

The ITP Unplugged

ScottCare Symposium

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Tonja Bell MS, CCRP, FAACVPR

Clinical Exercise Physiologist

AACVPR Program Certification Chair

Disclosures

I have no disclosures

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Objectives

- Identify ITP requirements for AACVPR Program Certification
- Review of common reasons for denial
- Identify errors and opportunities for improvement in example ITP's

Please send any questions to
certification@aacvpr.org

Where to begin?



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ITP

- **I**ndividual - who
- **T**reatment - what and why
- **P**lan - how

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Individual Treatment Plan (ITP)

The Centers for Medicare & Medicaid Services (CMS) 42 CFR 410.49 and 410.47- cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs

Conditions of Coverage states: *Components of a cardiac rehabilitation and intensive cardiac rehabilitation programs and pulmonary rehabilitation programs must include all of the following:*

- (i) Physician-prescribed exercise each day cardiac rehabilitation items and services are furnished.
- (ii) Cardiac risk factor modification, including education, counseling, and behavioral intervention, **tailored to the patients' individual needs.**
- (iii) Psychosocial assessment.
- (iv) Outcomes assessment.
- (v) **An individualized treatment plan detailing how components are utilized for each patient.** The individualized treatment plan must be established, reviewed, and signed by a physician every 30 days.”

Because each MAC across the country enforces this regulation differently, it is left up to the individual programs to contact their MAC or AACVPR Reimbursement Chair to learn how your MAC interprets these regulations for your facility/location.

ITP is a Working Document

- Functional for staff / patient use
- Use as a “road map” for the care of each patient
- Show patient progress and outcomes
- Content should show the sequence and flow of care
- Follow the patient’s rehab journey

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AACVPR ITP Requirements

- All required Elements and Steps should be clearly labeled
- Assessment and reassessment data on the ITP
- At least **one active** Other Core Component or Risk Factor that is specific to the program
- Exercise Prescription must have mode, frequency, intensity and duration. PR must also include the **prescribed** O2 and SP02 parameters
- Detail on progress toward goals

Please see AACVPR website for the full application with all the requirements

ITP Requirements

Required Elements:

- Exercise**
- Nutrition**
- Psychosocial**
- Other Core Components/Risk Factors**
as identified for each individual patient
- Oxygen** – PR only, patient must be on oxygen*

Required Steps:

- Assessment**
- Plan:** must include for each Element
Goals/Interventions/Education **
- Reassessment*****
- Discharge/Follow-up**

* Must include oxygen use / titration / management for PR

** Education must be included under each individual Element

*** For reassessment, include comments on progress to goal. Wording such as “Ongoing”, “Met” or “In progress” require a more detailed explanation

All items in red must be clearly labeled on the ITP

Cardiac ITP Requirements

- **Exercise Assessment**
- **Exercise Plan**
 - Goals
 - Interventions
 - Initial Exercise Prescription*
including Mode, Frequency, Duration, Intensity
 - Education
- **Exercise Reassessment**
- **Exercise Discharge/Follow-Up**

- **Nutrition Assessment**
- **Nutrition Plan**
 - Goals
 - Interventions
 - Education
- **Nutrition Reassessment**
- **Nutrition Discharge/Follow-up**

- **Psychosocial Assessment**
- **Psychosocial Plan**
 - Goals
 - Interventions
 - Education
- **Psychosocial Reassessment**
- **Psychosocial Discharge/Follow-Up**

- **Other Core Components Assessment**
- **Other Core Components Plan**
 - Goals
 - Interventions
 - Education
- **Other Core Components Reassessment**
- **Other Core Components Discharge/Follow-up**

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Cardiac Other Core Components / Risk Factors

- Must be **specific** to cardiac rehab
- Must be **appropriate** for the patient
- Must be **actively managed** and have details on all required steps
- Must be a **separate** Element and not listed under another Element

Examples of appropriate options:

- Hypertension management
- Tobacco cessation
- Lipid management
- Diabetes management
- Weight management
- Any modifiable cardiovascular risk factor

Pulmonary ITP Requirements

- Oxygen Assessment
- Oxygen use & titration Plan
 - Goals
 - Interventions
 - *changes in flow rate need to be included*
 - Education
- Oxygen Reassessment
- Oxygen Discharge/Follow-up

- Exercise Assessment
- Exercise Plan
 - Goals
 - Interventions
 - *Exercise Prescription including Mode, Frequency, Duration, Intensity, SpO2/Oxygen flow rate*
 - Education
- Exercise Reassessment
- Exercise Discharge/Follow-Up

- Nutrition Assessment
- Nutrition Plan
 - Goals
 - Interventions
 - Education
- Nutrition Reassessment
- Nutrition Discharge/Follow-Up

- Psychosocial Assessment
- Psychosocial Plan
 - Goals
 - Interventions
 - Education
- Psychosocial Reassessment
- Psychosocial Discharge/Follow-Up

- Other Core Components Assessment
- Other Core Components Plan
 - Goals
 - Interventions
 - Education
- Other Core Components Reassessment
- Other Core Components Discharge/Follow-up

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Pulmonary Other Core Components / Risk Factors

- Must be **specific** to pulmonary rehab
- Must be **appropriate** for the patient
- Must be **actively managed** and have details on all required steps
- Must be a **separate** Element and not listed under another Element

Examples of appropriate options:

- Environmental factors
- Tobacco cessation
- Medications (in particular inhaler medications)
- Pulmonary hygiene
- Prevention management of respiratory infections and exacerbations

ITP Initial Assessment Tips

- Assess current patient status and ability:
 - Physical abilities
 - Mental health status
 - Nutrition barriers, patterns and opportunities
 - Identify risk factors / other core components
- Outcome tools, questions and discussion
- What findings could help / hinder rehab performance /progress
- Summarize the assessment and develop a management plan

The ITP Plan –the process of care Tips

- Assess and establish **interventions**
 - Identify strategies staff can offer to address identified problems – action statements
 - Appropriate Referrals – Dietician, Bariatrics, Diabetes Education, Psychologist, Social Worker, Tobacco Cessation program
- Establish **education** needs
 - Identify what is needed – group vs patient / staff discussion
 - If patient has understanding or refuses - document
- Establish **goals** – both program and individual
- If the patient is at goal, what is the plan to maintain

Goal Setting Tips

- Identify patients' personal goals – What motivates the patient?
- Determine interventions and monitor ability to achieve goals
- How do your interventions fit into patient's life, goals and priorities – be aware of distractions and roadblocks
- Do not assume non-adherence is a reason for lack of improvement - determine why the patient is not compliant
- Patients who meet goal should be provided with self management and relapse prevention plans

S Specific **M** Measurable **A** Achievable **R** Realistic **T** Time

ITP Reassessment Tips

Reassess the patient's status of their plan for each element:

- Check boxes are ok but **MUST** also contain **DETAIL** on what was provided or discussed with the patient; how did the patient respond
 “Nurse / patient discussion” - provides no detail
- How patient tolerates the intervention / change - medications, exercise, new eating habits, return to work, etc.
- Progress or lack thereof toward goals – explain in words what changes to interventions and the plan were made
- If goals met – what are the next steps?
 establish new goal or what is plan to maintain that goal

Reassessment Tips

Exercise

- Function – METS, time, frequency, intensity
- Tolerance
- Problems / Issues
- Home Exercise
- Sports activity
- Physical activity / normal activity

Nutrition

- Snacks / lunches
- Eating habits – quantity, type
- Follow a specific diet
- Meal planning / grocery shopping / eating out / liquid calories
- Review dietary questionnaire or food log
- Follow-up discussions

Reassessment Tips

Other Core / Risk Factors

- No repeat lipids / BG / A1C
- BG response to exercise
- BP response
- Quit date set / triggers
- Medication compliance / tolerance / using inhaler correct
- Environment exposure – pets, garden, cleaning agents, air quality
- Airway clearance

Psychosocial

- Review questionnaires
- Identify coping strategies
- Stress, anxiety, fear, depression
- Social support
- Hobbies
- Sleep habits
- Return to work

ITP Discharge Tips

- Tell the patient's cardiopulmonary rehab journey
- Review outcomes with the patient
- Identify individual and program goals achieved
- Develop a forward plan for identified problems not resolved
- Document hand-off instructions to patient to continue with progress toward goals
- Develop a plan to maintain goals achieved

