BACR

BACR EXERCISE PROTOCOL FOR MANAGEMENT OF CHD PATIENTS

1. TRANSITION FROM PHASE III TO PHASE IV EXERCISE
2. GP CHD PATIENT EXERCISE REFERRAL PATHWAY

1. Transition from Phase III to Phase IV Exercise

1a. Before being accepted for exercise by BACR Phase IV instructor, all CHD patients in transition from Phase III to IV will require Phase III information and associated physician's assessment which will include:-

Index cardiac event and date
Subsequent complications and/or interventions
Relevant medical history
Cardiac risk stratification
Exercise prescription (with relevant summary of ETT)
Medication
Secondary prevention plan

The patient's consent should be obtained and the recommended BACR information sheet (see Appendix 1) completed by both the CR professional and the patient. The information sheet should either be given to the patient as a hand held document or (where local protocol permits) forwarded directly to the Phase IV exercise professional.

1b. If Phase IV professional is satisfied that the patient should be transferred to Phase IV and THERE HAVE BEEN NO NEW EVENTS OR SYMPTOMS in the interim, accept patient for Phase IV exercise. All patients should consider & consent to 'Conditions of Participation' in exercise. Agreed contraindications to exercise should be considered prior to each session & if necessary patient should be referred back to GP as appropriate.

2. GP CHD Patient Exercise Referral Pathway (See Appendix 2, 3 & 4).

If the CHD patient -
(a) has **not** been assessed by Phase III rehabilitation staff or Cardiologist or
(b) **> 6 months** has elapsed since event or Phase III completion, a referral from GP can be accepted if:

- identifying criteria & contraindications for exercise referral are appropriate
- a clinical assessment is completed
- where relevant - an associated Phase III cardiac rehabilitation review to complete the necessary documentation.

If the clinical assessment is insufficient/incomplete the patient should be referred back to GP and reviewed by Cardiologist as appropriate.

On-going evaluation of Phase IV exercise prescription should be undertaken to ensure appropriate continuation/progression of exercise. Phase IV physical activity measures may be sought/shared with the primary health care team in the required annual review of CHD risk factors/lifestyle.

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FOR MANAGEMENT OF CHD PATIENTS

Appendix 1 **BACR Phase III–IV Information sheet**

Appendix 2 **CHD Patient - Exercise Referral Pathway**

Appendix 3 **CHD Patient –Exercise Referral Criteria**

Appendix 4 **CHD Patient - Exercise Referral Form**

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PHASE IV

INFORMATION SHEET

Name ______________________________

Address ______________________________

____

____

Tel No. ______________________________

Age ____________ DOB ____________

GP Dr ______________________________

Tel No ______________________________

Local 'contact' person for emergency

____

____

Tel No ______________________________

CURRENT CARDIAC STATUS

Diagnosis ______________________________

Date ______________________________

Complications Y/N

____

ETT PROTOCOL Full/Modified Bruce

Result -ve/+ve Date

Completed ____________ mins ____________

Stopped because ______________________________

Angiogram Y/N Date

Angioplasty/Stent Y/N Date

BP ____________ Pulse ____________ reg/irreg

LV Function Good/Moderate/Poor

Assoc Heart Failure Y/N Mild/Mod

Current angina (post MI/CABG) Y/N

Rest Y/N Exertion Y/N

Incidence ______________________________

GTN Y/N ______________________________

Comments ______________________________

CURRENT DRUGS

☑ TICK IF PRESCRIBED

Aspirin	☐	B Blocker	☐	ACE Inhib	☐	Nitrate	☐
Digoxin	☐	Warfarin	☐	Diuretic	☐	"Statin"	☐
Anti-arryth	☐	C C block	☐	Other ____________			

PAST MEDICAL HISTORY

When affirmative, please supply details and dates of events

Angina	☐	Diabetes	☐	Epilepsy	☐
MI	☐	CVA/Neuro	☐	COAD/Asthma	☐
Angioplasty	☐	Ortho/musc. skel prob	☐ ____________		
CABGS	☐				
Other cardiac surgery	☐				
Hypertension	☐				
Claudication	☐				

OTHER CONSIDERATIONS

____

____

____

SECONDARY PREVENTION PLAN

☐ Tick if Applicable

Known: **FH** ☐ **IDDM/NIDDM** ☐ **CHD History** ☐

Risk Factors	**Pre MI/CABG**	**Comp phase III**	**Risk Factors**	**Pre MI/CABG**	**Comp phase III**
Smoking	☐	☐	Excess alcohol	☐	☐
Raised Chol	☐	☐	Sedentary	☐	☐
Hypertension	☐	☐	Stress	☐	☐
Overweight	☐	☐			

Agreed rehab goals Y/N

Compliant with medication Y/N

PHASE III GRADUATION INFORMATION

Date of entry to phase III ________________

Date of discharge to phase IV ________________

No. of exercise sessions attended ________________

Pre ex HR reg/irreg ________________ bpm

Training HR reg/irreg ________________ bpm

Working @ METs/RPE ________________

BP on completion prog. ________________

Exercise assessment on completion of Phase III

Y/N Date ________________

Result ________________

Coped well Phase III ex sessions Y/N ________________

Symptomatic Y/N ________________

Phase III indiv. prescription detail attached Y/N

____

Regular walk Y/N Dist Time

Other activities ________________

____

____

Resumed work Y/N Rtd

Occupation ________________

IMPORTANT NOTICE

Please identify if patient is awaiting further medical/surgical treatment *after* completion of Phase III in which case transition to phase IV may need to be ***delayed or exercise limited*** pending

e.g.

