PULMONARY DISCIPLINE

North Carolina Cardiopulmonary Rehabilitation Association 45th Annual Symposium

Disclosure

I have no actual or potential conflict of interest in relation to this program/presentation

Discussion Topics

- 2025 Reimbursement Updates
- ITP
  - Purpose
  - Essential elements and steps to include in ITP
  - Reassessment of treatment plan
  - Daily session notes
  - Discharge note
- Discussion

2025 Reimbursement Rates

Cardiac Rehabilitation

Pulmonary Rehabilitation

Supervised Exercise Therapy

Outpatient Respiratory Services

	Procedure Code	APC	On-Campus & Excepted Off-campus HOPD Payment Rate	Non-Excepted Off-Campus HOPD Payment Rate	PFS Non-Facility Payment Rate
CR	93797	5771	125.91	50.36	16.50
	93798	5771	125.91	50.36	24.58
ICR	G0422	5771	125.91	125.91	126.15
	G0423	5771	125.91	125.91	126.15
SET	93668	5733	59.40	23.76	14.23
PR	94625	5733	**59.40**	**23.76**	75.04
	94626	5733	**59.40**	**23.76**	81.51
ORS	G0237	5731	24.49	9.80	11.32
	G0238	5731	24.49	9.80	10.03
	G0239	5732	39.25	15.70	12.94

HOW DOES YOUR ITP MEASURE UP?

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INDIVIDUALIZED Treatment Plan

It's the content, not the format that matters!

AACVPR and CMS do not endorse any specific treatment plan format

ITP Purpose

42 CFR §410.47 Pulmonary rehabilitation program: CMS Conditions for coverage

Written plan established, reviewed, and signed by a physician every 30 days

- Diagnosis
- Type, amount, frequency, and duration of the items and services furnished under the plan
- Goals set for the individual patient under the plan to include:
  - **Exercise**
  - **Nutrition**
  - **Psychosocial**
  - **Oxygen Management**
  - **Other Core Components**
- Outcomes

Supporting structure for patient's treatment plan
Multi-disciplinary team + patient develop goals and identify strategies for meeting those goals
Standardized approach to developing individualized goals and interventions

ITP Steps

Step 1
Assessment

- Problem statement – Identify specific needs for ***this*** patient?
  - Information from medical record
  - Patient interview

Step 2
Plan

- Goals
- Physician Orders/Interventions
- Education

Step 3
Reassessment

- Every 30 days from date of MD signature to next MD signature
- Discharge/Outcomes

--- Standardized approach used to develop a personalized treatment plan

Goals *Is pt. meeting goals? Changes needed?*

- Clear, concise statements based on problem statement
- Understandable to patient
- Realistic, measurable and achievable
- Specific to each patient's needs and includes patient's personal goals?

Physician Orders/Intervention

- Team + patient identify strategies (interventions) for achieving identified goals immediately at beginning and end
- Ex Rx must be signed by MD/DO before or no later than first billing date

Education

- What does patient need to know to better self-manage their condition?
- Should be interactive with team – just handout or video not acceptable

PLAN:
Goals, Interventions, Education

Goal Setting Tips:

1. **Identify patients' personal goals**
   – what motivates the patient?
2. **Determine interventions and monitor ability to achieve goals**
   - how do your interventions fit into patient's life, goals and priorities – be aware of distractions and roadblocks.
3. **Do not assume non-adherence is a reason for lack of improvement**
   – determine why patient is not compliant. Patients meeting goals should be provided with self-management and relapse prevention plans

S Specific **M** Measurable **A** Achievable **R** Realistic **T** Time

Essential elements - exercise

Ex Rx

- ❑ ***Mode***
- ❑ ***Frequency***
- ❑ ***Duration***
- ❑ ***Intensity***
- ❑ ***O2***

Assessment

- ❑ Information from medical record
- ❑ Information from this patient
- ❑ Problem statement

Examples

- Current activity level
- Hypoxia, SpO2 resting/exercise
- RPD/RPE
- MET Level
- Objective measures: 6MWD, mMRC, DASI, CAT, CPET
- Fall Risk, Sit-to-Stand
- Assistive Device Use

Plan

- ❑ **Goals**
  Patient specific
- ❑ MD/DO Orders/ **Interventions**
  Ex Rx must be signed by MD/DO before or on first billing date
- ❑ **Education**

Examples

Goals

- Increase 6MWD by __ feet
- Climb 1 flight of stairs
- Dress self independently

Interventions/Education

- Ex guidelines and safety
- RPE/RPD scales
- Breathing control strategies
- Warm up/Cool down
- Equipment orientation
- Home exercise
- O2 use Signs & symptoms to report

Reassessment

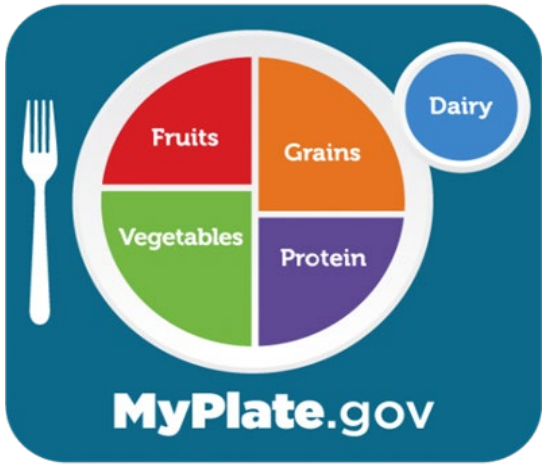
- ❑ 30 – 60 – 90 Days
- ❑ Completion /Discharge
- ❑ Outcomes

Examples

Progression – Has pt.. met short term goals? – Specific, objective data
Is patient meeting goals?
How?
30-60-90 Day Goals
Changes in treatment plan:

