

Name: _____ DOB: _____ Contact #: _____

PULMONARY REHABILITATION/RESPIRATORY CARE—please check diagnosis

COPD Gold Stage I (Mild)

Stage I: FEV1/FVC <0.70; FEV1 ≥ 80% normal (post bronchodilator)

COPD Gold Stage II–IV (Moderate–Very Severe)

Stage II: FEV1/FVC <0.70; FEV1 50–79% normal (post bronchodilator)

Stage III: FEV1/FVC <0.70; FEV1 30–49% normal (post bronchodilator)

Stage IV: FEV1/FVC <0.70; FEV1 <30% normal (post bronchodilator)

Asthma

Pre Lung Transplant

Sarcoidosis

Pulmonary Hypertension

Bronchiectasis

Pulmonary Fibrosis

Extrinsic Allergic Alveolitis

Cystic Fibrosis

Post Lung Transplant

Heart Failure (NYHA Class I symptoms)

*If Class II–IV, refer patient to cardiac rehabilitation

Other: _____

Physician Statement and Plan of Treatment

Frequency: 2–3 days per week

Duration: Pulmonary Rehabilitation (G0424) 1 hr per session up to 2 sessions per day

Duration: Respiratory Care (G0237–G0239) As indicated

● I have examined the above patient and have determined admission into pulmonary rehabilitation/respiratory care services is medically necessary. Patient’s exercise program will be established, reviewed and updated by the Medical Director and staff. Discharge is dependent upon progress and completion of established goals; an outcomes assessment will then be completed. After discharge, I agree with patient’s participation in the maintenance program.

● I understand the program will consist of an individualized exercise plan (aerobic and resistance training), nutritional assessment and counseling, psychosocial assessment (counseling if necessary), smoking cessation (if necessary) and vocational rehabilitation (if necessary) to achieve individualized goals.

● I understand the patient may receive education and training on the following but not limited to: self-care/ADLs, disease management, home exercise, inhaler, peak flow meter, spirometry, nebulizer, pursed-lip and diaphragmatic breathing, bronchial hygiene, energy conservation, cough technique and relaxation exercises. The program may also include therapeutic procedures to improve respiratory function and increase strength or endurance of respiratory muscles. Patient will be monitored with continuous electrocardiography and/or pulse oximetry (intermittent or continuous). A six minute fitness test along with various balance and strength tests to be done depending on the severity of the disease.

● I understand patient will self-report glucose values and staff to use hospital glucometer during emergencies or if patient doesn’t have or bring their own glucometer. PFT’s may be performed if none available or updated results needed.

Physician Signature (MD or DO only)

Date/Time

Printed Name

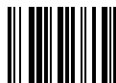
**Return Fax Number:
910-897-5902**



Harnett Health System

**PULMONARY REHABILITATION
OUTPATIENT ORDER**

PULM-OR
R: 12/17



PO