- ☐ Angiogram
- ☐ Angioplasty
- ☐ Surgery
- ☐ Cardiology review/Investigations

Date of Phase III completion

____

I agree for the above information to be passed onto the Phase IV exercise instructor. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

Patient signature ________________

Please print name and title

CR Professional signature ________________

Please print name and title

APPENDIX 2

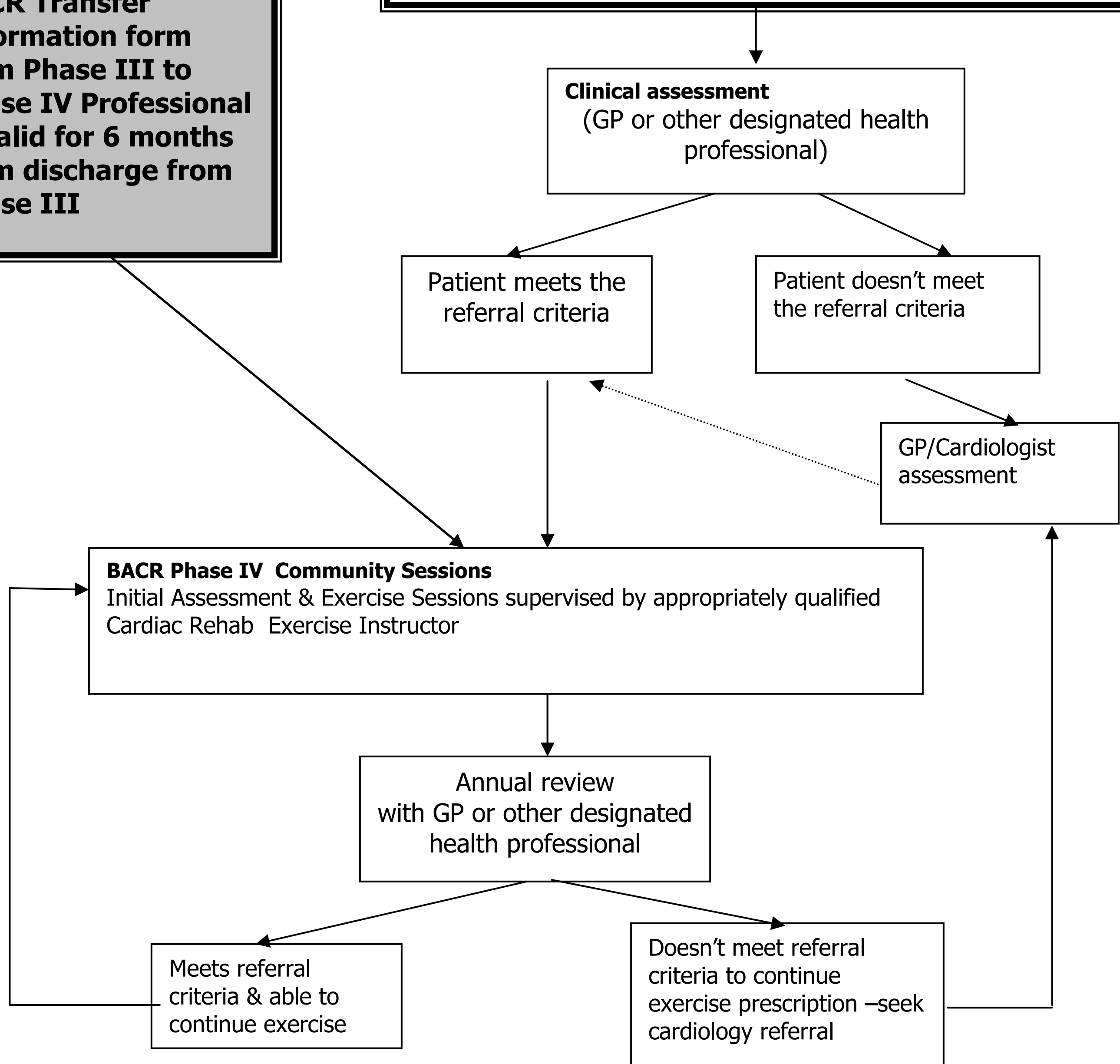
CHD PATIENT – EXERCISE REFERRAL PATHWAY

PHASE III – IV PATHWAY

CHD GP REFERRAL PATHWAY

CHD patient following Phase III Cardiac Rehabilitation as per existing protocol IMPORTANT NOTE: BACR Transfer Information form from Phase III to Phase IV Professional is valid for 6 months from discharge from Phase III

The CHD Patient
(i) > 6/12 elapsed since acute cardiac event, *or*
(ii) > 6/12 since discharge from Phase III, *or*
(iii) CHD history but no recent acute event
IMPORTANT NOTE – If <6/12 since acute event without clinical assessment or participation in Phase III redirect patient via Phase III



APPENDIX 3

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CHD PATIENT – EXERCISE REFERRAL CRITERIA

In recognition of the National Quality Assurance Framework Document (DoH, 2001) and the requirements of the Register for Exercise Professionals, patients can be referred on to an appropriate Exercise Referral scheme as long as the exercise instructor is appropriately qualified (eg BACR Phase IV instructor).

