

BRIGHAM HEALTH



BRIGHAM AND
WOMEN'S HOSPITAL

OUTPATIENT PULMONARY REHABILITATION

Physician Referral/Standing Orders

1153 Centre St, Boston, MA 02130

TEL: (617) 983-7549

FAX: (617) 983-7853

E-Mail: pperruzzi@bwh.harvard.edu

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

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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 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