**Cardiac Rehab HER Note Templates**

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# CR Measurements

**UCSF CARDIAC REHABILITATION AND WELLNESS CENTER**

Date: @TD@

Patient Name: @NAME@

Age and Sex: @AGE@ @SEX@

Height: @HEIGHT@

Weight: @WEIGHT@

BMI: @BMIE@

Resting BP: @VITALSBP@

Supplemental oxygen during test: {YES/NO:24105}

Type: \*\*\* Flow: \*\*\* L/min Setting: \*\*\*

ROOM AIR {YES/NO:24105}

 Resting Exercise

 Baseline End of Test

Time: \*\*\* \*\*\*

Heart Rate: \*\*\* \*\*\*

Dyspnea (Borg Scale) \*\*\* \*\*\*

SpO2: \*\*\* % \*\*\* %

Total distance walked in 6 minutes: \*\*\* meters

 \*\*\* feet

 \*\*\* Max HR

Estimated Treadmill Speed: \*\*\* mph

Stopped or paused before 6 minutes? {YES/NO:24105}

Reason:{CardRehab 6MWT Symptoms:32982}

Other symptoms at end of exercise: {CardRehab 6MWT Symptoms:32982}

Technician name: \*\*\*

Technician Comments: \*\*\*

# Individualized Treatment Plan (ITP)

**UCSF CARDIAC REHABILITATION AND WELLNESS**

**Individual Treatment Plan (ITP) -- Reassessment on \*\*\***

**{mmcr306090:33247} day reassessment.**

**@ID@**

DOB: @DOB@

MRN: @MRN@

Patient was referred to cardiac rehab for a DX of {MMCRDX:32937}

**Exercise Reassessment**

Aerobic Exercise:

Increase in endurance exercise tolerance: \*\*\*

Frequency: {mmcrfrequency:33195} times/week

Intensity: RPE (6-20) = \*\*\* THR: \*\*\* METs: \*\*\*

Time: \*\*\* minutes/day

Type: {MMCREXRX:33191}

Plan: \*\*\*

Resistance Exercise:

Functional resistance exercises: \*\*\*

Frequency: \*\*\* times per week

Intensity: \*\*\* (Example: ~5 lbs for UE training; own body weight for LE training)

Time: \*\*\* (Example: 1 set of 20 reps for each UE exercise; 1 set of 10 reps LE training)

**Nutrition Reassessment**

Current BMI: @BMI@ kg/m2:

Current weight: @weight@ kg:

Lipid Management:

Recent lab results: @BRIEFLAB(CHOL,LDL,HDL,TG)@

Diabetes Management: Patient met criteria for pre-diabetes or diabetes when they started Cardiac Rehabilitation: {YES/NO:24105}

@BRIEFLAB(A1C)@

Verbalizes understanding of basic food- and nutrition-related to guidelines for heart healthy diet as evidenced by request for diet education, review of education material, and discussion. Continue to review heart health eating strategies, encourage whole food consumption and high fiber intake from plant foods. Limit food high in saturated fats, highly processed food, and concentrated sweets.

Plan: \*\*\* *Ex: (Pt demonstrated good understanding and verbalized key concepts. Patient appears in* ***preparation*** *stage of change. No barriers to learning noted. Expect good compliance.)*

Monitoring and Evaluation:

- Track serial weights. Goal of weight maintenance

- Monitor A1c levels. Goal A1c <5.7%

- Monitor lipid levels. Goal TC <200, HDL>40, LDL<100 (<70 for CAD/high risk), TG<150

**Psychosocial Reassessment**

Date of Survey: \*\*\*

PHQ-9: @FLOW(2100100060)@/27

GAD-7: @FLOWAMB(15448)@/21

Verbalizes general understanding of the benefits of exercise for mood, stress, and anxiety.

Reviewed other relaxation and/or stress management techniques with the patient.

Verbalizes/demonstrates management of anxiety: \*\*\*

Verbalizes/demonstrates management of depression: \*\*\*

Attended appt with mental health counselor: \*\*\*

Plan/Comments: \*\*\*

**Blood Pressure Reassessment**

Current Resting BP: @lastbp3@

Monitor BP. Goal <130/80

Plan/Comments: \*\*\*

**Medication Reassessment**

Verbalizes understanding of medications, treatment goals, and adherence. Continue review of education material and discussion during appointments in addition to compliance assessment.

