

BACPR Protocol for Transition from Core/Phase III to Long Term Exercise/Phase IV

It is very important that regular exercise and physical activity is maintained as a lifelong healthy lifestyle behaviour. Therefore, on discharge from a Core/Phase III cardiovascular prevention and rehabilitation programme there is a benefit for a patient to attend a supervised group and/or supported one-to-one sessions.

The criteria for assessing suitability to exercise in a community setting are:

- Being clinically stable (no change in symptoms or significant change in medication in preceding month)
- Being able to achieve activities of moderate intensity (40%-70% HRR or RPE Borg scales 11-14 or 2-4)
- Showing a commitment to self-monitor and regulate the intensity of their activity.

Some patients may stay with a qualified BACPR Specialist Exercise Instructor for approx. 12 weeks whilst others may choose to continue to exercise for a longer period under the supervision of the instructor. The transfer form includes information about:

- Cardiovascular event and date
- Subsequent complications and/or interventions
- Relevant medical history
- Current medication
- Secondary prevention plan / other risk factors
- Their personalised goals
- Exercise prescription achieved at core cardiac rehab including identifying patients with lower exercise capacity who nevertheless are suitable for transfer but may require a chair-based exercise prescription/or appropriate adaptations.

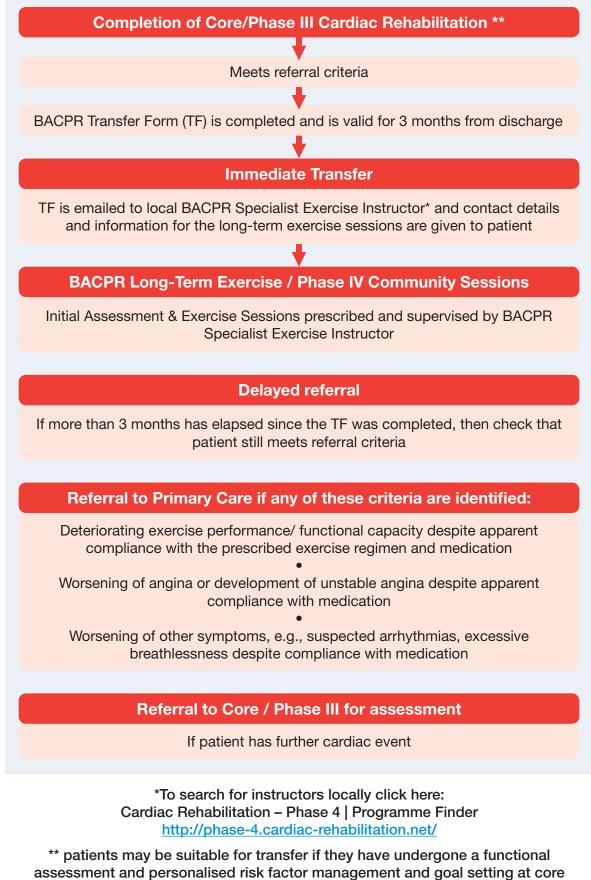
The patient's verbal consent should be obtained and documented on the transfer form along with the cardiovascular rehab professional's name and signature.

When not to refer:

- Patients who are awaiting urgent or emergency cardiology treatment.
- Patients who have an absolute exercise contraindication [1] :
 - o Ongoing unstable angina.
 - o Uncontrolled cardiac arrhythmia with haemodynamic compromise
 - o Active endocarditis
 - o Symptomatic severe aortic stenosis
 - o Decompensated heart failure
 - o Acute pulmonary embolism, pulmonary infarction or deep venous thrombosis
 - o Acute myocarditis or pericarditis
 - o Acute aortic dissection

The BACPR Specialist Exercise Instructor will read the transfer form and prescribe a safe and effective exercise prescription. This will not be carried out if there has been a new cardiovascular event or worsening of symptoms reported by the patient since completion of the form.

There should be a clear two - way communication pathway between core and long-term exercise programmes/sessions with a named contact and contact details for both. There also needs to be clear guidance about how the core/Phase III team can be contacted after the patient is discharged if needed.



rehab but have not completed a full Core CR exercise programme.