- Current activity level
- Hypoxia, SpO2
- RPD/RPE - MET Level
- Objective measures: 6MWD, mMRC, DASI, CAT, CPET
- Fall Risk, Sit-to-Stand
- Assistive Device Use

Essential elements - nutrition



Initial MY Plate Score	
Height (in)	
Weight (lbs..)	
Overweight	Y N
Underweight	Y N
Cachexia	Y N
Poor Diet Habits	Y N
Osteoporosis	Y N
Diabetes	Y N

Assessment

- ❑ Information from medical record
- ❑ Information from this patient
- ❑ Problem statement

Examples

- BMI ≤ 18 or ≥ 30 or involuntary weight loss > 10% in 6 months or >5% in 1 month
- Recent weight change
- Knowledge deficit related to healthy diet
- Changes in eating habits since pulmonary problems began
- Special diet or supplements
- Diet restrictions
- Describe appetite: Good Fair Poor
- Food allergies:

Plan

- ❑ **Goals -** Patient specific
- ❑ **Interventions**
- ❑ **Education**
  - Nutrition for chronic lung disease
  - Reading nutrition labels
  - Importance of adequate fluid intake
  - Managing SOB during/after meals
  - Making healthy dietary changes
  - Strategies for gaining/losing weight

Examples

Physician Orders/Interventions:

- Improve My Plate scores: ____
- Referral to Dietitian
- Follow diet plan
- Add one or more servings of vegetable daily
- Take salt shaker off table
- Watch portion sizes
- Add powered milk to soups, etc. to increase calories and protein

Reassessment

- ❑ 30 – 60 – 90 Days
- ❑ Completion/ Discharge
- ❑ Outcomes

Future plans – What is the plan for maintaining the gains achieved during PR?

- Join maintenance program
- Exercise at nearby fitness center …
- Prepare more meals at home, etc.

Examples

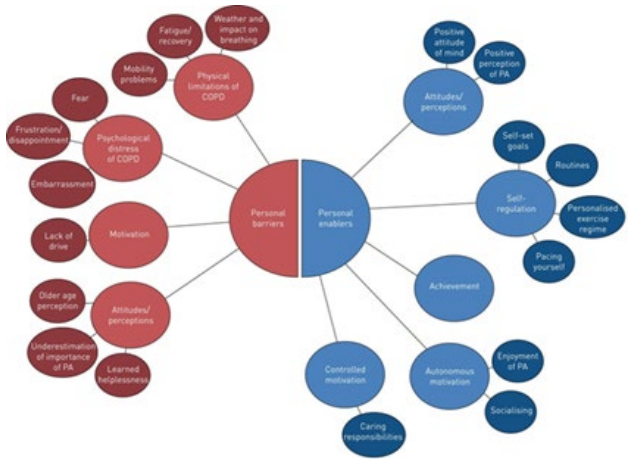
Progression – Need to update ITP – Has pt. met short term goals? – Specific, objective data

Is patient meeting goals? Patient response?

30 Day Goal: 60 Day Goal: 90 Day Goal:

- Changes in treatment plan:
- X lbs. wt. loss/gain per week
- Increase walking time , etc.

Essential elements - psychosocial



Potential Barriers	Potential Facilitators
Physical limitations	Positive attitude
Psychological distress	Self-set goals
Lack of motivation	Enjoyment of physical activity
Attitude/Perceptions -Learned helplessness - Underestimation of importance of PA	Support from family/friends
Financial constraints	Socializing

Adapted from: Kopsteli MC, Heneghan NR, Roskell C, et al. Barriers and enablers of physical activity engagement for patients with COPD in primary care. *Int. J. Chron. Obstr. Pulmon. Dis* 2017; 12:1019-1031

Assessment

Evaluation of an individual's **mental & emotional functioning** related to individual's rehabilitation including:

- **Family & home situation**
- Individual's **response to and rate of progress** under the treatment plan

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- **Can be performed by program staff,** not required to be performed by mental health professional
- Information from medical record
- Information from **this** patient

Examples

- Low stress level
- Transportation issues
- Panic
- Anxiety
- Financial strain
- Doesn't feel safe at home
- Anger
- Able to afford medications
- Currently participating in counseling
- Intra-family strains/conflict
- Able to afford food
- Coping strategies:
- Work/family strains
- Illness & family care issues
- Poor Coping skills

Plan

- ❑ **Goals**
  Patient specific
- ❑ **Interventions**
- ❑ **Education**
  - Coping techniques
  - Relaxation techniques
  - Sexuality
  - Breathing strategies to control dyspnea
  - Advanced directives
  - Emotional health and well being

Examples

Goals: Assess presence/absence of depression using GAD–7/PHQ–9

- Maintain GAD-7 score of < 5
- Maintain PHQ – 9 score of< 5
- Maximize coping skills
- Establish a positive support system

Physician Orders/Interventions:

- Review screening tool results with patient
- Discuss signs, symptoms of depression, stressors, appropriate coping skills, stress management, travel and intimacy as appropriate
- Identify stress management/coping strategies
- Train in dyspnea, panic control/ relaxation/stress management techniques
- Refer to social services/mental health
- Assess patient safety each visit

Reassessment

- ❑ 30 – 60 – 90 Days
- ❑ Completion /Discharge
- ❑ Outcomes

Examples

Progression – Has pt.. met short term goals? – Specific, objective data
Is patient meeting goals? How?
30-60-90 Day Goals

Changes in treatment plan:

Future plans – What is the plan for maintaining the gains achieved during PR?

