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

- Most recent office note

- Complete and up to date list of the patient’s medications

- 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
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 test
• Complete quality of life assessments such as the SGRQ, PHQ-9, 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 equal to/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