Attended appointment with the Pharmacist: \*\*\*

Plan/Comments: \*\*\*

**Heart Failure Reassessment**

Comments: \*\*\*

**Tobacco Reassessment**

Referred to Fontana Tobacco Treatment Center at UCSF

**Hospital Admissions Assessment**

**\*\*\*** admissions since starting cardiac rehabilitation

**UCSF Cardiac Rehabilitation OUTCOME REPORT:**

|  |  |  |
| --- | --- | --- |
| **Outcome Measure** | **Pre** | **Post** |
| **Functional Status/****Exercise Capacity** | Date: | Date: |
|  Mets | 3rd visit: |  Last visit: |
|  Six Minute Walk Test Distance |   | @FLOWVALUE(20224)@ |
| **Psychosocial:**  |   |   |
|  PHQ-9 Score |   | @FLOW(2100100060)@/27 |
|  GAD-7 |   | @FLOWAMB(15448)@/21 |
| **Nutrition:** |   |   |
|  Weight (kg) |   | @weight@ |
|  Body Mass index (BMI) kg/m2 |   | @BMI@ |
|  Waist/Hip Circumference |   |   |
|  Lab Work |   | @BRIEFLAB(A1C)@@BRIEFLAB(CHOL,LDL,HDL,TG)@ |

Patient remains capable of participation in this program and continues to benefit from services listed below.

{MMCRBENEFITS:33193}

**Staff Signature/Credentials: @ME@ CEP**

# Initial Home-Based Encounter

**UCSF CARDIAC REHABILITATION AND WELLNESS**

Home Based Cardiac Rehabilitation Initial Encounter

@NAME@ is a @AGE@ @SEX@ who was seen for initial Cardiac Rehabilitation evaluation. Patient was referred to CR for the diagnosis of {MMCRDX:32937}.

I performed this consultation using real-time Telehealth tools, including a live video connection between my location and the patient's location. Prior to initiating the consultation, I obtained informed verbal consent to perform this consultation using Telehealth tools and answered all the questions about the Telehealth interaction.

Patient's current location/address and emergency contact name/phone number are current and recorded in the medical record. If not, the patient's location and contact information today are: \*\*\*.

Discussed the components of the HBCR program -- including a video check-in, individualized exercise plan, web-based health and wellness education modules, Chanl Health App, consults with RD, PharmD, and behavior psychiatrist, and weekly group video exercise meeting to connect with other CR participants.

Reviewed safety considerations in HBCR and discussed with the patient warning symptoms during physical exercise which include severe SOB; new pain, pressure or aching in your chest, arms, jaw, neck, shoulder, or back; extreme fatigue; light-headedness; irregular heart rhythm or heart fluttering; severe and/or new joint or muscle pain. Patient informed, if they experience any of these symptoms, to stop what they are doing and contact a member of your health care team. Call 911 if you need emergency care.

The following screening questions for HBCR were discussed:

What is your preferred method of communication? \*\*\*

Do you know your recommended appropriate RPE? **{YES/NO:24105}**

What exercise are you currently doing? \*\*\*

Do you have any existing injuries that may affect your exercise? \*\*\*

Do you have any exercise equipment at home? **{YES/NO:24105}**

If yes -- what kind \*\*\*

If no, offered ideas to substitute for weights and equipment

Are you interested with setting up a video conference with RD, Psych, PharmD? **{YES/NO:24105}.**

If yes, \*\*\*

During these next few weeks, what are your goals for HBCR and overall health? \*\*\*

What barriers and/or challenges do you foresee that could prevent you from reaching your goals? \*\*\*

Patient was set up with the Chanl Health App **{YES/NO:24105}.** If no, \*\*\*

Assignment: Start a written log or input in Chanl Health app 1) Exercise you did for the day 2) Blood pressure and heart rate, 3) Weight

Exercise Plan: \*\*\*

Education provided: \*\*\*

Total time spent consulting patient on this visit: \*\*\*

Signature: \*\*\*

# Individual Telehealth Session

Patient's identity verified by using two patient identifiers.

I performed this visit using real-time Telehealth tools, including a live video connection between my location and the patient's location. Prior to initiating the session, I obtained informed verbal consent to perform this visit using Telehealth tools and answered all the questions about the Telehealth interaction.

I met with the pateint as part of our "Virtual CR" weekly check-in.