- Join maintenance program
- Exercise at nearby fitness center
- Schedule time with family and friends

Essential elements - oxygen

Oxygen Rx

- ❑ *Rest*
- ❑ *Activity*
- ❑ *Sleep*
- ❑ *Modality (NC, Reservoir Cannula, Other)*
- ❑ *Flow (CF or PD)*
- ❑ *Device (Stationary, POC, Compressed Gas)*

Assessment

- Information from medical record
- Information from **this** patient
- Perform O2 titration on patient's own system, if available
- Problem statement

Examples

- Current O2 prescription/DME Provider
- Hypoxia, SpO2 resting/exercise
- Not using O2 as prescribed - Reason?
- Unaware of O2 prescription
- Does not have ambulatory oxygen
- Objective measures: SpO2 @ rest & with exertion
- Unable to describe accurate O2 use and safety
- Needs O2 titration and recommendation of appropriate delivery system/flow
- No need for supplemental O2 at this time

Plan

- **Goals**
  Adherence with O2 use as prescribed
- Pt. can describe: O2 Hrs of use per day, O2 setting @ rest, with ADLs, sleep exertion
  O2 safety, cleaning & maintenance
- **Orders/Interventions**
- **Education**
  - What does patient need to know?

Examples

Physician Orders/Interventions:

- Assess SpO2 and titrate O2 to obtain SpO2 > 88% for refractory hypoxemic pts. , 90% for general pts., 92% for CHF and pulm HTN.
- Identify reasons for non-compliance and discuss options
- Recommend appropriate O2 delivery system /flow

Education:

- Equipment orientation, discuss benefits of adherence to use of supplemental O2, use/safety/travel
- Signs & symptoms to report

Reassessment

- ❑ 30 – 60 – 90 Days
- ❑ Completion/Discharge
- ❑ Outcomes
- Future plans – What is the plan for maintaining the gains achieved during PR?

Examples

30 Day Goal: 60 Day Goal 90 Day Goal
Changes in treatment plan:

- No need for supplemental O2 at this time
- SpO2 on Rm Air resting/exertion
- Using O2 as prescribed maintaining SpO2 ____% on O2 setting of ____ @ rest, activity Use O2 as prescribed
- Knows O2 settings for Rest, Activity, Sleep
- Self-monitor SpO2 levels and notify healthcare provider if unable to maintain target levels

Essential Elements – Other Core Measures/Risk Factors

Other Core Measures

- ❑ *Exacerbation Prevention*
- ❑ *Medications*
- ❑ *Breathing Retraining/Energy Conservation Techniques*
- ❑ *Tobacco Cessation*
- ❑ *Respiratory Equipment*
- ❑ *Other*

Steps	Examples
Assessment • Information from medical record • Information from **this** patient • Hospitalizations/ER visits in past year: _____/_____ • Problem statement	• Limited knowledge of disease self-management strategies • Not aware of effect of weather/environment on breathing • Not using prescribed respiratory medications – why? • Suboptimal inhaler technique – describe • Peak inspiratory flow rate: _____ • Difficulty performing daily activities due to SOB & fatigue • UCSD SOBQ score: _____, mMRC, CAT • Stage of change: PC – C - P – A - M – R Quit date: ____ Currently using tobacco: cigarettes, smokeless tobacco, e-Cigs • Difficulty using respiratory devices: (CPAP, BiPAP, NIV, Airway clearance devices, etc.)

Plan
• **Goals**
  • Clear and concise
  • Based on problem statement
  • Understandable to patient
  • Measurable
  • Achievable
  • Specific to each patient's needs
  • Patient's personal goals?
• **Physician Orders/Intervention**
• **Education**
  • What does patient need to know?
	Goals: Patient specific –
	Exacerbation Prevention
	• Follow self-management plan to prevent/manage disease related impairments
	Medications
	• Optimal use of respiratory medications 100% of the time
	Breathing Retraining/ADLs
	• Improved ability to perform ADLs – RPD Score: _____
	Tobacco Cessation
	• Complete cessation
	• Progress stage of change
	Respiratory Equipment
	• Use respiratory device as ordered
	
	Physician Orders/ Interventions:
	• Provide pt.. with a self-management plan
	• Identify reasons for non-compliance and discuss options
	• Assess PEFR, if <30 LPM for DPI and/or <25 LPM for pMDI, contact MD to discuss alternatives to MDI/DPI inhaler devices
	• Create survival plan and provide support/education for tobacco cessation effort
	• Assess use of respiratory device: _____
	
	Education:
	• Recognition of signs and symptoms of an exacerbation
	• Discuss effect of environment/weather on respiratory function
	• Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance.
	• Identify triggers
	• Discuss benefits of quitting, quit options, pharmacologic aids, survival plan, coping strategies, management of slips & relapses
	• Train on correct use of device to include setup, use, cleaning & safety

Reassessment 30 – 60 – 90 Days • From date of MD signature to next MD signature	Progression – Need to update ITP – Has pt.. met short term goals? – Specific, objective data • Is patient meeting goals? How? • 30 Day Goal: 60 Day Goal 90 Day Goal Changes in treatment plan:
Discharge/Outcomes Follows Action Plan, uses medications as prescribed	Future plans – What is the plan for maintaining the gains achieved during PR? Demonstrates use of disease management strategies as evidenced by: _____

Essential elements - other core measures/risk factors

Other Core Measures

- ❑ *Exacerbation Prevention*
- ❑ *Medications*
- ❑ *Breathing Retraining*
- ❑ *Energy Conservation Techniques*
- ❑ *Tobacco Cessation*
- ❑ *Respiratory Equipment*
- ❑ *Other*

Assessment

- Information from medical record
- Information from **this** patient
- Hospitalizations/ER visits in past year

- **Problem statement – What does THIS patient need?**

Examples

- Knowledge of disease self-management
- Effect of weather/environment
- Use of prescribed respiratory meds
- Suboptimal inhaler technique – describe
- Peak inspiratory flow rate
- Difficulty performing ADLs
- UCSD SOBQ, mMRC, CAT
- Tobacco use
- Difficulty using respiratory devices: (CPAP, BiPAP, NIV, Airway clearance devices, etc.)