ITP Example Reviews

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INDIVIDUALIZED TREATMENT PLAN: Pulmonary Rehabilitation		Admitting Diagnosis:		Date entered program:	
Problem/Goals	Initial Assessment	Plan	First day of exercise!	Reassessment	Final Assessment
NUTRITION GOAL	Session # 1 Date/Initial: 2/15/19	NUTRITION EDUCATION PLAN	Session # 2 PD Date/Initial: 2/25/19	Session # 10 PD Date/Initial: 08/22/19	Session # 18 PD Date/Initial: 12/19/19
Nutrition and Weight Management Problem: <input checked="" type="checkbox"/> Overweight <input checked="" type="checkbox"/> Underweight Goal: <input checked="" type="checkbox"/> Weight loss 1-2 lbs per week <input checked="" type="checkbox"/> BMI 21 to 25 <input checked="" type="checkbox"/> Prevent further weight loss. <input checked="" type="checkbox"/> Gain weight	Lack of knowledge and management of: <input checked="" type="checkbox"/> Overweight <input checked="" type="checkbox"/> Underweight <input checked="" type="checkbox"/> Osteoporosis <input checked="" type="checkbox"/> Vitamin D/calcium Poor understanding of: <input checked="" type="checkbox"/> Exercises role in weight control <input checked="" type="checkbox"/> Prednisone role with weight control WT <u>114</u> HT <u>60</u> BMI <u>22.24</u> WT goal: <u>130</u>	Review dietary assessment tool. Rate Your Plate <input checked="" type="checkbox"/> Review BMI <input checked="" type="checkbox"/> Identify target weight and strategies to weight control <input checked="" type="checkbox"/> Need ongoing weight monitoring <input checked="" type="checkbox"/> Low fat diet <input checked="" type="checkbox"/> Exercise/activity log <input checked="" type="checkbox"/> Special diet <input checked="" type="checkbox"/> Eating Healthy WT: <u>130</u> BMI: <u>25.38</u>	<input checked="" type="checkbox"/> BMI 21 to 25 <input checked="" type="checkbox"/> Weight loss 1-2 lb/week <input checked="" type="checkbox"/> Weight stable <input checked="" type="checkbox"/> Weight gain <input checked="" type="checkbox"/> Goal met <input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> No progress <input checked="" type="checkbox"/> Eating Healthy <input checked="" type="checkbox"/> Taking prednisone WT: <u>120</u> BMI: <u>23.43</u>	<input checked="" type="checkbox"/> BMI 21 to 25 <input checked="" type="checkbox"/> Weight loss 1-2 lb/week <input checked="" type="checkbox"/> Weight stable <input checked="" type="checkbox"/> Weight gain <input checked="" type="checkbox"/> Goal met <input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> No progress <input checked="" type="checkbox"/> Eating Healthy <input checked="" type="checkbox"/> Taking prednisone WT: <u>124</u> BMI: <u>24.21</u>	<input checked="" type="checkbox"/> BMI 21 to 25 <input checked="" type="checkbox"/> Weight loss 1-2 lb/week <input checked="" type="checkbox"/> Weight stable <input checked="" type="checkbox"/> Weight gain <input checked="" type="checkbox"/> Goal met <input checked="" type="checkbox"/> Progress <input checked="" type="checkbox"/> No progress <input checked="" type="checkbox"/> Eating Healthy <input checked="" type="checkbox"/> Taking prednisone WT: <u>121</u> BMI: <u>23.62</u>
EDUCATION GOAL	EDUCATION ASSESSMENT	NUTRITION INTERVENTION	NUTRITION INTERVENTION	NUTRITION INTERVENTION	NUTRITION INTERVENTION
		Intervention: RCP/patient discussion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Referral to Nutritionists education class <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Intervention: RCP/patient discussion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Referral to Nutritionists education class <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Intervention: RCP/patient discussion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Referral to Nutritionists education class <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Intervention: RCP/patient discussion <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Referral to Nutritionists education class <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Activities of Daily Living Problems <input checked="" type="checkbox"/> Impaired ADL management <input checked="" type="checkbox"/> Arthritis <input checked="" type="checkbox"/> Pain Goal: <input checked="" type="checkbox"/> ADL management with control of dyspnea and pain	<input checked="" type="checkbox"/> Impaired ADL management <input checked="" type="checkbox"/> Fear of severe dyspnea with stairs <input checked="" type="checkbox"/> Fear of portable oxygen device running out/not working correctly <input checked="" type="checkbox"/> Need for assistive devices Pain scale score: <u>7</u>	Instruction: <input checked="" type="checkbox"/> ADL performance with pacing <input checked="" type="checkbox"/> Dyspnea control <input checked="" type="checkbox"/> Assistive device evaluation recommendations & resources <input checked="" type="checkbox"/> Train in dyspnea control <input checked="" type="checkbox"/> Pacing with stairs <input checked="" type="checkbox"/> Discussed pain scale <input checked="" type="checkbox"/> Energy conserving techniques Intervention: Physician referral: Y <input checked="" type="checkbox"/> N Physical Therapy consult: Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Management of ADL with control of dyspnea <input checked="" type="checkbox"/> Met <input checked="" type="checkbox"/> Progressing <input checked="" type="checkbox"/> Not progressing <input checked="" type="checkbox"/> Using assistive device <input checked="" type="checkbox"/> Allergies under control <input checked="" type="checkbox"/> Being treated for pain Intervention: Physician referral: Y <input checked="" type="checkbox"/> N Physical Therapy consult: Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Management of ADL with control of dyspnea <input checked="" type="checkbox"/> Met <input checked="" type="checkbox"/> Progressing <input checked="" type="checkbox"/> Not progressing <input checked="" type="checkbox"/> Using assistive device <input checked="" type="checkbox"/> Allergies under control <input checked="" type="checkbox"/> Being treated for pain Intervention: Physician referral: Y <input checked="" type="checkbox"/> N Physical Therapy consult: Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Management of ADL with control of dyspnea <input checked="" type="checkbox"/> Met <input checked="" type="checkbox"/> Progressing <input checked="" type="checkbox"/> Not progressing <input checked="" type="checkbox"/> Using assistive device <input checked="" type="checkbox"/> Allergies under control <input checked="" type="checkbox"/> Being treated for pain Intervention: Physician referral: Y <input checked="" type="checkbox"/> N Physical Therapy consult: Y <input checked="" type="checkbox"/> N

Denial: no detail on progress

Nutrition	Nutrition	Nutrition	Nutrition
Initial Assessment Diabetes: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N HbA1c: <u> </u> Date: <u> </u> Diabetes med.: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Monitors BG at home: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Frequency: <u>N/A</u>	Re-Assessment Med. change: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N BG in range pre/post exercise: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <u>N/A</u>	Re-Assessment Med. change: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N BG in range pre/post exercise: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <u>N/A</u>	Follow-up/Discharge Diabetes: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N HbA1c: <u> </u> Date: <u> </u> Med. change: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N BG in range pre/post exercise: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <u>N/A</u>
Weight Management Ht: <u> </u> Wt: <u>143</u> BMI: <u> </u> Weight goal (Circle one) Wt. gain <input checked="" type="radio"/> Wt. loss <input checked="" type="radio"/> Wt. maint. <input checked="" type="radio"/> Wt. goal declined <input checked="" type="radio"/> <u>Healthy lifestyle</u>	Weight Management Wt: <u>141</u> Weight goal: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <input checked="" type="radio"/> NA	Weight Management Wt: <u>137</u> Weight goal: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <input checked="" type="radio"/> NA	Weight Management Wt: <u>126</u> Weight goal met: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <input checked="" type="radio"/> NA <u>goal met & exceeded</u>
Intervention/Education Referred to RD for: Wt. gain <input checked="" type="radio"/> Wt. loss <input checked="" type="radio"/> BG control <input checked="" type="radio"/> Declined <input checked="" type="radio"/> Referred to physician office re: BG control: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Referred to ADA program: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Referred to Wt. Mgt. program: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Intervention/Education RD consult: <u>NO RD CONSULT at this time - Patient declined</u> Referred to physician office re: BG control: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Referred to ADA program: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Referred to Wt. Mgt. program: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Intervention/Education RD consult: <u>N/A</u> Referred to physician office re: BG control: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Referred to ADA program: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Referred to Wt. Mgt. program: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Intervention/Education Self reports improvement in patient knowledge: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Provided patient recommended handouts: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N declined <input checked="" type="radio"/> <u>Cont. healthy lifestyle -</u>
See IPER Educational handouts recommended: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N COPD and Nutrition <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Take Control of Your Sodium <input checked="" type="radio"/> Y <input checked="" type="radio"/> N	See IPER Educational handouts recommended: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N COPD and Nutrition <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Take Control of Your Sodium <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <u>Already given - Orientation</u>	See IPER Educational handouts recommended: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N COPD and Nutrition <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Take Control of Your Sodium <input checked="" type="radio"/> Y <input checked="" type="radio"/> N <u>(Reminder)</u>	See IPER Educational handouts recommended: <input checked="" type="radio"/> Y <input checked="" type="radio"/> N COPD and Nutrition <input checked="" type="radio"/> Y <input checked="" type="radio"/> N Take Control of Your Sodium <input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Target Goals: BMI > 18.5; BMI < 25; HbA1C < 7%	Target Goals: BMI > 18.5; BMI < 25; HbA1C < 7%	Target Goals: BMI > 18.5; BMI < 25; HbA1C < 7%	Target Goals: BMI > 18.5; BMI < 25; HbA1C < 7%

Re-assessment

Goal progress

Intervention and new goal

Exercise Reassessment	Nutrition Reassessment	Psychosocial Reassessment	Other Core Components Reassessment
<p>Risk Stratification: Low Mod High</p> <p>Performance Measure: Increase Met Level 40% by discharge. Current 75 % Increase MET: 3.5 Mode: NS</p> <p>Exercise Plan</p> <p>Goal: -Increase MET level by 40% by discharge. Met, pt has been progressing very well on the NS, he is motivated to improve and pushes himself appropriately using the RPE scale. Will begin arms next week and I expect this will help him improve more.</p> <p>-Initiate home Ex plan by 30 day recheck Met, pt states he walks up and down his driveway for 10-15 mins at a time 2-3 times daily.</p> <p>Exercise Prescription Frequency: 3 times a week Intensity: RPE 12-14 Time: 30-40 mins Type: (aerobic) TM NS AE RB SB EL RW Resistance Training: 3lbs: bicep curls, shoulder shrugs, tricep kickbacks, tricep extensions.</p> <p>Interventions/Education: Education on s/s to stop exercise. Educated on rehab exercise equipment. Discussed RPE scale and how to use it. Pt able to teach back RPE scale and use appropriately. (admit) Talked about how to strength train properly, form and breathing. Discussed using RPE scale at home and home exercise import for heart disease. Discussed ex in hot and cold weather. 8/5</p> <p>Home Exercise Activity Plan: Current Home exercise/Activity: walking Frequency: 5-6 times/wk Intensity: RPE 12 Time: 30+ mins/day Type: Aerobic, reports daily walking around</p>	<p>Weight: 248lbs WNL Overweight Obese Morbid Obese Current Diet: Low carb, DM diet, heart healthy and low sodium.</p> <p>Eats Heart Healthy 75 % of the time T Chol 206 LDL 143 HDL 45 Trig 92 Lipids unavailable- NO REDRAW Heart Failure Yes No</p> <p>Nutrition Plan</p> <p>Goal: -Patient able to identify how sodium intake affects BP and heart health. -MET: Pt states he is aware that salt intake can increase his BP. He is able to remember from BP education that it increases volume of blood and makes heart work harder.</p> <p>-Patient will teach back s/s to watch for DM. Not Met: Patient states he knows when he feels low and eats something. Will educate on proper snacks with exercise and checking BS before treating in case symptoms are high BS.</p> <p>Interventions/Education: Talked about cholesterol levels and goals for patient. He is able to identify foods to aim for and foods to avoid. Also does well watching his salt and fat intake. Pt educated on heart healthy diet, cholesterol levels, sodium intake goals, and foods to avoid/foods to aim for to lower cholesterol. Pt verbalized understanding and I gave his wife a handout at admission.</p> <p>Nutrition R.D. consult: Yes Declined Complete Pt sees dietician for DM apts but willing to consider meeting with dietician at next available session in September.</p>	<p>PHQ-9: 5 NA None 0-4 Mild 5-9 Mod 10-14 Mod Svr 15-19 Svr 20-27 Stressors/Concerns: Denies at this time.</p> <p>Performance Measure: PHQ-9 score decrease by 1 or more levels of severity at discharge</p> <p>Psychosocial Plan</p> <p>Goal: -Identify 2 stress relieving mechanisms by DC. Not Met: have not had stress education yet.</p> <p>Intervention/Education: Stress education has not been completed will be done before DC.</p> <p>Relaxation Techniques: Unknown</p> <p>Coping Skills: Unknown</p> <p>Physician Referral: Y N NA Refused</p> <p>Social Work Consult: Y N</p> <p>Physician Apt: NA</p>	<p>Diabetes: Diet/Oral meds/Insulin/No Type 2 Follows DM diet: Yes Medication: Synjardy 8/1/2020 Blood sugar monitoring: 3xs daily FBS Range: 120-140 A1C: 6.4</p> <p>Diabetes Plan</p> <p>Goal: Patient able to identify goal FBS range in the morning and target A1C range. Met, pt taught back that BS in the morning should be between 70-120 ideally. Also able to tell me his goal A1C range of 6.5 or lower.</p> <p>Intervention/Education: Talked about BS level goals. Also talked about dietary changes, pt able to identify daily meals and seems to be doing well with DM diet choices. Medication changed on 8/1 due to old med interfering with his current heart meds. Doing well with new med so far.</p> <p>Hypertension: Yes No Performance Measure: discharge BP <130/80 Yes No BP Range: 106/54-124/60</p> <p>Hypertension Plan</p> <p>Goal: -BP average will be less than 130/80 at DC. Progressing, pt BP has remained below 130/80.</p> <p>Intervention/Education: Educated on goal BP level of less than 130/80. Educated on BP what it is, what affects it in our lifestyle and how to manage with medication and lifestyle/dietary changes. 7/29</p> <p>Cardiac Medications: Atorvastatin-Lipitor 40mg 1 tab bedtime Metoprolol 25mg nightly Magnesium 84mg 3 tabs BID Furosemide 80mg daily Amiodarone 200mg daily Xarelto 20mg nightly Potassium 20Meq daily</p>

