an exercise prescription for supervised and/or home exercise program to increase strength, flexibility and endurance
- Instruct the patient in the educational curriculum appropriate for specific lung diseases
- Monitor pre and post exercise blood sugars on all diabetic patients

EMERGENCY ORDERS

- **Severe Dyspnea: Hand-held nebulizer treatment: Albuterol 2.5 mg in 2.5cc Saline**
- **Cardiac Related Chest Discomfort: Evaluate and transfer to the Emergency Department if needed**

EXERCISE PLAN

- **Intensity:** 60-80% Age-Predicted Maximum Heart Rate **OR** 90-100% O2 saturation **OR** ≤ 4 on Borg Dyspnea Scale (Somewhat Hard)
- **Frequency:** 2x per week **Duration:** 15 – 60 minutes, as tolerated, aerobic training; 15 – 30 minutes flexibility and strength training
- **Modes (Please check off exercise modalities that might NOT be appropriate for this patient):**
 Treadmill Arm Ergometer Upright Bicycle NuStep Recumbent Bicycle Dumbbells Ankle Weights

- Based on the above plan, this patient may begin BWH Pulmonary Rehab
- This patient may begin, but adjust aerobic intensity to these levels: _____
- This patient may begin, but with these strength training restrictions: _____
- Other Special Orders (Specify): _____

Printed Name of Physician _____ Office Phone # _____ Office Fax # _____

Physician's Signature _____ Date _____

H/standing order