Plan

Goals: Patient specific:
Exacerbation Prevention-Action Plan
Medications – Compliance/Inhaler technique
Breathing Retraining/ADLs-Ability to perform
Tobacco Cessation
- Complete cessation
- Progress stage of change

Respiratory Equipment
- Use respiratory device as ordered

Examples

Physician Orders/Interventions:
- Provide self-management plan
- Identify reasons for non-compliance
- Assess PEFR, if <30 LPM for DPI and/or <25 LPM for pMDI, contact MD re: alternatives to MDI/DPI inhaler devices
- Smoking cessation education
- Recognition of s&s of an exacerbation
- Environment/weather and breathing
- Review meds purpose, schedule, side-effects, correct administration technique Train on correct use of respiratory device to include setup, use, cleaning & safety

Reassessment

- ❑ 30 – 60 – 90 Days
- ❑ Completion/Discharge
- ❑ Outcomes
  - Future plans – What is plan for maintaining gains achieved during PR?

Examples

30 Day Goal - 60 Day Goal - 90 Day Goal Changes in treatment plan
Future plans – Plan for maintaining the gains achieved during PR?
Demonstrates use of disease management strategies as evidenced by:
- Using O2 as prescribed maintaining SpO2 ____% on O2 setting of ____ @ rest, activity
- Follows Action Plan, uses medications as prescribed
- Self-monitors SpO2 levels and notifies healthcare provider if unable to maintain target levels

ITP EXAMPLE

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

No. Approved Sessions:	36 Weeks Date:	Start Date:	Days:	Class Time:
Patient Name:			MRN:	DOB:
				Age:
Address:		Referring MD: Phone:		
Phone		PCP: Phone:		
Referring Diagnosis:				
Other Respiratory Diagnoses:				
Allergies:				
Precautions:				

PFTs	Date of Study:	FVC (L)	% Pred	FEV1 (L)	% Pred	Actual FEV1/FVC Ratio	DLCO,(ml/min/mm Hg)	% Pred
Pre Bronchodilator								
Post Bronchodilator							TLC (L.):	
							RV/TLC (%):	

Initial Assessment: Medical History

Signs & Symptoms:

What concerns you the most about your condition?

Do you experience any of the following: shortness of breath, cough, sputum, wheezing, fatigue, clubbing, cyanosis?

Do you experience: angina, shortness of breath, discomfort – pressure tingling, pain, heaviness, burning, numbness in chest, jaw, neck, or arms; atypical angina: lightheadedness, dizziness, or fainting, rapid heartbeat or palpitations, especially if associated with physical activity, eating a large meal, emotional upset, or exposure to cold?

Recent illnesses, hospitalizations, surgical procedures:

Risk factors for disease progression:

hypertension, diabetes, obesity, dyslipidemia, smoking (age started, age when quit, most ever smoked) stress, physical inactivity

Medication dose and schedule, drug allergies

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

See medication list in Encompass

Oxygen Assessment

O2 Rx, assistive devices, DME provider, knowledge of use and care of respiratory equipment, pulse oximeter use

Other habits – including alcohol or illicit drug use

Exercise history

information on habitual level of activity: type of exercise, frequency, duration, and intensity

Work history

with emphasis on current or expected physical/mental demands noting upper and lower extremity requirements; estimated time to return to work; retired

Psychosocial history

including living conditions; marital and family status; transportation needs; family needs; domestic and emotional problems; depression, anxiety, or other psychological disorders

Coping and support mechanisms

Stress management

PHQ-9 Score

CAT Score

mMRC

Initial Assessment: Physical Examination *(should focus minimally on the SpO2, resting heart rate; blood pressure; and pulmonary, cardiac, vascular, and musculoskeletal areas)*

Weight, height, BMI

Respiratory rate; Pulse rate and regularity

Resting blood pressure

Resting SpO2

Respiratory Mechanics (MIP, PEFR, PIFR)

Supplemental Oxygen Use

Auscultation of lungs with specific attention to uniformity of breath sounds in all areas (absence or rales, wheezes, and other abnormal breath sounds)

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

Signs of respiratory disease – cyanosis, clubbing, increased use of respiratory muscles, diminished breath sounds
Auscultation of heart with specific attention to murmurs, gallops, clicks, and rubs
Palpation and inspection of lower extremities for edema and the presence of arterial pulses, skin integrity (particularly in diabetics)
Examination related to orthopedic, neurologic, or other medical conditions that might limit exercise testing / training

PLAN: Goals, Interventions, Education

S Specific **M** Measurable **A** Achievable **R** Realistic **T** Time

Goal Setting Tips: Identify patients' personal goals – what motivates the patient?
Determine interventions and monitor ability to achieve goals. How do your interventions fit into patient's life, goals and priorities – be aware of distractions and roadblocks.
Do not assume non-adherence is a reason for lack of improvement – determine why patient is not compliant. Patients meeting goals should be provided with self-management and relapse prevention plans

Patient's Personal Goal

Exercise Plan (Goals, Interventions, Education)

Exercise Precautions:

1. Pulmonary Hypertension Protocol: Reduce of stop exercise in presence of chest pain, lightheadedness, palpitations, hypotension, severe dyspnea, pre-syncope, or syncope. Use extreme caution to avoid interruption of intravenous vasodilator therapy and to prevent falls, especially if taking anticoagulants.
2. Orthopedic/ Osteoporosis precautions: Fall precautions, avoid forward flexion, trunk rotation, high impact activities
3. Diabetes: Adequate hydration before, during and after exercise, keep source of rapidly acting carbohydrates available, good foot care
4. Hypertension: Do not exercise if systolic BP > 200 mm Hg or diastolic BP > 115 mm Hg
5. Hypotension: Adequate hydration, no exercise within 3 hours of eating a large meal, monitor BP and signs and symptoms including dizziness, lightheadedness, nausea, pallor, cyanosis, extreme or sudden weakness, mental confusion, visual disturbances, inability to respond to questions or instructions

