

PHASE I

Cardiac Rehabilitation

Referral Guidelines for Heart Failure Patients

CRITERIA

1. Diagnosis established by echocardiogram. Evidence of left ventricular systolic dysfunction.
2. Patient informed of diagnosis by medical staff.
3. Referral by Consultant to Cardiac Rehabilitation (CR) Team.
4. Admission related to heart failure.

GUIDELINE

- Patient referred to CR Sister via HISS/letter/clinical e-mail.
- Contact made by CR Sister to ward nurse regarding patient details.
- CR Sister visits patient in CCU/ward if clinically stable.
- Review/education commenced, all relevant documentation completed using Heart Failure ICP.
- Information pack given and discussed.
- CR Sister will refer to Senior I CR Physiotherapist.
- Acceptance letter issued to referring Consultant and named Community Heart Failure Nurse.
- CR Sister discusses with patient/carer/family all topics relevant to their diagnosis. Can provide CHS video/DVD on "Living with Heart Failure".
- All written information given regarding post-discharge follow-up plan, including contact numbers.
- Information provided on cardiac rehabilitation programme.
- CR Sister will inform appropriate Heart Failure Nurse of discharge and follow-up plan.

Consultant signature _____

Date _____

CARDIAC REHABILITATION (CR) SISTER
(2-3 x 30 min sessions) or as appropriate
Written / verbal information

- Structure/function heart
- Explanation/diagnosis
- Medication
- Fluid intake
- Daily weight
- Dietary advice
- Salt intake
- Weight reduction
- Smoking cessation
- Alcohol - recommended levels
- Return to work
- Individual risk factor assessment:
 - smoking
 - hypertension
 - cholesterol
 - weight
 - anxiety/stress (HAD Scale/Minnesota Questionnaire)
- Management of chest pain
- Immunisation
- Psycho-social circumstances
- Explain cardiac misconceptions
- Sexual relationship
- Driving
- Other investigations
- Goal setting (cycle of change)

CARDIAC REHABILITATION (CR) PHYSIOTHERAPIST
(2-3 x 30 min sessions) or as appropriate
Written / verbal information (cont'd)

- Postural advice and techniques to reduce work of breathing
- Advice regards physical activity:
 - assessed by physical activity questionnaire
 - tailored to suit patients' cardiac and non-cardiac exercise limitations, and pre-admission activity levels
 - incorporating return to work / hobbies / sports
 - aiming to meet physical activity recommendation for all adults
 - based around 'stage of change' model and using principles of motivational interviewing
- Mobilisation and gradual progression of activity level using an individualised exercise programme within hospital
- Provision of an individualised, progressive home exercise programme for Phase II and beyond
- Pacing / energy conservation and symptom management during physical activity
- Relaxation (including use of CD and player)
- Stair practice (if stairs at home)
- Provision of physiotherapist's contact details for Phase II