(Check all that apply) Date: 5/15/2019 NUTRITION Initial Assessment Lipids: Date: NA Total Chol: Trig: HDL: LDL: Lipid lowering med/supplement: Lipitor	(Check all that apply) Date: 6/11/2019 NUTRITION Re-Assessment Lipids: Date: 6/10/2019 Total Chol: 104 HDL: 32 LDL: 57 Trig: 94 <input type="checkbox"/> Med change:	(Check all that apply) Date: NUTRITION Re-Assessment Lipids: Date: NA Total Chol: HDL: LDL: Trig: <input type="checkbox"/> Med change	(Check all that apply) Date: NUTRITION Follow-up/Discharge Lipids: Date: NA Total Chol: Trig: HDL: LDL: <input type="checkbox"/> Med change
Weight Management Wt: 170.5lb % Fat: 33.4 Wt goal: 160 Ht: 67in BMI: 26.7 Waist Circ.: 37in Alcohol: <input type="checkbox"/> daily <input checked="" type="checkbox"/> weekly <input type="checkbox"/> special <input type="checkbox"/> none Type: Beer Amount: 2 cans per week Rate Your Plate: 54 Diet Habit Survey: Other Diet Tool: Score: Special Diet:	Weight Management Current WT: 171.5 Wt goal: 160 Plan & Intervention <input type="checkbox"/> Dietitian consult Dietary goal: visceral fat loss <input checked="" type="checkbox"/> Nurse/patient discussion <input type="checkbox"/> Diet class <input type="checkbox"/> Referred to Lipid Clinic <input type="checkbox"/> Referred to wt management program	Weight Management Current WT: Wt goal: Plan & Intervention <input type="checkbox"/> Dietitian consult Dietary goal: <input type="checkbox"/> Nurse/patient discussion <input type="checkbox"/> Diet class <input type="checkbox"/> Referred to Lipid Clinic <input type="checkbox"/> Referred to wt management program	Weight Management Wt: % Fat: Wt goal: Ht: NA BMI: Waist Circ.: Rate Your Plate: Diet Habit Survey: Other Diet Tool: Score:
Plan & Intervention <input type="checkbox"/> Dietitian consult Date: NA <input checked="" type="checkbox"/> Nurse/patient discussion Comments: discussed InBody results. Gave nutrition class schedule and offered diet consult w/ RD. Pt will consider. In-Body shows need to increase LBM by 6 pounds. Will start strength training in 4-6 weeks. Dietary goal: lose visceral fat (from 12 to <10) <input checked="" type="checkbox"/> Diet class <input type="checkbox"/> Referred to lipid clinic <input type="checkbox"/> Referred to wt management program	Nurse/Dietician Additional Comments: wt. stable. Pt states he is following low fat, low sodium diet, as well as decreasing portion sizes. Pt increased home exercise duration to help w/ caloric expenditure. Discussed counting calories and given diet log for pt to complete. Discharge Plan:	Medication Changes:	Plan & Intervention <input type="checkbox"/> Dietitian consult Date: NA <input type="checkbox"/> Nurse/patient discussion Comments: Dietary goal: <input type="checkbox"/> Diet class <input type="checkbox"/> Referred to lipid clinic <input type="checkbox"/> Referred to wt management program
Education: (Checks indicate scheduled; Dates indicate completed) <input type="checkbox"/> Low Na diet <input checked="" type="checkbox"/> Eating Healthy 6/11/2019 <input checked="" type="checkbox"/> Reading Labels <input checked="" type="checkbox"/> Portion Size 6/11/2019			
Target Goal: Initial *LDL-C <100 if triglycerides are >200 *non-HDL-C should be <130 *LDL-C <70 for high risk patients *BMI <25 Waist cir <40 in M/ <35 in F	Additional Goals/Progression: Pt would like to decrease or eliminate need for Lipitor through diet. Learn how to cook heart healthy meals. Decrease salt intake	Target Goal: Re-Assessments *LDL-C <100 if triglycerides are >200 *non-HDL-C should be <130 *LDL-C <70 for high risk patients *BMI <25 Waist cir <40 in M/ <35 in F	Additional Goals/Progression: Reviewed pt recent lipid panel. Discussed ways to increase HDL level. pt verbalized understanding. Pt still would like to stop Lipitor. Pt started taking co-enzyme Q-10 and omega-3s supplements. reviewed wt loss goal and how to complete diet log for RD review.
		Target Goal: Discharge *LDL-C <100 if triglycerides are >200 *non-HDL-C should be <130 *LDL-C <70 for high risk patients *BMI <25 Waist cir <70 in M/ <35 in F	Additional Goals/Progression:

Approve:
has detail
on
progress

EDUCATION
Initial Assessment

(check all that apply) Date: 1/13/19

Learning Barriers:
 Speech _____ Hearing _____ Vision _____
 Literacy _____ Cognitive _____ Ready Learn _____ } none

SF36 Score: 105

Stage of change:
 Contemplate _____ Pre-Contemplation _____
 Maint _____ Prep _____ Act _____

Family Support Yes _____ No _____

Tobacco Use _____ Yes No _____

Quit _____ < 6 months _____ > 6 months

Date Started: 1955

Date Quit: 1992

Quit Date Set: completed

cigarettes smoked per day? 1 1/2 ppd

Smokeless tobacco Amt: ∅

Smoking stage of change:

Maintenance
 ∅ tobacco use

Goals/Interventions

no tobacco use.

EDUCATION
Re-Assessment

(check all that apply) Date: 2/13/19

Stage of change:
 Contemplate _____ Pre-Contemplation _____
 Maint _____ Prep _____ Act _____

Family Support Yes _____ No wife

Tobacco Use _____ Yes No _____

Quit _____ < 6 months _____ > 6 months

Date Started: _____

Date Quit: 1992

Quit Date Set: _____

cigarettes smoked per day? _____

Smokeless tobacco Amt: ∅

Smoking stage of change:

maintain tobacco free lifestyle
 ∅ tobacco use

Goals/Interventions

Goal met.

EDUCATION
Re-Assessment

(check all that apply) Date: 3-13-19

Stage of change:
 Contemplate _____ Pre-Contemplation _____
 Maint _____ Prep _____ Act _____

Family Support Yes _____ No wife

Tobacco Use _____ Yes No _____

Quit _____ < 6 months _____ > 6 months

Date Started: _____

Date Quit: 1992

Quit Date Set: completed

cigarettes smoked per day? _____

Smokeless tobacco Amt: none

Smoking stage of change:

Ex Smoker
 ∅ tobacco use

Goals/Interventions

No tobacco use.

EDUCATION
Follow-up/Discharge

(check all that apply) Date: 4/3/19

SF36 Score: 100

Stage of change:
 Contemplate _____ Pre-Contemplation _____
 Maint _____ Prep _____ Act _____

Family Support Yes _____ No wife

Tobacco Use _____ Yes No _____

Quit _____ < 6 months _____ > 6 months

Date Started: 1955

Date Quit: 1992

Quit Date Set: completed

cigarettes smoked per day? 1 1/2 ppd

Smokeless tobacco Amt: ∅

Smoking stage of change:

maintenance
 ∅ tobacco use

Goals/Interventions

no tobacco use

Denial:
 Education as Element
 Tobacco is not active
 OCC / RF not labeled



Weight Mgmt/Nutritional Counseling	GOAL PROGRESSION	EDUCATION	PLAN	GOALS
<input checked="" type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Diabetes Weight <u>312.5</u> BMI <u>39</u> Height <u>75</u> inches <u>6'3"</u> Rate Your Plate (RYP) Score <u>33</u> <input type="checkbox"/> Dietary Pattern <u>3 Meals/Day</u> <input type="checkbox"/> Heart Healthy diet/ Review of RYP Responses <u>High Fat Meats, Refined grains, 0-1 cup/FV, Never consider NaCl, Ice Cream, cookies, eat out 3x</u>	Goals <u>297/37</u> <input type="checkbox"/> BMI/Weight target goal <u>297/37</u> <u>Pt ultimate goal wt is 230#</u>	Education <u>Encouraged low fat meats</u> <u>Monitor Sodium Content</u> <u>My Fitness Pal to monitor daily intake, ↑ FIV</u>	Plan <input type="checkbox"/> RYP Specific Intervention <u>Lean meats/proteins - Chicken or Fish vs. Red Meats</u> <u>↑ FV to 2-3 cups/day</u> <input type="checkbox"/> Diabetic Ed /MNT Referral	Program Wt/BMI Goal <u>297/37</u> Rate Your Plate Score ≥ 58
<input checked="" type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Diabetes Weight <u>310</u> BMI <u>39.06</u> <u>Reviewed RYP in detail and pt has made significant dietary changes moving items to healthy category. Biggest weakness is eating sweets.</u>	Progress Towards Goals <u>Eating overall healthy/ appears knowledgeable re: healthy food choices</u> Barriers: <u>none</u>	Education Lecture: Sugars & Sweeteners Lecture: Fruits & Vegetables <u>2-21-19 AM</u> Lecture: Healthy Eating Out <u>3-7-19 SE</u> Lecture: Sodium <u>3-21-19 mo</u> Handouts: <u>Handling Weight Problems, Snack Attack, Basics of Wt. loss, VU.</u>	Plan <input checked="" type="checkbox"/> RYP Specific Intervention <u>3 day detailed food journal</u> <input checked="" type="checkbox"/> substitute trail/mix 1x daily <u>celery/PB2</u> <input type="checkbox"/> Referral follow-up: <u>Sign up for pre-diabetic program.</u>	Initial Wt/BMI Goal <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met *If met, new Wt/BMI goal <u>n/a VU.</u> Rate Your Plate Score ≥ 58
<input checked="" type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Diabetes Weight <u>308.2</u> BMI <u>38.52</u> <u>%BF = 35.3%</u> <u>PT feels clothes are now loose. Feels has ↑ muscle mass</u> <u>PT did not bring dietary log nor attend pre dm program.</u>	Progress Towards Goals <u>↓ 4.3lbs but weight has plateaued. PT feels ↑ muscle tone ↓ in measurements.</u> Barriers: <u>PT did decrease trail mix intake</u>	Education Lecture: Sugars & Sweeteners Lecture: Fruits & Vegetables ✓ Lecture: Healthy Eating Out Lecture: Sodium <u>PT verbalizes healthy eating knowledge.</u>	Plan <input type="checkbox"/> RYP Specific Intervention <u>Obtain %BF</u> <input checked="" type="checkbox"/> Consider MNT for weight loss.	Wt/BMI Goal <input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met *If met, new Wt/BMI goal <u>n/a</u> Rate Your Plate Score ≥ 58 <u>↓ %BF</u>
<input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Diabetes Weight <u>301.6</u> BMI <u>38.44</u> Rate Your Plate (RYP) Score <u>63</u> <u>34.6% BF</u> <u>PT continues to make gradual progress cwt lbs. Feels. BMI's changing and is motivated to continue.</u>	Progress Towards Goals <u>↓ 4.9 lbs fir program</u> Barriers:	Education Lecture: Sugars & Sweeteners <u>4-11-19</u> Lecture: Fruits & Vegetables ✓ Lecture: Healthy Eating Out Lecture: Sodium	Long term Plan <input type="checkbox"/> Long term strategies: <u>Consider MNT if wt loss plateaus/stops before goal.</u> <input checked="" type="checkbox"/> Referrals: <u>PT provided copy of MNT referral. VU.</u>	Wt/BMI Goal <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met *If met, new Wt/BMI goal <u>n/a</u> Rate Your Plate Score ≥ 58
Exit Weight <u>307.4</u> Program Change: <u>.02 ↓</u> % BMI: <u>38.4</u>				<input type="checkbox"/> Met <input checked="" type="checkbox"/> Not Met <input type="checkbox"/> Unk <input checked="" type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unk
Staff Initials: <u>OKJ</u> Physician Initials: <u>MM</u>	Staff Initials: <u>MD</u> Physician Initials: <u>AK</u>	Staff Initials: <u>MD</u> Physician Initials: <u>MM</u>	Staff Initials: <u>MD</u> Physician Initials: <u>MM</u>	Staff Initials: <u>OKJ</u>