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

6. Severe Hypoxia: Titrate supplemental oxygen to obtain SpO2 88% for refractory hypoxemic patients; 90% for general patients; 92% for CHF and pulmonary hypertension patients or as specifically ordered by physician
7. Acute Dyspnea:
8. Other:

Exercise Goals

1. Improve 6 minute walk test by 10%

   Predicted Six Minute Walk Test Distance: _____ (Ft)

   Actual Six Minute Walk Test Distance: _____ (Ft)
2. Improve maximum work load by 40%
3. Meet lung transplant functional capacity criteria:
   a. Walk 1000 feet in 6 minutes
   b. Walk 2640 feet in 20 minutes
   c. Stationary ergometer @ 0.5kp for at least 20 minutes
   d. Walk 2.0 mph for 30 minutes on treadmill
4. Improve ability to perform ADLs as evidenced by improvement in UCSD SOBQ/CAT scores.
5. Patient will be independent and compliant with HEP to maintain strength and endurance levels achieved during course of pulmonary rehabilitation.
6. Demonstrate appropriate use of RPD/RPE rating scales to report symptoms of fatigue and shortness of breath.
7. Other:

Physician Orders/Planned Interventions:

- Administer oxygen via nasal cannula at 4 LPM continuous flow (CF) and titrate O2 flow to maintain SpO2 ≥ 88-90% at all times including during exercise.
- Develop an individualized exercise program based on initial evaluation findings including 6MWT results.
- Develop an individualized home-based exercise program.

- **Exercise Prescription:**
  Aerobic
  Frequency: Supervised exercise 2-3 days per week in pulmonary rehabilitation plus independent exercise 2-3 days per week initiated by week 4 of program.
  Intensity: RPE < 4/10, RPD of 3-4/10.
  Time: 31 to 60 minutes for up to 36 sessions.
  Mode: Lap walking, NuStep, Arm ergometer.

  Progression: Progress individualized exercise program toward goals based on participant response to exercise including HR, SpO2, BP, RPE, RPD and symptoms of exercise intolerance. Progression of exercise training will result from increases in time, intensity, and frequency. Initial emphasis will be on increasing exercise time.

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

Mode	Frequency	Duration	Intensity	FIO2
Warmup/ Cool down	3 x week	3 min	RPD 2-3/10	NC @6 CF
Lap Walking-Rollator	3 x week	20 min	RPE 4/10	NC @6 CF
NuStep	3 x week	20 min	Level 2 RPE 4/10	NC @6 CF
UBE	3 x week	5 – 20 min	RPM 20 RPE 4/10	NC @6 CF
TM				NC @6 CF

Flexibility (Stretching)/Strengthening Prescription: Goal: 5 days/week after walking Should take 7 to 10 minutes Perform per Home Exercise Prescription

Mode	Frequency	Duration	Intensity	FIO2
Hamstrings and Calf Muscles	5 Days/Week	3 Reps	Hold each rep 30 seconds	NC @4 CF
Upper Extremity Resistance Bands	5 Days/ Week	10 Reps	Band Color: Red	NC @4 CF
Pursed Lip and Diaphragmatic Breathing	3 x week	1 Minute		NC @4 CF

Home Exercise Program

1. Begin Home Exercise Program (HEP) on Level [ ]
2. Work at an intensity of 3-4 on RPD scale and do not exceed target heart rate of ☐ per minute.
3. Practice pursed lip and diaphragmatic breathing twice daily for 5 minutes each session.
4. Lower extremity endurance exercise (Walk): Accumulate 20 to 30 minutes/day in bouts of at least 10 minutes.
5. Walk indoors or outdoors and progress as tolerated to 30 minutes continuous walking per day not to exceed RPD of 4 or THR of [ ] per minute

Education

1. Discuss importance/benefits and core components of exercise prescription with patient.
2. Provide education on safe exercise guidelines including O2 use to patient and caregiver and safe exercise guidelines for pulmonary hypertension.
3. Educate patient in correct use of RPD/RPE scales to monitor exercise intensity and dyspnea levels.
4. Education on s/s to stop exercise

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

Nutrition Plan

Picture Your Plate Scoring:

Less than 40: Great likelihood of unhealthy eating patterns, much room for improvement
41-50: Also unlikely to meet current recommendations for good health, room for improvement
51-60: More healthful eating pattern, some room for improvement
Greater than 61: Healthful eating pattern, may still be room for specific improvements

Goals

1. Improve Picture Your Plate score by 10 points by decreasing empty carb snacks, limiting red meat choices, and
2. being conscious of salt intake and hidden salt content
3. Maintain Picture Your Plate score above 60 and focus on increasing healthy fats, good proteins, and complex carbs into diet
4. Improve Picture Your Plate score by 10 points by decreasing empty carb snacks, limiting red meat choices, and being conscious of salt intake and hidden salt content
5. Maintain Picture Your Plate score above 60 and focus on increasing healthy fats, good proteins, and complex carbs into diet

Weight

1. Reduce BMI status by 1-2lb weight reduction each week
2. Increase BMI status by 1-2lbs weight gain each week
3. Eat multiple small meals throughout day instead of fewer large meals to decrease feelings of bloating and shortness of breath during and after meals
4. Maintain BMI status
5. Fit into size ___ (dress, pants,.....) for upcoming special occasion
6. _____

Food Literacy

1. Become comfortable with reading labels
2. Begin a Food and Drink journal
3. Work towards a minimum of 2 hours between the end of the last meal and bedtime
4. _____

