

# 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] :
  - Ongoing unstable angina.
  - Uncontrolled cardiac arrhythmia with haemodynamic compromise
  - Active endocarditis
  - Symptomatic severe aortic stenosis
  - Decompensated heart failure
  - Acute pulmonary embolism, pulmonary infarction or deep venous thrombosis
  - Acute myocarditis or pericarditis
  - 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.

## Completion of Core/Phase III Cardiac Rehabilitation \*\*

Meets referral criteria

BACPR Transfer Form (TF) is completed and is valid for 3 months from discharge

## Immediate Transfer

TF is emailed to local BACPR Specialist Exercise Instructor\* and contact details and information for the long-term exercise sessions is given to patient

## BACPR Long-Term Exercise / Phase IV Community Sessions

Initial Assessment & Exercise Sessions prescribed and supervised by BACPR Specialist Exercise Instructor

## Delayed referral

If more than 3 months has elapsed since the TF was completed, then check that patient still meets referral criteria

## Referral to Primary Care if any of these criteria are identified:

- Deteriorating exercise performance/ functional capacity despite apparent compliance with the prescribed exercise regimen and medication
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- Worsening of angina or development of unstable angina despite apparent compliance with medication
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- Worsening of other symptoms, e.g., suspected arrhythmias, excessive breathlessness despite compliance with medication

## Referral to Core / Phase III for assessment

If patient has further cardiac event

\*To search for instructors locally click here:  
Cardiac Rehabilitation – Phase 4 | Programme Finder  
<http://phase-4.cardiac-rehabilitation.net/>

\*\* patients may be suitable for transfer if they have undergone a functional assessment and personalised risk factor management and goal setting at core rehab but have not completed a full Core CR exercise programme.