Approve:
well
labeled

Detail on
progress

Pulmonary ITP

Row Name	08/09/21 1018	07/26/21 1301	06/30/21 1355	06/03/21 1330
Exercise Prescription				
Mode	—	—	—	Walk;Other (Comment) Balance exercises -BK
Frequency	—	—	Minimum of exercise sessions 2-3 days per week -BK	Minimum of exercise sessions 2-3 days per week;Provided with home exercise instructions -BK
Duration of Aerobic Exercise	31-45 minutes -SA	31-45 minutes -BK	31-45 minutes -BK	31-45 minutes -BK
Duration Comment	—	—	Increase by 1 minute every 1-2 weeks as tolerated. -BK	—
Intensity - Target Heart Rate (THR)	85-136 -SA	85-136 -BK	85-135 -BK	85-135 -BK
Intensity (METS)	2.7-3.3 -SA	2.7-3.3 -BK 1/30/2021 -BK	2.5-3.3 -BK	—
Oxygen Titration	—	—	Maintain SpO2 according to MD order -BK	Maintain SpO2 according to MD order -BK

Denial: No oxygen flow rate or SP02 parameters within the exercise prescription

Pulmonary ITP

Approve:
Oxygen flow
and SpO2
parameters
within
exercise
prescription

Exercise Prescription			
Mode	Treadmill;Arm Ergometer;Warm-up/Cool down;Stepper;Weights; Elliptical;NuStep;Rower; Recumbent Elliptical;Recumbent Bicycle -AV	Treadmill;Arm Ergometer;Warm-up/Cool down;Stepper;Weights; Elliptical;NuStep;Rower; Recumbent Elliptical;Recumbent Bicycle -AV	Treadmill;Arm Ergometer;Warm-up/Cool down;Stepper;Weights; NuStep -AV
Frequency	Minimum of exercise sessions 2-3 days per week; Provided with home exercise instructions -AV	Minimum of exercise sessions 2-3 days per week -AV	Minimum of exercise sessions 2-3 days per week -AV
Duration of Aerobic Exercise	> 45 minutes -AV	> 45 minutes -AV	31-45 minutes -AV
Intensity - Target Heart Rate (THR)	exercise heart rates between 90-120 bpm. -AV	exercise heart rates between 90-130 bpm -AV	exercise heart rates between 90-120 bpm. -AV
Intensity (METS)	3-3.9 METs -AV	2.5-3 METs -AV	2-2.5 -AV
Intensity Level - Upper Limits of Rate of Perceived Exertion	13-15 -AV	13-15 -AV	11-13 -AV
Oxygen Titration	Maintain SpO2 greater than or equal to 89% -AV	Maintain SpO2 greater than or equal to 89% -AV	Maintain SpO2 greater than or equal to 89% -AV
Oxygen Titration	Pt has maintained greater or equal to 89% oxygen during exercise and no longer uses supplemental oxygen. -AV	Pt not in need of supplemental oxygen at rest. Pt on 1 LPM oxygen during exercise. SpO2 continue to improve. -AV	1 LPM O2 at rest and staff increased pt to 2 LPM O2 with exercise to maintain SpO2 >88%. -AV

COPD ASSESSMENT TEST Oxygen and Dyspnea PR... Nutrition & Weight C... Blood Pressure PR Tx ... Diabetes Mgmt PR Tx Plan Pshychosocial Tx Plan Physical Activity and...

Accordion Expanded View All

Therapeutic Note from 8/20/2020 in SFH Pulmonary Rehab

8/20/20

Search (Alt+Comma) 1300

MEASURE - NUTRITION AND WEIGHT CONTROL (defined by BMI and weight loss)

Assessment Visit:		Initial
Weight		69.854 kg
Height CMS		162.6 cm
BMI:		26.49
Weight change (lbs):		
Increased or Decreased?		
Goal: Body Mass Index (BMI) < 25, ACC/AHA Guidelines		To be reassessed

NUTRITION AND WEIGHT CONTROL - INTERVENTION

Interventions:	Assess current body weight, height, BMI;Instruct on importance of appropriate diet, adequate nutrition;Provide nutritional ...
RD evaluation with Nutrition Plan provided:	
Evaluation:	Verbalizes understanding of nutritional guidelines / recommendations;Verbalizes benefits of weight loss / management
Long term plan:	Continue lifestyle modifications;Continue with nutrition recommendations;To be reassessed

INITIAL ASSESSMENT

1st PR Session 08/20/2020

Denial:
No nutrition assessment or reassessments

COPD ASSESSMENT TEST Oxygen and Dyspnea PR... Nutrition & Weight C... Blood Pressure PR Tx ... Diabetes Mgmt PR Tx Plan Pshychosocial Tx Plan Physical Activity and...

Accordion Expanded View All

Therapeutic Note from 9/17/2020 in SFH Pulmonary Rehab

9/17/20

Search (Alt+Comma) 0900

MEASURE - NUTRITION AND WEIGHT CONTROL (defined by BMI and weight loss)

Assessment Visit:		30 DAY
Weight		68.04 kg
Height CMS		162.6 cm
BMI:		25.79
Weight change (lbs):		4
Increased or Decreased?		Decreased
Goal: Body Mass Index (BMI) < 25, ACC/AHA Guidelines		Not met

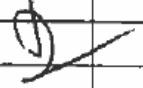



NUTRITION AND WEIGHT CONTROL - INTERVENTION

Interventions:	Assess current body weight, height, BMI;Instruct on importance of appropriate diet, adequate nutrition;Provide nutritional ...
RD evaluation with Nutrition Plan provided:	
Evaluation:	Verbalizes understanding of nutritional guidelines / recommendations
Long term plan:	Continue lifestyle modifications;Continue with nutrition recommendations;To be reassessed

30 DAY REASSESSMENTS

No detail on progress

1

♥PHYSICIAN APPROVAL♥ <input checked="" type="checkbox"/> Continue Phase 2 CR Program <input type="checkbox"/> Hold until further notice <input type="checkbox"/> D/C Reason: _____ Physician Signature: 	♥PHYSICIAN APPROVAL♥ <input checked="" type="checkbox"/> Continue Phase 2 CR Program <input type="checkbox"/> Hold until further notice <input type="checkbox"/> D/C Reason: _____ Physician Signature: 	♥PHYSICIAN APPROVAL♥ <input checked="" type="checkbox"/> Continue Phase 2 CR Program <input type="checkbox"/> Hold until further notice <input type="checkbox"/> D/C Reason: _____ Physician Signature: 	♥PHYSICIAN APPROVAL♥ <input checked="" type="checkbox"/> Continue Phase 2 CR Program → Ph3 <input type="checkbox"/> Hold until further notice <input checked="" type="checkbox"/> D/C Reason: _____ Physician Signature: 
---	---	---	--

Denial: has physician signature but no date to show when signed

2

ITP Type	Date/Time	Action Taken	Additional Information
Initial Assessment	02/05/19 0909	Sign	Ordering Mode: Per protocol: cosign required
	02/08/19 1039	Cosign	
Re-Assessment	03/08/19 0850	Sign	Ordering Mode: Verbal with readback
	03/08/19 0851	Verbal Cosign	
Re-Assessment	04/05/19 0955	Sign	Ordering Mode: Verbal with readback
	04/06/19 1818	Verbal Cosign	
Re-Assessment	05/02/19 1730	Pend	Ordering Mode: Verbal with readback
	05/06/19 0843	Sign	
	05/06/19 0852	Verbal Cosign	
Discharge	05/16/19 1709	Sign	Ordering Mode: Verbal with readback
	05/17/19 0731	Verbal Cosign	


Denial: a verbal order is not an acceptable signature


📄 Progress Notes Anil Gupta, MD (Physician) • Cardiology • Encounter Date: 6/17/2021 • Signed

Based upon review of the patient's progress and Plan of Care, it is my medical opinion that should continue treatment as outlined.

