1. ALLERGIES/REACTIONS:_________________________________________________________________________

2. DIAGNOSIS:___________________________________________________________________________________________

3. DATE OF EVENT:_________________________________________________________________________________________

4. EXERCISE INTENSITY GUIDELINES:
   Progress depending on patient’s condition
   _____________ Target MET level
   _____________ BPM above resting heart rate
   ☐ 11 – 13 rating on the Borg scale of perceived exertion
   ☐ Include resistance training with arm ergometer, wall pulls, free weights and resistance bands
   ☐ BP and heart rate documentation pre & post exercise
   ☐ SaO₂, BP and heart rate as needed for untoward symptoms
   ☐ Total exercise duration 60 minutes 3 days per week in program
   ☐ Encourage home exercise program within exercise tolerance limits
   Other:______________________________________________________________________________________________

5. EMERGENCY ORDERS:
   ☐ Activate Code Blue Procedure in the event of cardiac arrest – Start CPR
   ☐ Exercise Physiologist will enlist the assistance of supervising RN, in the event of any untoward symptoms, for evaluation.
      (Pain, dizziness, pallor, nausea, etc.)
   ☐ Activate Code Blue if patient is unstable
   ☐ Apply telemetry monitor after stopping exercise for patient reporting symptoms
   ☐ RN to assess patient and administer O₂ at 2-3 L per nasal cannula for shortness of breath and/or chest pain
   ☐ RN to administer Nitroglycerin sublingual 0.4 mg for chest pain as needed every 5 minutes times a maximum
      of 3 doses
   ☐ STAT 12 lead ECG with new onset of chest pain or cardiac symptoms (irregular pulse, palpitations, rhythm changes).
      Forward ECG to referring Physician or Medical Director.
   ☐ Notify referring Physician to report changes in patient’s clinical status. If referring Physician not immediately available, or
      condition is urgent, staff should contact Program Medical Director.
   ☐ Transport to ED for emergent symptoms, if patient is stable but has unrelieved chest pain and/or cardiac symptoms, or
      otherwise directed by Physician

NOTE: These orders should be reviewed by the attending physician, appropriately modified for the individual patient, dated, timed and signed below.

DATE TIME PHYSICIAN’S SIGNATURE

Another brand of drug, identical in form and content, may be dispensed unless checked. ☐