

BACPR EXERCISE PROTOCOL FOR MANAGEMENT OF CHD PATIENTS

A. Transition from Phase III to Phase IV Exercise

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

Cardiac event and date

Subsequent complications and/or interventions

Relevant medical history

Cardiac risk stratification

Exercise prescription (with relevant summary of ETT)

Medication

Secondary prevention plan

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

If Phase IV professional is satisfied that the patient should be transferred to Phase IV and THERE HAVE BEEN NO NEW EVENTS OR SYMPTOMS in the interim, accept patient for Phase IV exercise.

B. GP CHD Patient Exercise Referral Pathway

This pathway is to be used if:-

(i) > 6/12 elapsed since acute cardiac event, *or*

(ii) > 6/12 since discharge from Phase III, *or*

(iii) CHD history but no recent acute event

IMPORTANT NOTE – If <6/12 since acute event without clinical assessment or participation in Phase III redirect patient via Phase III.

The **CHD GP Exercise Referral Form** should be completed and a referral accepted if:-

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

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

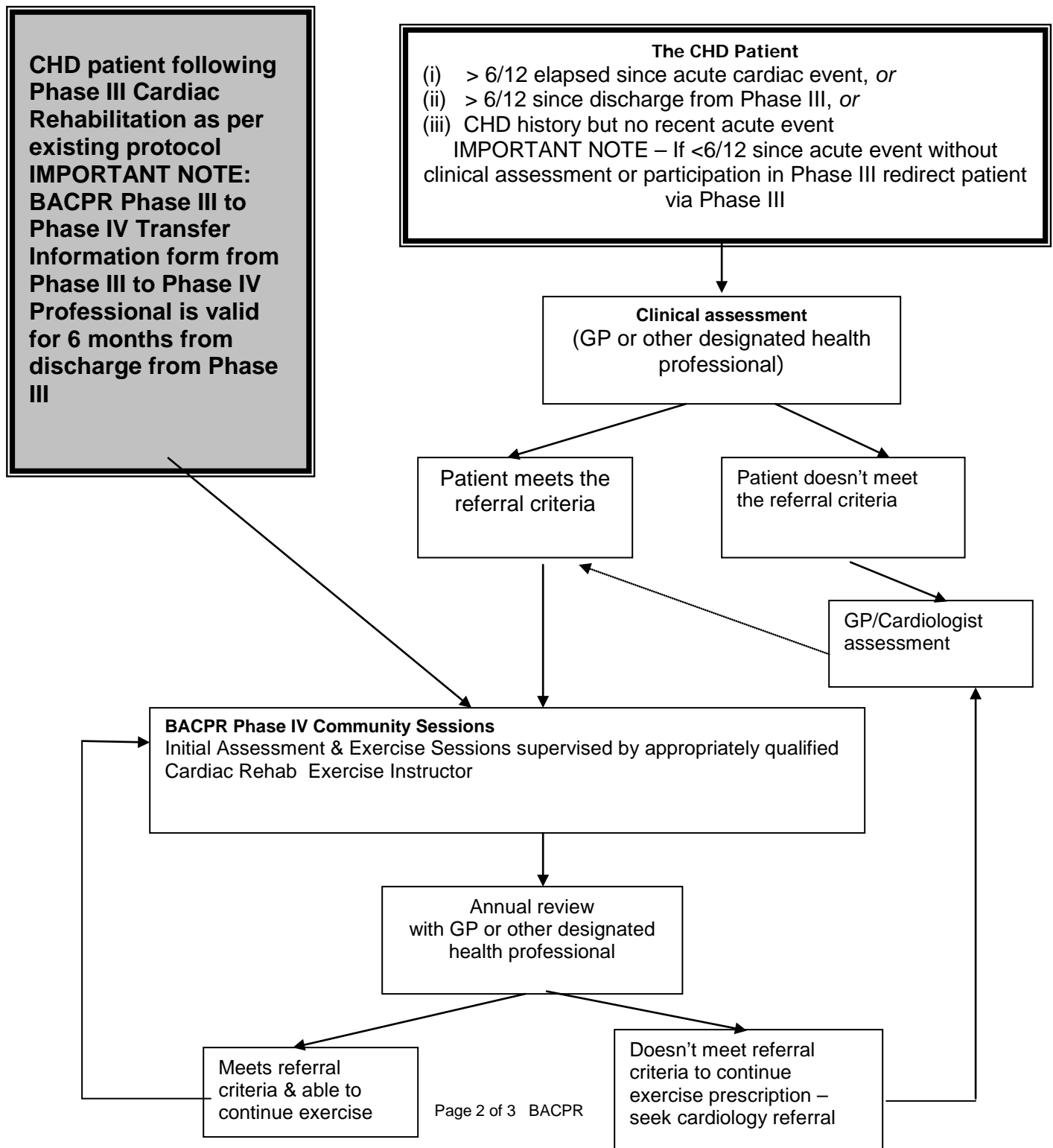
All patients should consider a pre-exercise checklist prior to participating in exercise. Agreed contraindications to exercise should be considered prior to each session & if necessary patient should be referred back to GP as appropriate.

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

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PHASE III – IV PATHWAY

CHD GP REFERRAL PATHWAY



CHD PATIENT – GP EXERCISE REFERRAL CRITERIA

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

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

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

Contraindications to referral for exercise:

- ✗ Unstable angina
- ✗ Systolic blood pressure $\geq 180\text{mmHg}$ & / or diastolic blood pressure $\geq 100\text{mmHg}$
- ✗ BP drop $> 20\text{ mmHg}$ demonstrated during ETT
- ✗ Resting tachycardia $> 100\text{bpm}$
- ✗ Uncontrolled atrial or ventricular arrhythmias
- ✗ Unstable or acute heart failure
- ✗ Unstable diabetes
- ✗ Febrile illness

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

- ✓ Date of diagnosis of CHD
- ✓ Details of the cardiac event(s) eg. MI, CABG & dates
- ✓ Subsequent progress, complications & / or interventions eg implantable devices (pacemaker / ICD)
- ✓ Results of investigations, eg ECG Exercise Treadmill Test, Echocardiogram
 - i.e. a) Left Ventricular function:
Ejection Fraction - $<40\%$ poor; $40\text{-}50\%$ moderate; $>50\%$ good
 - b) Ischaemic status:
patient symptoms i.e. exertional or 'at rest angina';
ETT result – e.g. ST depression
- ✓ Other relevant medical history
- ✓ Details of medication

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