Electronically signed by Anil Gupta, MD



Physician Signature / Date 
Melissa Frandsen / MD / Medical Director
Date/time: 06/23/2020 11:16

Physician Signature / Date 
Melissa Frandsen / MD / Medical Director
Date/time: 07/20/2020 15:06

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Approve: electronic signatures with dates

<p>Blood Pressure:</p> <p>Goal: <130/80</p> <p>Current BP: 122/76</p> <p><i>Risk Factors Assessment</i></p> <p><input type="checkbox"/> Pt compliant with BP Rx</p> <p>Needs modification in:</p> <p><input checked="" type="checkbox"/> Diet/Na+ restriction</p> <p><input checked="" type="checkbox"/> Exercise</p> <p><input checked="" type="checkbox"/> Wt. loss</p> <p><input type="checkbox"/> Stress Management</p> <p><i>Risk Factors Plan</i></p>	<p><input type="checkbox"/> Pt compliant with BP Rx</p> <p><input checked="" type="checkbox"/> Working on lifestyle changes</p> <p>Barriers: 126/75</p> <p><i>Risk Factors Reassessment</i></p>	<p><input type="checkbox"/> Pt compliant with BP Rx</p> <p><input checked="" type="checkbox"/> Working on lifestyle changes</p> <p>Barriers: 111/60</p> <p><i>Risk Factors Reassessment</i></p>	<p><input type="checkbox"/> BP maintained at goal</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 10/58</p> <p>Current BP:</p> <p><input checked="" type="checkbox"/> Hypertension education complete</p> <p><input checked="" type="checkbox"/> Continued to work on lifestyle changes</p>		
<p>Cholesterol</p> <p>Goal: LDL < 70</p> <p>Date Drawn: 8-17-19</p> <p>Patient levels:</p> <p>Total: 152</p> <p>LDL: 65</p> <p>HDL: 39 TRIG 240</p> <p><i>Risk Factors Assessment</i></p> <p><input type="checkbox"/> Pt compliant with Chol Rx</p> <p>Needs modification in:</p> <p><input checked="" type="checkbox"/> Diet</p> <p><input checked="" type="checkbox"/> Exercise</p> <p><input checked="" type="checkbox"/> Wt. loss</p> <p><input type="checkbox"/> Stress Management</p> <p><i>Risk Factors Plan</i></p>	<p><input type="checkbox"/> Pt compliant with Chol Rx</p> <p><input checked="" type="checkbox"/> Working on lifestyle changes</p> <p>Barriers:</p> <p><i>Risk Factors Reassessment</i></p>	<p><input type="checkbox"/> Pt compliant with Chol Rx</p> <p><input checked="" type="checkbox"/> Working on lifestyle changes</p> <p>Barriers:</p> <p><i>Risk Factors Reassessment</i></p>	<p><input type="checkbox"/> Cholesterol education complete</p> <p><input checked="" type="checkbox"/> Continued to work on lifestyle changes</p>		<p><i>Risk Factors Discharge/Follow-up</i></p>

Denial: no detail on progress, has a checkbox for “working on lifestyle changes”

<p>(Check all that apply) Date: 06/20/2019</p> <p>OXYGENATION Initial Assessment</p> <p>Breath Sounds: Normal breath sounds</p> <p>Airway Clearance: <input type="checkbox"/> Aerobika <input type="checkbox"/> Flutter <input type="checkbox"/> Chest physio <input type="checkbox"/> Acapella <input type="checkbox"/> Vest <input type="checkbox"/> Other</p> <p>During Exercise: <input checked="" type="checkbox"/> O2 Liters: 3 RPD: 3 SPO2: 93</p> <p>Titration Plan: Maintain O2 at 88% or higher</p> <p>Home Exercise: O2 at: 3 Liters</p> <p>Plan & Intervention: Titrate supp. O2 as needed to maintain SpO2 above 88%.</p>	<p>OXYGENATION Re-Assessment (Check all that apply) Date: 07/19/2019</p> <p>Breath Sounds: Normal breath sounds</p> <p>Airway Clearance: <input type="checkbox"/> Aerobika <input type="checkbox"/> Flutter <input type="checkbox"/> Chest physio <input type="checkbox"/> Acapella <input type="checkbox"/> Vest <input type="checkbox"/> Other</p> <p>During Exercise: <input checked="" type="checkbox"/> O2 Liters: 2 SPO2: 94 RPD: 3</p> <p>Titration Plan: Maintain O2 to maintain >88%</p> <p>Home Exercise: O2 at: 2 Liters</p> <p>Plan & Intervention: Titrate supp O2 as needed to maintain >88%</p> <p>Additional Comments: Pt has been able to decrease supp. O2 need with cont. improvement. (7/19/19) Pt cont. to improve with decreased need for supp. O2 and is now working at 1L/min. (8/16/19)</p>	<p>OXYGENATION Re-Assessment Date: 08/16/2019</p> <p>Breath Sounds: Normal breath sounds</p> <p>Airway Clearance: <input type="checkbox"/> Aerobika <input checked="" type="checkbox"/> Flutter <input type="checkbox"/> Chest physio <input type="checkbox"/> Acapella <input type="checkbox"/> Vest <input type="checkbox"/> Other</p> <p>During Exercise: <input checked="" type="checkbox"/> O2 Liters: 1 SPO2: 94 RPD: 3</p> <p>Titration Plan: Titrate supp. O2 to maintain >88%</p> <p>Home Exercise: O2 at: 1 Liters</p> <p>Plan & Intervention: Titrate supp O2 as needed to maintain >88% Pt has decreased supp. O2 at most times except extreme exertion and at night during sleep.</p> <p>Discharge Plan: When patient is capable to complete 5METS of activity for 45 min. with no complaints or dependency of supp. O2.</p>	<p>(Check all that apply) Date: 09/10/2019</p> <p>OXYGENATION Follow-up/Discharge</p> <p>Breath Sounds: Normal breath sounds</p> <p>Airway Clearance: <input type="checkbox"/> Aerobika <input type="checkbox"/> Flutter <input type="checkbox"/> Chest physio <input type="checkbox"/> Acapella <input type="checkbox"/> Vest <input type="checkbox"/> Other</p> <p>During Exercise: <input type="checkbox"/> O2 Liters: RA SPO2: 97 RPD: 3</p> <p>Titration Plan: Titrate supp O2 as needed to maintain >88%</p> <p>Home Exercise: O2 at: RA Liters</p> <p>Plan & Intervention: Pt has been able to discontinue supp. O2 dependency during rehab sessions and continues to only use at night with phys approval.</p>
<p>Goals: Oxygenation Titrate supp. O2 in order to maintain SpO2 88%-97%. Decrease dependency on Supp. O2</p>			

Approve: shows management and titration of oxygen
has progress on goals

C O R E C O M P O N E N T	<ul style="list-style-type: none"> Hypertension <p>History of hypertension <input checked="" type="radio"/> Y <input type="radio"/> N</p> <p>Resting BP: <u>112/72</u></p>	<ul style="list-style-type: none"> Maintain optimal BP control SBP <130 DBP <80 	<ul style="list-style-type: none"> Attend hypertension education Attend sodium education Follow low sodium diet Attend medication education Take prescribed medications <p>Comments: <i>encouraged pt. to attend education.</i></p>	<ul style="list-style-type: none"> Attend HTN education <input checked="" type="radio"/> Y <input type="radio"/> N Attend Na education <input checked="" type="radio"/> Y <input type="radio"/> N Follows low Na diet <input checked="" type="radio"/> Y <input type="radio"/> N Attend medication education <input checked="" type="radio"/> Y <input type="radio"/> N Takes prescribed meds <input checked="" type="radio"/> Y <input type="radio"/> N <p>30 day BP: <u>120/68</u> 60 day BP: <u>118/72</u> 90 day BP: <u>120/60</u></p>	<ul style="list-style-type: none"> Resting BP: <u>110/60</u> <p>Met: <input checked="" type="radio"/> Y <input type="radio"/> N</p>
	<ul style="list-style-type: none"> Tobacco use <input checked="" type="radio"/> Y <input type="radio"/> N <p>Cigarettes/day: <u>NA</u></p> <p>Smokeless tobacco: <u>NA</u></p> <p>Comment:</p>	<ul style="list-style-type: none"> Smoking Cessation <p>Quit date set: <u> </u></p>	<ul style="list-style-type: none"> Exercise 4-7 days per week Use cessation meds if prescribed Offer 1 on 1 counseling 	<ul style="list-style-type: none"> Met 1 on 1 date <input checked="" type="radio"/> Y <input type="radio"/> N Exercise 4-7 days/wk <input checked="" type="radio"/> Y <input type="radio"/> N Using prescribed meds <input checked="" type="radio"/> Y <input type="radio"/> N Smoke free 30 day <input checked="" type="radio"/> Y <input type="radio"/> N Smoke free 60 day <input checked="" type="radio"/> Y <input type="radio"/> N Smoke free 90 day <input checked="" type="radio"/> Y <input type="radio"/> N 	<ul style="list-style-type: none"> Smoke free <input checked="" type="radio"/> Y <input type="radio"/> N <p>Met: <input checked="" type="radio"/> Y <input type="radio"/> N</p>
	<ul style="list-style-type: none"> Medication administration <p>Adheres to prescribed medication regime <u>780</u> % of time</p>	<ul style="list-style-type: none"> Follows medically prescribed medication administration >80% 	<ul style="list-style-type: none"> Attend medication education Take meds same time each day Use pill box as reminder Set alarms for reminders 	<ul style="list-style-type: none"> Attend medication education <input checked="" type="radio"/> Y <input type="radio"/> N Take meds same time <input checked="" type="radio"/> Y <input type="radio"/> N Use pill box if appropriate <input checked="" type="radio"/> Y <input type="radio"/> N Alarms if appropriate <input checked="" type="radio"/> Y <input type="radio"/> N 	<ul style="list-style-type: none"> Medication adherence <u>>80</u> % of time <p>Met: <input checked="" type="radio"/> Y <input type="radio"/> N</p>