Food Specific

1. Assist in kitchen preparing food with family
2. Replace 2 cups of coffee with 2 cups of water daily
3. Incorporate 2 MEATLESS meals per week
4. Bring a homemade lunch to work 3x weekly
5. Reduce Fast Food consumption to less than twice weekly

6. Reduce sugary drink consumption to 1 drink per day
7. _____

Physician Orders/Interventions

1. Provide education on the role of nutrition in managing chronic lung disease.
2. Encourage adequate fluid intake.
3. Other_____

Education

1. Healthy eating for lung disease
2. Tips for portion control
3. Tips for gaining weight
4. Tips for losing weight
5. Other_____

Discharge/Follow- up

Initial Picture Your Plate Score:

Initial weight:

1. Maintain current weight
2. Limit sugar and saturated fat intake
3. Other_____

Psychosocial Plan:

PHQ-9 Questionnaire Scoring:
0 – No Depression
1-4 – Minimal Depression
5-9 – Mild Depression
10-14 – Moderate Depression
15-19 – Moderately Severe Depression
20-27 – Severe Depression

Goals

1. Improve PHQ-9 Score by 1 category
2. Maintain PHQ-9 Score
3. Identify 2 stress relieving mechanisms by discharge
4. Other:_____

Relaxation Techniques

1. Complete 30 minutes of reading or reading activity (crossword, word search…) per day
2. Maintain a daily journal
3. Start a notebook for daily doodling
4. Spend 30 minutes per day doing a self-care activity
5. Learn a daily meditation
6. _____

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Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

Coping Techniques

1. Identify internal and external stressors and learn how to properly manage them
2. Establish healthy boundaries
3. Create daily "To-Do" lists and work towards completing them
4. Ask for help
5. _____

Support

1. Identify a support person who can be an accountability partner
2. Involve family in medical/life decisions
3. Join a support group (in person or virtual)
4. _____

Physician Orders/Interventions

1. Discuss signs of depression, stressors, appropriate coping skills, stress management, travel and intimacy as appropriate.
2. Assist in identifying stress management/coping strategies.

Education

1. Train in dyspnea, panic control/relaxation/stress management techniques

Discharge/Follow-up

1. Practice stress management skills on a daily basis
2. Identify at least one thing to be grateful for each day

Oxygen Management Plan:

Goals

1. Verbalize/demonstrate proper O2 use, infection prevention, and safety principles.
2. Adherence with O2 use as prescribed.
3. Verbalize oxygen prescription to include:
    a. Hours of use per day
    b. LPM at rest
    c. LPM with ADLs
    d. LPM with sleep
    e. LPM with exercise

Physician Orders/Interventions/Education

1. Discuss benefits of adherence to supplemental oxygen as prescribed.
2. Reinforce principles of oxygen use, safety, travel, and equipment maintenance.
3. Assess oxygenation via SpO2 and titrate supplemental oxygen to obtain SpO2 88% for refractory hypoxemic patients; 90% for general patients; 92% for CHF and pulmonary hypertension patients.

Discharge/Follow-up

1. Continue to use supplemental oxygen as prescribed
2. Follow safety and equipment maintenance and infection prevention guidelines as instructed

Other Core Components - Self-management/ Risk Factors Plan (Medications, Energy Conservation, Exacerbation Prevention, Respiratory Equipment, Diabetes, Hypertension, Smoking Cessation)

Exacerbation Prevention Plan

Goals

1. Effectively partner with healthcare team to prevent/manage disease related impairments
2. Create Respiratory Action Plan to manage flare-ups and exacerbations

Physician Orders/Interventions

1. Train/instruct pt. and family in disease overview, normal respiratory function
2. Provide self-management plan for managing worsening symptoms

Education

1. Train patient to recognize warning signs and symptoms of exacerbation
2. Discuss effect of environment/weather on respiratory function and develop action plan to cope with adverse environmental factors

Discharge/Follow-up

1. Follow Action Plan for worsening symptoms
2. Review Action Plan with MD at each visit to maintain up to date

Medication Management Plan

Goals

1. Optimal use of respiratory medications 100% of time
2. Describe medications, purpose, side-effects, dosing

Physician Orders – Interventions

1. Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance
2. Assess PIFR, if < 30 LPM for DPI and/or < 25 LPM for pMDI, contact the MD to discuss alternatives to MDI/DPI inhaler devices
3. Identify reasons for non-compliance and discuss options

Education

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1. Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance
2. Train/instruct patient and family in disease overview, normal respiratory function and provide self-management plan

Discharge/Follow-up

1. Uses medications as prescribed
2. Demonstrates correct inhaler technique

Breathing Retraining/Energy Conservation Plan

Goals

1. Patient will demonstrate improved ability to perform daily activities as demonstrated by an improvement in RPD score.

Physician Orders – Interventions

1. Assess patient's ability to perform daily activities
2. Reassess patient symptoms using UCSD SOBQ, mMRC, and CAT at completion of pulmonary rehab.

Education

1. Educate patient in pacing, pursed lip breathing and energy conservation techniques to improve ability to perform daily activities with less shortness of breath.