THE PATIENT WILL BE CLINICALLY ASSESSED BY THE REFERRER & the decision to be referred should be made in accordance with published UK guidelines (BACR Guidelines for Cardiac Rehabilitation, 2000; Scottish Intercollegiate Guidelines Network, 2002; BACR Phase IV Exercise Instructor Training Manual, 2002)**:**

✓ clinically stable & without any of the contraindications to exercise (as listed below)

Contraindications to referral for exercise:

✕ Unstable angina
✕ Systolic blood pressure ≥180mmHg & / or diastolic blood pressure ≥100mmHg
✕ BP drop > 20 mmHg demonstrated during ETT
✕ Resting tachycardia > 100bpm
✕ Uncontrolled atrial or ventricular arrhythmias
✕ Unstable or acute heart failure
✕ Unstable diabetes
✕ Febrile illness

Referral for supervised long term exercise should include the following information (with consent):

✓ Date of diagnosis of CHD
✓ Details of the cardiac event(s) eg. MI, CABG & dates
✓ Subsequent progress, complications & / or interventions
✓ Results of investigations, eg ECG Exercise Treadmill Test, Echocardiogram
i.e. a) Left Ventricular function:
Ejection Fraction - <35% poor; 35-50% moderate; >50% good
b) Ischaemic status:
patient symptoms i.e. exertional or 'at rest angina';
ETT result – e.g. ST depression
✓ Other relevant medical history
✓ Details of medication

The Cardiac Rehab Exercise Instructor in receipt of clinical assessment via the Referral form will undertake fitness assessment screening prior to exercise prescription (NQAF,2001), which may include identification of functional capacity eg. walking at 3-4mph, prior to acceptance onto scheme. If patient is not accepted by the exercise instructor they will be referred back to GP / Phase III as appropriate.

APPENDIX 4

CHD GP EXERCISE REFERRAL FORM

To be completed by the Referring Doctor or designated health professional

Please print clearly

Patient Details

Name:______________________________________
Address:
____
____
Postcode: _____________D.O.B.______________
Telephone Home:____________________________
Telephone Work: ____________________________

Referrer's Details

Name & Profession:__________________________
Surgery / Department: _______________________
Address: _________________________________
____
Postcode: _________________________________
Telephone:_________________________________

Cardiac History

MI: Yes ❑ No ❑ Date: __________
CABG: Yes ❑ No ❑ Date: ____________
Angioplasty / Stent: Yes ❑ No ❑ Date:__________
Other:____________ Date:____________

Current Angina: Yes ❑ No ❑
At rest: Yes ❑ No ❑
GTN: Yes ❑ No ❑
On exertion: Yes ❑ No ❑
Arrhythmias: Yes ❑ No ❑
Details:____________________
Comments ____

Current Medication

(attach prescription list if available)

✓ if prescribed

Aspirin	❑	Beta blocker	❑	Ace Inhibitor	❑	Statin	❑
Clopidogrel	❑	Warfarin	❑	Diuretic	❑	Nitrate	❑
Anti-arrhythmic	❑	Calcium channel blocker	❑	GTN	❑	Other:___________	

Investigations (if available)

ETT: Yes ❑ No ❑ Date: _____________________
Result:____________________________________
LV Function:
Good ❑ Moderate ❑ Poor ❑

Current Status - CHD Risk Factors

Resting BP ________ Resting Heart Rate________ Stable Type 1 / Type 2 Diabetes ❑
BMI ______ Chol____ Physically Inactive ❑ Smoker ❑ Excess Alcohol ❑ Stress ❑

Past Medical History

✓ if applicable, please supply dates & details as far as possible

COAD / Asthma ❑ Epilepsy ❑ Hypertension ❑ Claudication ❑
CVA / Neuro. Problems ❑ Ortho/musc. skeletal problems ❑ Details:____________________
Other considerations:____

IMPORTANT NOTICE

- ❑ The patient exhibits no contraindication to exercise (as indicated on the protocol)
- ❑ The patient is clinically stable
- ❑ The patient is compliant with medication
- ❑ The patient is awaiting / not awaiting further medical or surgical treatment (see protocol)

REFERRER'S SIGNATURE:________________________
Print Name:___________________ Date:__________
GP's signature (if different from above):__________
Print Name: __________________ Date:__________

PATIENT INFORMED CONSENT

I agree for the above information to be passed onto the Exercise Instructor. I understand that I am responsible for monitoring my own responses during exercise and will inform the instructor of any new or unusual symptoms. I will also inform the instructor of any changes in my medication, the results of any investigations or treatment.

PATIENT SIGNATURE:__________________________
Print Name:______________________Date:______