100/15

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Initial Assessment	Goal	Intervention	30 Day Reassessment	60 Day Reassessment	90 Day Reassessment	Discharge
Date: 8/13/2020			Date: 9-4-20	Date:	Date:	Date: 9-23-20
Weight Management Wt <u>165</u> lbs Ht <u>70</u> inches BMI <u>23.6</u> <input type="checkbox"/> Underweight BMI < 19 <input checked="" type="checkbox"/> Optimal Weight BMI 19-24.9 <input type="checkbox"/> Overweight BMI 25-29.9 <input type="checkbox"/> Obese BMI ≥30	Progress toward weight loss goal (recommend rate of ½ to 1 pound per week) Short term goal: Eat more meals to ↓ need for supplemental shakes.	Education Completed <input checked="" type="checkbox"/> Cooking Healthy <input checked="" type="checkbox"/> Eating Out <input checked="" type="checkbox"/> Modify Recipes <input checked="" type="checkbox"/> Plate Planner <input checked="" type="checkbox"/> Portion Estimator <input checked="" type="checkbox"/> Reading Labels <input checked="" type="checkbox"/> Shopping Wisely <input type="checkbox"/> Weight Gain <input type="checkbox"/> Weight Loss Tips Other: Comments:	Wt <u>166.2</u> lbs BMI <u>23.8</u> <input type="checkbox"/> Underweight <input checked="" type="checkbox"/> Optimal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese Short term goals: ↓ to one ensure glucerna per day Comments: states appetite is returning but still using supplements	Wt _____ lbs BMI _____ <input type="checkbox"/> Underweight <input type="checkbox"/> Optimal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese Short term goals: Comments:	Wt _____ lbs BMI _____ <input type="checkbox"/> Underweight <input type="checkbox"/> Optimal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese Short term goals: Comments:	Wt <u>166.1</u> lbs BMI <u>23.8</u> <input type="checkbox"/> Underweight <input checked="" type="checkbox"/> Optimal <input type="checkbox"/> Overweight <input type="checkbox"/> Obese Comments: wt. remains stable Has replaced glucerna & food on most days, still uses occasionally. Makes good food choices
Diabetes <u>Y</u> / N Fasting Blood Sugar <u>111</u> mg/dL HbA1c <u>9.8</u> % Medication: Glargine Insulin Daily <input checked="" type="checkbox"/> Monitors blood sugar at home Directed frequency: Daily	FBS : <140 mg/dL HbA1c < 7% Other: monitor daily sugars + p exercise to avoid low sugars.	Education completed <input checked="" type="checkbox"/> Carb Basics <input checked="" type="checkbox"/> Exercise with Diabetes <input checked="" type="checkbox"/> Hypoglycemia <input checked="" type="checkbox"/> Hyperglycemia <input checked="" type="checkbox"/> 5g Carb Snacks Other: <input checked="" type="checkbox"/> Referral to Diabetic Educator <input checked="" type="checkbox"/> Referral to Foot Care Already seeing Comments:	Fasting Blood Sugar - <u>120</u> mg/dL Pre-exercise blood sugar <u>180</u> mg/dL Post exercise blood sugar <u>112</u> mg/dL A1C: _____ % <input type="checkbox"/> Medication change <input checked="" type="checkbox"/> Monitors blood sugar at home as directed Goals: ↓ sugary snacks and add fruit and veggies Comments: BS dropping 60-70 mg/dL post exercise stressed importance of checking BS pre and post and having a carb source available	Fasting Blood Sugar - _____ mg/dL Pre-exercise blood sugar _____ mg/dL Post exercise blood sugar _____ mg/dL A1C: _____ % <input type="checkbox"/> Medication change <input type="checkbox"/> Monitors blood sugar at home as directed Goals: Comments:	Fasting Blood Sugar - _____ mg/dL Pre-exercise blood sugar _____ mg/dL Post exercise blood sugar _____ mg/dL A1C: _____ % <input type="checkbox"/> Medication change <input type="checkbox"/> Monitors blood sugar at home as directed Goals: Comments:	Fasting Blood Sugar - <u>101</u> mg/dL Pre-exercise blood sugar <u>114</u> mg/dL Post exercise blood sugar <u>102</u> mg/dL HbA1c _____ % <input type="checkbox"/> Medication change <input checked="" type="checkbox"/> Monitors blood sugar at home as directed Comments: Doing great controlling sugars & exercise. Follow up w diabetes educator next week

Approve: has detail on progress to goals



OTHER CORE COMPONENTS/ RISK FACTORS REASSESSMENT

Plan for Other Core Components

INTERVENTIONS

7/9/19 Patient non compliant with diabetes meds and is not checking blood sugars

Plan for Nutrition

INTERVENTIONS Meet with RD

7/9/19 Currently eating very unhealthy. Pt is aware he could eat much better

Plan for Psychosocial

INTERVENTIONS

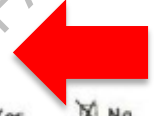
7/9/19 Denies depression or anxiety. States all stress is from his current health issues and family matters

Denial: states it is an intervention but is actually part of the assessment

Exercise		Nutrition		Education		Stages of change	
Stages of change		Stages of change		Stages of change		Stages of change	
<input type="checkbox"/> Pre Contemplation	<input type="checkbox"/> Contemplate	<input type="checkbox"/> Pre Contemplation	<input type="checkbox"/> Contemplate	<input type="checkbox"/> Pre Contemplation	<input type="checkbox"/> Contemplate	<input type="checkbox"/> Pre Contemplation	<input type="checkbox"/> Contemplate
<input type="checkbox"/> Preparation	<input checked="" type="checkbox"/> Action	<input type="checkbox"/> Preparation	<input checked="" type="checkbox"/> Action	<input type="checkbox"/> Preparation	<input checked="" type="checkbox"/> Action	<input type="checkbox"/> Preparation	<input checked="" type="checkbox"/> Action
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Relapse	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Relapse	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Relapse	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Relapse
6 Minute Walk Test		Lipids		Learning Barriers		Outcome Survey Tools	
DIST: 845 H	Ambulatory Status	<input checked="" type="checkbox"/> Not Available	Date: _____	<input type="checkbox"/> Speech	<input type="checkbox"/> Literacy	COOP: 37	
Max HR: 99	Fall Risk Assessed	Total: _____	Trig: _____	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	PHQ 9: 1	
RPE: 13	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HDL: _____	LDL: _____	<input type="checkbox"/> Cognitive	<input checked="" type="checkbox"/> Ready to Learn	DASI: N/A	
SPO2: 95%	Assist Devices	Diabetes		Educational Handbook Given		Fat Screen: 37	
MET: 1.8	<input type="checkbox"/> Cane	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Family Support			
	<input type="checkbox"/> Walker	HbA1C: _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lives: <input type="checkbox"/> Alone <input checked="" type="checkbox"/> Spouse / Others			
	<input checked="" type="checkbox"/> None	Monitors BS at Home	Random BS: _____				
Exercise Prescription		Weight Management		Tobacco Use		Intervention	
Mode		Weight: 231 lbs		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Never		Psych Consult: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Treadmill	<input checked="" type="checkbox"/> Bike	Height: 73 in		<input type="checkbox"/> Quit < 6 Months		Physician Referral: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> NuStep	<input checked="" type="checkbox"/> UBE	BMI: 31		<input checked="" type="checkbox"/> Quit > 6 Months		Identifies Stressors: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Elliptical	<input type="checkbox"/> Track	Goal weight: 231		Date Started: 3ge 18		Drug Intervention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Frequency: 2 x week		Alcohol Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date Quit: 2009			
Duration: 30-45 MIN		Type: _____	Amount: _____	Cigs / day: _____		Education	
Intensity: mild-mod	METS: 4-6	Frequency: _____		Smokeless Tobacco: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Coping Techniques	
Progression: Borg scale 13-15						<input checked="" type="checkbox"/> S/S Depression	
THR: 116-124		Intervention		Intervention		<input checked="" type="checkbox"/> Positive Support System	
Angina with Exercise?	Resistance Training?	Dietician Consult/Class: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Smoking Cessation Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Target Goal	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nurse/Patient Discussion: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Ind. Education / Counseling: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Assess presence or absence of depression using a valid screening: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Hypertension		Diabetes Ed Referral: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Tobacco Adjunct: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Use Stress Management: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Diagnosed with HTN?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Discuss Maintenance / Wt Loss: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Education		Adverse Events: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Resting BP _____	Peak Ex BP _____	Dietary Goal: Lower BMI		<input checked="" type="checkbox"/> Nutrition 6-18-19		Unexpected events: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Intervention		Education		Target Goal		Physician	
Home Exercise: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> S&S Hypo/Hyper glycemia		<input checked="" type="checkbox"/> Risk Factors 6-18-19		No Changes, Proceed as Tolerated	
Mode: Walking		<input checked="" type="checkbox"/> Relate Diabetes to CAD		<input type="checkbox"/> Pharmacy Consult		Note the Following:	
Duration: 15-20 min		<input checked="" type="checkbox"/> Eating Healthy		<input checked="" type="checkbox"/> Stress 6-18-19			
Frequency: 2 x day		Target Goal		<input checked="" type="checkbox"/> Exercise / Heart 6-19-19			
Education		LDL-C < 100 if trig > 200: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Complete Tobacco Cessation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A			
<input checked="" type="checkbox"/> Equipment Orientation	<input checked="" type="checkbox"/> RPE Scale	LDL-C < 70 for high risk patient: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Educate / Review and have understanding of cardiac disease prevention: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> Exercise Safety	<input checked="" type="checkbox"/> Wrm Up/ CI Down	Non HDL-C Should be < 130: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Medication Compliance: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input checked="" type="checkbox"/> S/S to Report	<input checked="" type="checkbox"/> Physically Active	HbA1C < 7%: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Electronically Authenticated by:	
Target Goal		BMI < 25: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				Habib F Bassil, MD	
Start Individual Exercise Rx: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						On 06/19/2019 06:49 PM EDT	
BP < 140/90 or < 130/80 if DM or CKD: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Signature _____ Date / Time _____	
Aerobic activity 30 + min / day 5 days / wk: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Notes: * Pt reported calf pain/cramping at end of 6 min. walk							



core component note



Denial:
Check boxes only, no detail on progress

Education as Element

No OCC/RF

The labeled OCC is actually a note

(Check all that apply) Date: 1-16-20

EXERCISE Initial Assessment

Stages of change: pre-contemplation
 contemplate prep act
 maint relap

6-MWT Stress test Other:

walked ft: 1200ft max HR: 75
 RPE: 8 SP02: MET level: 2.74

Exercise Prescription

Mode: TM B NS: EG

Frequency: 3x week
 Duration: 35-40 mins
 Intensity: RPE 12-15
 Progression: To signs and symptoms
 Gradual increments of 0.5-1.0 METs as tol.

Angina with ex THR: 128
 Resistance train Wt# Repts

Hypertension: yes no
 Medication Diet: Amlodipine, Chlorthalidone,
 Blood Pressure:
 Resting BP: 136/80 Peak Exercise: 148/84
 Meds: Lisinopril, Meloxicam, Hydorcodone, ASA, Omeprazole, Temazepam, Clonazepam

Intervention

Home exercise:
 Type: Walks Frequency: Usually daily
 Duration: approx 1 mile
 Resistance training

Education:
 Self pulse RPE scale Equip Orient
 Wm-up/cl-dn Ex Safety S/S to report
 Low Na diet BP Medication
 Understand BP
 Physical active

Target Goal: Attend Cardiac rehab 3 x week

(Check all that apply) Date: 2/10/20

EXERCISE 30 Day Re-Assessment

Stages of change: pre-contemplation
 Contemplate prep act
 maint relap

Exercise History

Mode: TM B NS: EG

Frequency: 3x wk
 Duration: 60 min +
 Intensity: RPE 14 METS 4.4-5.2
 Progression: As tol. 0.5-1 mets

Angina with ex THR: 128
 Resistance train Wt# Repts
 6# on TM.
 Rest: 128/72
 Current BP: Peak: 146/90 Med change

Intervention

Home exercise:
 Type: Walks Frequency: Daily
 Duration:

Education:
 Self pulse RPE scale Equip orient
 Wm-up/cl-dn Ex safety S/S to report
 Low Na diet BP Medication
 Understand BP Physical active

Target Goal: No Progress Appropriate progress

(Check all that apply) Date:

EXERCISE 60 Day Re-Assessment

Stages of change: pre-contemplation
 Contemplate prep act
 maint relap

Exercise History

Mode: TM B NS: EG

Frequency:
 Duration:
 Intensity:
 Progression:

Angina with ex THR:
 Resistance train Wt# Repts

Current BP: Med Change

Intervention

Home exercise:
 Type: Frequency:

Education:
 Self pulse RPE scale Equip orient
 Wm-up/cl-dn Ex safety S/S to report
 Low Na diet BP Medication
 Understand BP Physical active

Target Goal: No Progress Appropriate progress

(Check all that apply) Date: 2/21/20

EXERCISE Follow-up/Discharge

Stages of change: pre-contemplation
 Contemplate prep act
 maint relap

6-MWT Stress test Other:

walked ft: 1500 max HR: 84
 RPE: 8 SP02: MET level: 3.18

Exercise History

Mode: TM B NS: EG EL

Frequency: 3x wk
 Duration: 60 min
 Intensity: RPE 15 METS 4.7-5.5
 Progression: As tol.