Discharge/Follow-up

1. Demonstrates effective use of PLB, pacing and energy conservation techniques with daily activities
2. Continue to practice PLB and pacing on a daily basis to improve functional ability and maintain knowledge

Tobacco Cessation Plan

Goals

1. Complete cessation
2. Set a quit date
3. Progress stage of change
4. Reduce tobacco products to ½ of current level

MD Orders/Interventions

1. Assess patient's current status of readiness to quit
2. Identify smoking triggers and work with patient to choose a method for quitting

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3. Create survival plan and provide support/education for tobacco cessation effort

Education

1. Discuss benefits of quitting, quit options, pharmacologic aids, survival plan, coping strategies, management of slips & relapses

Discharge/Follow-up

1. Continue to follow survival plan to maintain no smoking status
2. Follow plan for managing slips/relapses, if needed

Respiratory Equipment: _____

Goals

1. Use respiratory devices as ordered
2. Follow manufacturers guidelines for use, maintenance, cleaning of equipment

MD Orders/Intervention

1. Train on correct use of device to include setup, use, cleaning & safety

Education

1. Purpose and correct use of device
2. Setup, maintenance and cleaning procedures

Discharge/Follow-up

1. Follow instructions
2. Continue to use device as instructed

Supervising Physician: I certify the need for these services furnished under this plan of care.

Signature: **Date:**

Medical Director

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[30 60 90 Day Discharge/Outcomes] Reassessment

Must be performed within 30 days from date of last MD signature with 36 sessions completed within 36 weeks.

Reassess patient's status for each element of ITP: provide detail on what was performed or discussed with patient; how did patient respond. "Staff / patient discussion" provides no detail. Describe how patient tolerates the intervention / change – medications, exercise, new eating habits, return to work, etc. Progress or lack of progress toward goals – describe what changes were made to interventions and ITP.

If goals were met, what are the next steps – establish new goal or what is the plan to maintain that goal?

Exercise Goals

Initial Assessment Date:	**[ ] Day Reassessment Date:**
1. Improve 6 minute walk test by 10% 2. Predicted Six Minute Walk Test Distance: _____ (Ft) 3. Actual Six Minute Walk Test Distance: _____ (Ft)	Current 6MWD: _____ feet
4. Improve maximum work load by 40%	
5. Meet lung transplant functional capacity criteria: a. Walk 1000 feet in 6 minutes b. Walk 2640 feet in 20 minutes c. Stationary ergometer @ 0.5kp for at least 20 minutes d. Walk 2.0 mph for 30 minutes on treadmill	
6. Improve ability to perform ADLs as evidenced by improvement in UCSD SOBQ/CAT scores.	
7. Patient will be independent and compliant with HEP to maintain strength and endurance levels achieved during course of pulmonary rehabilitation.	
8. Demonstrate appropriate use of RPD/RPE rating scales to report symptoms of fatigue and shortness of breath.	
9. Other:	
10. Personal Exercise Goal:	How is patient progressing?
Exercise Precautions:	

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Initial Assessment Date:	**[ ] Day Reassessment Date:**
Exercise Precautions: 1. Pulmonary Hypertension Protocol: Reduce of stop exercise in presence of chest pain, lightheadedness, palpitations, hypotension, severe dyspnea, pre-syncope, or syncope. Use extreme caution to avoid interruption of intravenous vasodilator therapy and to prevent falls, especially if taking anticoagulants. 2. Orthopedic/ Osteoporosis precautions: Fall precautions, avoid forward flexion, trunk rotation, high impact activities 3. Diabetes: Adequate hydration before, during and after exercise, keep source of rapidly acting carbohydrates available, good foot care 4. Hypertension: Do not exercise if systolic BP > 200 mm Hg or diastolic BP > 115 mm Hg 5. Hypotension: Adequate hydration, no exercise within 3 hours of eating a large meal, monitor BP and signs and symptoms including dizziness, lightheadedness, nausea, pallor, cyanosis, extreme or sudden weakness, mental confusion, visual disturbances, inability to respond to questions or instructions 6. Severe Hypoxia: Titrate supplemental oxygen to obtain SpO2 88% for refractory hypoxemic patients; 90% for general patients; 92% for CHF and pulmonary hypertension patients or as specifically ordered by physician 7. Acute Dyspnea: 8. Other:	
Physician Orders/Planned Interventions: 1. Administer oxygen via nasal cannula at 4 LPM continuous flow (CF) and titrate O2 flow to maintain SpO2 ≥ 88-90% at all times including during exercise. 2. Develop an individualized exercise program based on initial evaluation findings including 6MWT results. 3. Develop an individualized home-based exercise program.	

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Individualized Treatment Plan (ITP)

Initial Assessment Date:

Exercise Prescription:

Aerobic

Frequency: Supervised exercise 2-3 days per week in pulmonary rehabilitation plus independent exercise 2-3 days per week initiated by week 4 of program.
Intensity: RPE < 4/10, RPD of 3-4/10.
Time: 31 to 60 minutes for up to 36 sessions.
Mode: Lap walking, NuStep, Arm ergometer.

Progression: Progress individualized exercise program toward goals based on participant response to exercise including HR, SpO2, BP, RPE, RPD and symptoms of exercise intolerance. Progression of exercise training will result from increases in time, intensity, and frequency. Initial emphasis will be on increasing exercise time.

Mode	Frequency	Duration	Intensity	FIO2
Warmup/ Cool down	3 x week	3 min	RPD 2-3/10	NC @6 CF
Lap Walking- Rollator	3 x week	20 min	RPE 4/10	NC @6 CF
NuStep	3 x week	20 min	Level 2 RPE 4/10	NC @6 CF
UBE	3 x week	5 – 20 min	RPM 20 RPE 4/10	NC @6 CF
TM				NC @6 CF

Flexibility (Stretching)/Strengthening Prescription: Goal: 5 days/week after walking Should take 7 to 10 minutes

Perform per Home Exercise Prescription

Mode	Frequency	Duration	Intensity	FIO2
Hamstrings and Calf Muscles	5 Days/Week	3 Reps	Hold each rep 30 seconds	NC @4 CF
Upper Extremity Resistance Bands	5 Days/ Week	10 Reps	Band Color: Red	NC @4 CF
Pursed Lip and Diaphragmatic Breathing	3 x week	1 Minute		NC @4 CF

Home Exercise Program

1. Begin Home Exercise Program (HEP) on Level 1.
2. Work at an intensity of 3-4 on RPD scale and do not exceed target heart rate of **111** per minute.
3. Practice pursed lip and diaphragmatic breathing twice daily for 5 minutes each session.

