

(place patient label here)

Patient

Name: \_\_\_\_\_



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box  will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: \_\_\_\_\_

Allergies with reaction type: \_\_\_\_\_

**CARDIAC REHAB SECONDARY PREVENTION PROGRAM  
ADMISSION ORDERS/EXERCISE PRESCRIPTION**

Version 4 03/10/14

Date: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

STENT \_\_\_\_\_ ANGIOPLASTY \_\_\_\_\_ OTHER \_\_\_\_\_

1. Admit to the Cardiac Rehab Program for six ECG-monitored sessions and six additional supervised sessions.
2. Obtain cardiac cath, history & physical, discharge summary, echo and lipid reports.
3. Establish individualized treatment/exercise plan to include stretches and individual exercise stations to include the stationary bike, treadmill, arm ergometer, rower, Nustep and hand weights.
4. Initial exercise level 2-3 Mets, progress per protocol.
5. Initiate Risk Factor evaluation plan and education.
6. Record resting, exercise and recovery vital signs.
7. Lipid profile as indicated.
8. Nitroglycerin 0.4 mg SL X 2 for chest pain. Notify physician if no relief or for new onset angina.
9. For non-lethal arrhythmias, notify physician.
10. For cardiac or respiratory arrest, follow definitive therapy.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_