Angina with ex THR: 128
 Resistance train Wt# 8# Repts 10-12

Hypertension: No Yes
 Medication Diet:
 Blood Pressure:
 Resting: 124/78 Peak Exercise: 162/64
 Med Change

Intervention

Home exercise:
 Type: Walks Frequency: Daily
 Duration:

Education:
 Education goals met

Target Goal: No progress Appropriate progress Goal achieved

Denial:
 No detail on progress

Check box only for "appropriate progress"

Can not use HTN as OCC/RF for is in Exercise



Tonia Belms, CCRP, FAACVPR

EXERCISE 8/17/2018
Initial Assessment
 6-MWT Stress test
 Other: **DASI** DASI: **8mets**
 Max METs:
 6-Minute cycle distance: **NA**
 6-minute walk distance: **NA**
 Peak METs during CR: **2.4mets**
 RPE: **2-3** SP02: **NA** max HR: **68**
 Fall risk assessed: Yes No
 Assistive device: **None**
 Cane Wheel chair Walker

Exercise Prescription/Plan & Intervention
 Mode: TM B STP EG EL R
 EL R
 Frequency: **3 TIMES PER WEEK**
 Duration: **30 MINUTES**
 Intensity: **2.2-2.5 METS**
 Progression: **RPE <3; NO CP; MHR 60-65%**
 Angina with ex Aerobic Exercise
 Resistance train
 Wt# Reps THR: **REST+40**

Home exercise:
 Type: **NONE**
 Frequency:
 Duration:
 Resistance training

Education: (Checks indicate scheduled. Dates indicate completed)
 Equip orient' **8-13-18** RPE scale **8-13-18** Ex safety **8-13-18** S/S to report **8-7-18**
 Self pulse **8-13-18** Wm-up/cl-dn **8-13-18** Physical active **8-7-18**

Target Goal: Initial
 *Individual exercise Rx
 *Aerobic active 30+ min 5 days per week
 Additional Goals/Progression:

EXERCISE **Exercise Prescription/Plan & Intervention**
 Date: 9/5/18
Re-Assessment
 Mode: TM B STP EG EL R
 Frequency: **3 times per week**
 Duration: **47 min**
 Intensity: **2.1-3.4 mets**
 Progression: **RPE <3; NO chest pain**
 Angina with ex Aerobic Exercise
 Resistance train **NO chest pain**
 Wt# Reps THR: **20-40**
Home exercise:
 Type: **None**
 Frequency: **Max HR Range 70-86**
 Duration:
 Resistance training

Additional Comments:
 pt came to orientation on 8-7-18 but started exercise session on 8-13-18 due to clearance pre-certification

Untoward Events:
 No untoward events during 30 sessions

Discharge Plan:
 - pt will get back to work full time
 - pt's exercise time will be 50min/wk
 - pt will reach met level of 5mets
 - pt will have a set exercise plan
 On discharge from cardiac rehab

Target Goal: Re-Assessments
 *Individual exercise Rx
 *Aerobic active 30+ min 5 days per week
 Additional Goals/Progression:
 pt has progressed, 40-47 min of exercise

EXERCISE 10/31/18
Follow-up/Discharge
 6-MWT Stress test
 Other: **DASI** **By DASI**
 Max METs: **13.90 mets**
 6-Minute cycle distance: **NA**
 6-minute walk distance: **NA**
 Peak METs during CR: **5mets**
 RPE: **3-4** SPO2: **NA** max HR: **92** **NO chest pain**

Exercise Prescription/Plan & Intervention
 Mode: TM B STP EG
 EL R
 Frequency: **3x per week**
 Duration: **50 min**
 Intensity: **4-5mets**
 Progression: **RPE <3; NO chest pain**
 Angina with ex Aerobic Exercise
 Resistance train
 Wt# Reps
 THR: **20-40 beats over resting**

Home exercise: **pt will be**
 Type: **Continuing her exercise**
 Frequency: **@ Healthplex 3-5**
 Duration: **times per week**
 Resistance training **x 50 minutes**

Target Goal: Discharge
 *Individual exercise Rx
 *Aerobic active 30+ min 5 days per week
 Additional Goals/Progression:
 pt has reached 5mets
 pt has reached 150min/wk of exercise

Approve:
 has detail
 on progress

Exercise Discharge Assessment	Nutrition Discharge Assessment	Psychosocial Discharge Assessment	Other Core Components Discharge Assess
<p>Discharge MET level: 3.6 Performance Measure: Increase MET level 40% at discharge: Yes No 80 % increase MET: 3.6 Mode: NS Current Home exercise/activity: Walking</p> <p style="text-align: center;"><u>Exercise Plan</u></p> <p>GOALS: Increase Met level 40% by DC. Met, pt doing well with Nustep, able to increase Met level by 80% since start. Unable to pursue TM due to hip pain.</p> <p>Initiate home ex plan by 30 day recheck Met, Pt walks at home daily up and down driveway for a total of 30mins a day. Has progressed from using his walker to a cane to no help needed.</p> <p>Exercise Prescription Frequency: 3 days/wk Intensity: RPE 12-14 Time: 20-30 mins Type: (aerobic) TM NS AE RB SB EL RW Resistance Training: 3lb weights at rehab, bicep curls, shoulder shrugs, triceps kickbacks and extensions.</p> <p>Intervention/Education: Education given on how to gauge symptoms and to stop exercise with symptoms. Also taught how to use RPE scale to judge effort at home as well as talk test. Patient given DC information and reminded on s/s to report. He verbalized understanding.</p> <p>Home Exercise Activity Plan: Walking outdoors Frequency: 5-6 days/wk Intensity: RPE 11-13 Time: 30 mins Type: aerobic</p>	<p>Weight: 240 BMI: 37.6 WNL Overweight Obese Morbid Obese</p> <p>Eats Heart Healthy: 80 % of the time</p> <p>Dyslipidemia: Yes No T Chol 206 LDL 143 HDL 45 Trig 92 Lipids Unavailable Heart Failure Yes No</p> <p style="text-align: center;"><u>Nutrition Plan</u></p> <p>Goal: -Patient able to identify how sodium intake affects BP and heart health by DC -MET: Pt states he is aware that salt intake can increase his BP. He is able to remember from BP education that it increases volume of blood and makes heart work harder.</p> <p>-Patient will teach back s/s to watch for DM by DC Met, Pt states his symptoms for low BS are usually dizziness and eye watering. If he believes he is getting low he checks his BS prior to treating to be sure it is hypoglycemia causing the issue.</p> <p>Interventions/Education: Patient and I went over his basic diet and foods he should aim for in his diet with DC instructions. We also discussed BS and exercise effects again as well as his symptoms for low BS and how to properly check and treat. Patient was able to teach back BS information to me without need for reminder. His wife is helping him to control diet and made changes with him.</p> <p>Nutrition R.D. consult: Yes Declined Complete Pt sees dietician for DM apt so opted to not meet with the dietician. He did listen to diet information given by cardiac rehab staff and wife given handout of diet education.</p>	<p>PHQ-9: 4 None 0-4 Mild 5-9 Mod 10-14 Mod-Svr 15-19 Svr: 20-27 Difficulty: Somewhat Performance Measure: Goal: PHQ-9 score decrease by 1 or more levels of severity at discharge. Yes No NA Refused</p> <p>Stressors/Concerns: Denies any at this time</p> <p style="text-align: center;"><u>Psychosocial Plan</u></p> <p>Goal: -Identify 2 stress relieving mechanisms by DC. Met, pt states he likes to sit in his chair and watch tv or take a nap to relax.</p> <p>Intervention/Education: Patient educated on what stress is, signs of stress, and techniques to help manage and cope with stress in a healthy way. Patient denied having much stress in his life but did identify 2 relaxation techniques he can use.</p> <p>Relaxation Techniques: Sit in chair, watch tv, take a nap</p> <p>Coping Skills: Talk to wife or family member about stressor, or go work in his garage to clear his head.</p> <p>Physician Referral: Y N NA Refused</p> <p>Social Work Consult: Y N</p> <p>Physician Apt: No upcoming cardiology apt until end of next month. Hoping to be given okay to get hip replacement soon.</p>	<p>Diabetes: Diet/Oral meds/Insulin/No Type 2 Medication: Synjardy 8/1/2020 Blood sugar monitoring: 3xs daily FBS Range: 120-140 A1C: 6.4</p> <p style="text-align: center;"><u>Diabetes Plan</u></p> <p>Goal: Patient able to identify goal FBS range in the morning and target A1C range. Met, pt able to teach back goal numbers.</p> <p>Intervention/Education: Went over ideal BS numbers.</p> <p>Hypertension: Yes No Performance Measure: discharge BP <130/80 Yes No BP Range: 102/50-124/60</p> <p style="text-align: center;"><u>Hypertension Plan</u></p> <p>Goal: Met, pt BP has not been above 130/80 in the last month. Has been well controlled and he is able to check at home.</p> <p>Interventions/Education: Pt questioned about being able to check his BP at home, he does have an automatic BP cuff for his arm. Went over low blood pressure readings and symptoms of this.</p> <p>Cardiac Medications: Atorvastatin-Lipitor 40mg 1 tab bedtime Metoprolol 25mg nightly Magnesium 84mg 3 tabs BID Furosemide 80mg daily Amiodarone 200mg daily Xarelto 20mg nightly Potassium 20Meq daily Synjardy</p> <p>Goals: Pt will carry medication list with him at all times by DC. Met, pt and I went over medication list and he keeps a list from his wallet and produced when asked. Verified with med list at cardiac rehab.</p> <p>Intervention/Education: Patient was given a filled out medication list for wallet. Went over how he sets up and takes his pills. He denies any questions about medications.</p>

Approve:
 States has "Met" goal and then provides detail on progress and plan for the future

