|  |  |
| --- | --- |
| **CLINTON REGIONAL HOSPITAL**  **CARDIAC REHABILITATION DEPARTMENT** | |
| **SUBJECT:**  Approval of Cardiac Rehabilitation | **POLICY#:** CR 000 |
| **DEPARTMENT:**  Cardiac Rehabilitation | **PAGE:** 1 of 4 |
| **REFERENCE:** | **APPROVED BY**  **MEDICAL STAFF:** |
| **REVIEWED:** |

**The Cardiac Rehabilitation Policy & Procedure Manual has**

**been reviewed and approved by:**

APPROVED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardiac/Pulmonary Rehabilitation Manager

APPROVED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief of Staff

APPROVED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Nurse Officer

APPROVED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator

APPROVED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Trustees

|  |
| --- |
| **CLINTON REGIONAL HOSPITAL**  **CARDIAC REHABILITATION DEPARTMENT**  **PHYSICIAN COVERAGE** |

A daily record with the in-house physician will be maintained

Cardiopulmonary hours

Monday-Friday 0800-1700

\*Weekly Meeting with Dr. Khaled and/or Dr. Schmidt

Time varies each week

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cardiac/Pulmonary Rehabilitation Manager

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chief Nurse Officer

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cardiac/Pulmonary Medical Director

|  |
| --- |
| **CLINTON REGIONAL HOSPITAL**  **CARDIAC REHABILITATION DEPARTMENT**  **STANDING ORDERS** |

1. Fasting Lipid Panel on admission and discharge from cardiac rehabilitation, no sooner than 12 weeks from last lipid panel.

2. Diabetic Patients-HgA1c on admission and discharge from cardiac rehabilitation, no sooner than 12 weeks from last HgA1c.

3. EKG on admission to cardiac rehabilitation and prn atypical chest pain.

4. Nitroglycerin 0.4mg SL per protocol prn chest pain.

5. Chewable Baby Aspirin 81mg-4tablets prn chest pain.

6. Oxygen prn chest pain, shortness of breath, dyspnea or any stated and/or visible distress.

7. ACLS protocol prn cessation of heartbeat or respirations.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cardiac/Pulmonary Rehabilitation Manager Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chief Nurse Officer Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cardiac/Pulmonary Medical Director Date