Name: @id@

DX: \*\*\*

Patient's current location/address and emergency contact name/phone number are current and recorded in the medical record. If not, the patient's location and contact information today are: \*\*\*.

@name@ participated in the home based cardiac rehab (HBCR) program today. @name@ has completed \*\*\* home based cardiac rehab virtual check-ins.

Today's session weight was @weight@. Last 3 recorded BP's are as follows: @lastbp3@

Reviewed home exercise program with patient per individualized guidelines for aerobic and resistance exercises.

Aerobic home exercise program: \*\*\* The average rating of perceived exertion was \*\*\* (6-20 on the borg scale).

Resistance/strength home exercise program: \*\*\* The average rating of perceived exertion was \*\*\* (6-20 on the borg scale).

Plan: \*\*\*

Education provided: \*\*\*

Total time spent consulting patient on this visit: \*\*\*

Signature: \*\*\*

# Group Telehealth Session

I performed this visit using real-time Telehealth tools, including a live video connection between my location and the patient's location. Prior to initiating the session, I obtained informed verbal consent to perform this visit using Telehealth tools and answered all the questions about the Telehealth interaction.

@id@ participated in the "Group Virtual CR" exercise session today.

Name: @id@

DX: \*\*\*

Patient's current location/address and emergency contact name/phone number are current and recorded in the medical record. If not, the patient's location and contact information today are: \*\*\*.

Today's session weight was @weight@. Last 3 recorded BP's are as follows: @lastbp3@

Reviewed home exercise program with patient per individualized guidelines for aerobic and resistance exercises.

Plan/Comments: \*\*\*

Education provided: \*\*\*

Total time spent consulting patient on this visit: \*\*\*

Signature: \*\*\*

# Discharge

**UCSF CARDIAC REHABILITATION AND WELLNESS**

**DISCHARGE**

Thank you for referring your patient @NAME@ to UCSF Cardiac Rehabilitation and Wellness Center. @CAPHE@ attended the program from \*\*\* through \*\*\*. Pre and post assessments reveal the following results:

**UCSF Cardiac Rehabilitation OUTCOME REPORT:**

|  |  |  |
| --- | --- | --- |
| **Outcome Measure** | **Pre** | **Post** |
| **Functional Status/****Exercise Capacity** | Date: | Date: |
|  Mets | 3rd visit: |  Last visit: |
|  Six Minute Walk Test Distance |   | @FLOWVALUE(20224)@ |
| **Psychosocial:**  |   |   |
|  PHQ-9 Score |   | @FLOW(2100100060)@/27 |
|  GAD-7 |   | @FLOWAMB(15448)@/21 |
| **Nutrition:** |   |   |
|  Weight (kg) |   | @weight@ |
|  Body Mass index (BMI) kg/m2 |   | @BMI@ |
|  Waist/Hip Circumference |   |   |
|  Lab Work |   | @BRIEFLAB(A1C)@@BRIEFLAB(CHOL,LDL,HDL,TG)@ |

Considerations for future CV health maintenance: exercise program should be revaluated every 6 months, after any type of exercise stress test, medication changes, and/or change or new onset of chest pain or other symptoms.

@NAME@ attended supervised and monitored exercises sessions at least twice a week. The reconditioning exercise program included lower and upper body aerobic and strength training with treadmill, bike, recumbent cross-trainer and light weights/exercise bands. We also discussed home and maintenance exercise routines.

As part of the Cardiac Rehabilitation program, @NAME@ had the opportunity to meet individually with the Center's Registered Dietician, Clinical Pharmacist and Behavioral Health Specialist. The following education was provided through class sessions, individual meetings, and handouts: cardiology anatomy, physiology and disease; hypertension; hyperlipidemia; medication and supplements; heart health and overall nutrition; safe exercise; habit change; and stress management.

We encouraged @NAME@ to continue ongoing exercise and have provided the following guidelines for maintaining fitness.

Discharge Recommendations for @NAME@

1. Aerobic exercise prescription:

 Warm up and cool down with each session.

 MODE: Walking, Treadmill, and/or bicycle

 INTENSITY: RPE 11-14 (6-20 scale), HR \*\*\* to \*\*\*

 DURATION: 30-45 minutes

 FREQUENCY: 4-5 times/week

2. Upper / lower / core body exercises using \*\*\* lb weights or resistance bands

3. Stretching and Relaxation exercises daily.

Sincerely,