<p>Nutrition Reassessment Date: <u>10-8-2020</u> <u>240.2</u> Weight <u>232</u> 30 day weight loss goal Pt declined to set weight goal</p> <p>Comments: Discussed with Pt. methods of healthier food choices & options for snacks. Also discussed lower sodium choices. T.L.</p>	<p>Review of Nutrition Goals: Successes: limiting saturated fats in daily diet except Blue bell Ice Cream Challenges: Bluebell Modified Goals: Healthier choices of snacks. Watch sodium labels to reduce the sodium intake.</p>
<p>Nutrition Reassessment Date: <u>11-5-2020</u> <u>228.8</u> Weight 30 day weight loss goal <u>T.L.</u> Pt declined to set weight goal Reduction wants to maintain</p> <p>Comments: Patient recent wt loss and states he has been reducing his sodium intake. States cardiologist reduced amount of Diuretic due to much recent fluid loss.</p>	<p>Review of Nutrition Goals: Successes: Pt. states to have reduced amount of Blue bell intake to twice to three times a week instead of daily. Also has been reading nutrition labels. Challenges: Blue Bell Ice Cream still a challenge and white processed carbs. Modified Goals: Continue to reduce Blue bell intake to 2 times a week. Less white carbs & more 100% whole grains.</p>
<p>Nutrition Reassessment Date: <u>12-01-2020</u> <u>227.5</u> Weight 30 day weight loss goal Pt declined to set weight goal</p> <p>Comments: Discussed continued heart healthy options and less sodium. States even though discussed past 232 still like continue some wt loss. Discussed with Pt. a good goal of pound to 100 a week with continued healthy diet option.</p>	<p>Review of Nutrition Goals: Successes: Only consuming half cup Blue Bell in 6 weeks Challenges: states still having struggles with keeping sodium intake down. Modified Goals: Reading sodium labels on a continued basis.</p>
<p>Nutrition Discharge/Follow-Up Date: <u>12-22-2020</u> <u>232</u> Weight 30 day weight loss goal Pt declined to set weight goal</p> <p>Comments:</p>	<p>Review of Nutrition Goals: Successes: Cutting out saturated fats & Blue Bell Challenges: still w sodium intake and states ate little more often. Modified Goals: overall Pt. has met his nutrition goals except for needs more restrictions on sodium intake & cooking more at home also reduce sodium intake.</p>

Approve:
Left column shows detail on reassessments

Right column shows review of goals and includes success, challenges and modifications to goals

Other Core Components**DISCHARGE ASSESSMENT** **Smoker**Quit: <6 months >6 months

Date started: NA

Date quit: NA

Quit date/set: NA

Average Packs Per Day:

 Smokeless tobacco amt: **Diabetes** FBS: HbA1c:

Diabetes medication:

Metformin 1000 MG BID

 Monitor BS at home**Blood Pressure:** **High BP Hx**

Resting: 144/75 Post BP: 128/70

BP Meds: Amlodipine, Metoprolol ER, Benazepril

 CHF EF (%): 60**Plan for Other Core Components****INTERVENTIONS**

6/16/2020: Pt continues to refrain from smoking and avoids second hand smoke. Pt continues to take medications as recommended by his MD. Pt continues to get BP checked pre and post exercise at CR. Patient checks his blood glucose daily. States that it stays around 120. Cardiac rehab will check his pre and post BG for the first 6 sessions per medicare. Last appointment with PCP was last Tuesday and next appointment is in 2 months. Last appointment with Dr. Choi was last Friday and next appointment is in 2 months. Will monitor blood pressure on going as elevated today.

07/06/2020: Patient BP continues to be elevated at Cardiac Rehab. Patient is checking BP at home and consistent with what cardiac rehab is getting. Checks blood glucose at home and range is 133. Pre exercise blood glucose range here at cardiac rehab is 112-157 and post exercise range is 106-133. Continues to be smoke free. Saw PCP in June and will see Dr. Choi in July. Swelling in right leg has improved to 1+ edema. Will send BP report to Dr. Choi for review.

NUTRITION**DISCHARGE ASSESSMENT****Lipids:** Intake Discharge Intake Discharge

Total Chol: 165 HDL: 40

Trig: 165 LDL: 52

Lipid lowering med/supplement:

Atorvastatin 80mg daily

Weight Management

Wt: 246lb Ht: 70in BMI: 35.01

Weight (intake) 248.2lb Wt goal: 230

% Fat: Waist Cir:

Intake Discharge

Rate Your Plate Score: 65 63

Special Diet:

Heart healthy. Consistent Carbohydrate.

Plan for Nutrition**INTERVENTIONS**

6/16/2020 Sent over nutritional assessment to R.D. Will go over RD recommendations with patient when they return. Pt continues to take medications as recommended by MD. Pt continues to weigh in weekly at CR.

07/06/2020: Reviewed RD recommendations with patient and gave copy to patient. Has no further questions. His goal is to eat more lean meat, more vegetables and cut down on sodium intake.

07/27/2020: Continues to follow a low Na+ diet, increased vegetable intake and using lean meat cuts. Denies alcohol use. Weight down 3#.

08/17/2020: Patient continuing to follow a low Na+ diet and avoiding sweets.

08/24/2020: Consistent with his meal plan and watching sweets and Na+.

Dietary goal: more lean meat, cut down on sodium and more vegetables.

Education Classes:**Target Goals/Outcomes:**

Attend Key Activities to Lose weight 07/10/2020

PSYCHOSOCIAL**DISCHARGE ASSESSMENT****Psychosocial Test:** Intake Discharge

Tool used: PHQ-9 score 0 0

Psychosocial Test Interpretations:

Denies anxiety or depression.

Quality of Life Test: Intake Discharge

QLI Global Score:

Plan for Psychosocial**INTERVENTIONS**

6/16/2020 Pt denies anxiety and depression. Will reach out to PCP and his girlfriend that he lives with for assistance. He will continue to pursue interests such as yardwork and gardening.

07/06/2020: Patient denies any anxiety or depression. Uses exercise and stretching to help him relax and deal with any stressors.

07/27/2020: Works in his yard and walks to help himself relax. No report of anxiety or depression.

08/17/2020: Denies anxiety or depression. Watches TV and does yard work to relax. Has a positive outlook on his health.

08/24/2020: Denies anxiety or depression.

Psychotropic medications:

NA

Education Classes:**Target Goals/Outcomes:**Attend Advanced Directive 07/15/2020
Attend Stress Management 06/29/2020

Approve:
Has detail on progress shows the date of the intervention and progress

(Check all that apply) Date: 9/21/20
NUTRITION
Initial Assessment
 Lipids: Date: 8/13/2020 Total Chol: 128
 HDL: 38 LDL: 70 Trig: 101
 Lipid lowering med/supplement:
 Atorvastatin 20mg
Weight Management
 Wt: 220.7lb % Fat: 33.1 Wt goal: 200
 Ht: 74in lbs fat: 73.0 Waist Cir.: 42.5in
 BMI: 28.68
 Alcohol: daily weekly special
 none Type:
 Amount: 2-3 drinks per week
 Rate Your Plate 50

Plan & Intervention
 Dietitian consult Date: NA
 Staff/patient discussion
 Comments:
 Dietician consult to be scheduled
 Dietary goal: established following RD visit
 Diet class
 Targeted wt management

(Check all that apply) Date: 10/19/20
NUTRITION
Re-Assessment
Weight Management
 Current WT: 226.7
 Wt goal: 200
Plan & Intervention
 Dietitian consult
 Staff/patient discussion
 Diet class
 Targeted wt management
 Dietary goal:
 TBD

(Check all that apply) Date: 11/18/20
NUTRITION
Re-Assessment
Weight Management
 Current WT: 227.3
 Wt goal: 200
Plan & Intervention
 Dietitian consult
 Staff/patient discussion
 Diet class
 Targeted wt management
 Dietary goal:
 Established on 10/28/20 see notes below

(Check all that apply) Date: 12/17/20
NUTRITION
Re-Assessment
Weight Management
 Current WT: 228
 WT goal: 200
Plan & Intervention
 Dietitian Consult
 Staff/Patient discussion
 Diet Class
 Targeted wt management
 Dietary Goal:
 See progress below

Target Goal: Re-Assessments
 *LDL-C <100 if triglycerides are >200
 *non-HDL-C should be <130
 *LDL-C <70 for high risk patients
 *BMI <25 Waist cir <40 in M/<35 in F
Additional Goals/Progression:
 1. Strive for a minimum of 2 hours between the end of evening meal and going to bed; allow for digestion to occur.
 2. Replace 2 cups of coffee with 2 cups of water as much as possible
 3. Suggest snacks at desk; raisins for oatmeal, nuts/dried fruit, yogurt in station frig, as examples.
 4. Consider taking lunch to work beginning with Mondays and Fridays and then as possible move to taking it daily.
 5. Strive to increase dietary fiber; provided minimum recommendations for all plant foods.
 6. Use 10%DV for sodium when making choices of processed foods.
 10/28/20: Patient's diet is low in fiber, moderately high in sodium due to number of take out meals weekly. Given his lifestyle there is a need to improved eating habits to include more structured meals, addition of snack and of course some changes in foods selected. As we discussed this he agreed that there are opportunities for improvement in what he eats. We talked about option such as having a banana on the way to work, then a take long breakfast that can be eaten during commercial breaks etc. Discussed options for take along lunches such as soups, stews, crockpot meals, salads with protein from previous evening meal, etc. When asked if he can see how he may move forward to better eating he said yes and seemed to be committed to making some of these changes happen. Encouraged him to call me if he has questions or needs additional information. HN RND
 11/18/20: States that he has had a success in trying to add more fiber since dietician appt. He is challenged with over snacking on his off days from exercise and feels discouraged about weight maintenance. mentions that he will eat lunch provided to him from Montana Club, etc. at times still rather than packing a lunch. Provided nutrition handout of a review of previous appt to see if he wanted to make goals based off of recommendations. Discussed creating small goals such as adding vegetable or fruits into meals, replacing snack choices, decreasing caffeine intake. pt. was receptive. LS RCEP
 12/17/20: Discusses frustrations with weight loss, he has been working on nutrition habits and revisited notes from Holly RD and is changing out baked good snacks with fruit, yogurt or apple sauce. States this week he will focus on vegetable intake, encouraged trying to add vegetable to each meal. Discussed low sodium dressing/seasoning options as he prefers butter and salt on vegetables, meal planning to avoid temptations for eating out lunch options, and smaller more frequent meal options. LS RCEP

(Check all that apply) Date: 12/30/20
NUTRITION
Follow-up/Discharge
 Lipids: Date: 8/13/2020 Total Chol: 128
 Trig: 101 HDL: 38 LDL: 70
 Med change
Weight Management
 Wt: 228lb % Fat: 30 Wt goal: 200
 Ht: 74in lbs fat: 73.0 Waist cir.: 42in
 BMI: 29.1
 Rate Your Plate 57
Plan & Intervention
 Dietitian consult Date: 10/28/2020
 Staff/patient discussion
 Comments:
 Pt. did not have updated labs for cholesterol levels since initial however, Pt. remains aware of proper cholesterol levels.
 Dietary goal: See below
 Diet class
 Targeted wt management

Approve:
 has detail
 on progress

Resources

- To access the FAQ , click here:
<https://www.aacvpr.org/Portals/0/Docs/ProgramCertification/2022/Program%20Certification%20FAQs%20Document%202022.pdf>
- To access the "ITP Checklists" reference document, go to the Application Resources Page
<https://www.aacvpr.org/Portals/0/Docs/ProgramCertification/2022/ITP%20Checklists%202022.pdf>
- Please send any questions to **certification@aacvpr.org**

QUESTIONS