[ ] Day Reassessment Date:

Aerobic

Frequency: Supervised exercise 2-3 days per week in pulmonary rehabilitation plus independent exercise 2-3 days per week initiated by week 4 of program.
Intensity: RPE < 4/10, RPD of 3-4/10.
Time: 31 to 60 minutes for up to 36 sessions.
Mode: Lap walking, NuStep, Arm ergometer.

Progression: Progress individualized exercise program toward goals based on participant response to exercise including HR, SpO2, BP, RPE, RPD and symptoms of exercise intolerance. Progression of exercise training will result from increases in time, intensity, and frequency. Initial emphasis will be on increasing exercise time.

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NuStep	3 x week	20 min	Level 2 RPE 4/10	NC @6 CF
UBE	3 x week	5 – 20 min	RPM 20 RPE 4/10	NC @6 CF
TM				NC @6 CF

Flexibility (Stretching)/Strengthening Prescription: Goal: 5 days/week after walking Should take 7 to 10 minutes

Perform per Home Exercise Prescription

Mode	Frequency	Duration	Intensity	FIO2
Hamstrings and Calf Muscles	5 Days/ Week	3 Reps	Hold each rep for 30 seconds	NC @4CF
Upper Extremity Resistance Bands	5 Days/ Week	10 Reps	Band Color: Red	NC @4 CF
Pursed Lip and Diaphragmatic Breathing	3 x week	1 Minute		NC @4 CF

Home Exercise Program

1. Begin Home Exercise Program (HEP) on Level 1.
2. Work at an intensity of 3-4 on RPD scale and do not exceed target heart rate of **111** per minute.
3. Practice pursed lip and diaphragmatic breathing twice daily for 5 minutes each session.

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Initial Assessment Date:	**[ ] Day Reassessment Date:**
4. Lower extremity endurance exercise (Walk): Accumulate 20 to 30 minutes/day in bouts of at least 10 minutes. 5. Walk indoors or outdoors and progress as tolerated to 30 minutes continuous walking per day not to exceed RPD of 4 or THR of 111 per minute **Education** 1. Discuss importance/benefits and core components of exercise prescription with patient. 2. Provide education on safe exercise guidelines including O2 use to patient and caregiver and safe exercise guidelines for pulmonary hypertension. 3. Educate patient in correct use of RPD/RPE scales to monitor exercise intensity and dyspnea levels. 4. Education on s/s to stop exercise	4. Lower extremity endurance exercise (Walk): Accumulate 20 to 30 minutes/day in bouts of at least 10 minutes. 5. Walk indoors or outdoors and progress as tolerated to 30 minutes continuous walking per day not to exceed RPD of 4 or THR of 111 per minute **Education** 1. Discuss importance/benefits and core components of exercise prescription with patient. 2. Provide education on safe exercise guidelines including O2 use to patient and caregiver and safe exercise guidelines for pulmonary hypertension. 3. Educate patient in correct use of RPD/RPE scales to monitor exercise intensity and dyspnea levels.
Nutrition Goals 1. Improve Picture Your Plate score by 10 points by decreasing empty carb snacks, limiting red meat choices, and 2. Be conscious of salt intake and hidden salt content 3. Maintain Picture Your Plate score above 60 and focus on increasing healthy fats, good proteins, and complex carbs into diet 4. Improve Picture Your Plate score by 10 points by decreasing empty carb snacks, limiting red meat choices, and being conscious of salt intake and hidden salt content 5. Maintain Picture Your Plate score above 60 and focus on increasing healthy fats, good proteins, and complex carbs into diet Weight 1. Reduce BMI status by 1-2lb weight reduction each week 2. Increase BMI status by 1-2lbs weight gain each week 3. Eat multiple small meals throughout day instead of fewer large meals to decrease feelings of bloating and shortness of breath during and after meals 4. Maintain BMI status 5. Fit into size ___ (dress, pants,.....) for upcoming special occasion	**Nutrition Goals** 1. Improve Picture Your Plate score by 10 points by decreasing empty carb snacks, limiting red meat choices, and 2. Be conscious of salt intake and hidden salt content 3. Maintain Picture Your Plate score above 60 and focus on increasing healthy fats, good proteins, and complex carbs into diet 4. Improve Picture Your Plate score by 10 points by decreasing empty carb snacks, limiting red meat choices, and being conscious of salt intake and hidden salt content 5. Maintain Picture Your Plate score above 60 and focus on increasing healthy fats, good proteins, and complex carbs into diet Weight 1. Reduce BMI status by 1-2lb weight reduction each week 2. Increase BMI status by 1-2lbs weight gain each week 3. Eat multiple small meals throughout day instead of fewer large meals to decrease feelings of bloating and shortness of breath during and after meals 4. Maintain BMI status 5. Fit into size ___ (dress, pants,.....) for upcoming special occasion

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Initial Assessment Date:	**[ ] Day Reassessment Date:**
6. _____ Food Literacy 1. Become comfortable with reading labels 2. Begin a Food and Drink journal 3. Work towards a minimum of 2 hours between the end of the last meal and bedtime 4. _____ Food Specific 1. Assist in kitchen preparing food with family 2. Replace 2 cups of coffee with 2 cups of water daily 3. Incorporate 2 MEATLESS meals per week 4. Bring a homemade lunch to work 3x weekly 5. Reduce Fast Food consumption to less than twice weekly 6. Reduce sugary drink consumption to 1 drink per day 7. Work on limiting portion sizes 8. _____ **Physician Orders/Interventions** 1. Provide education on the role of nutrition in managing chronic lung disease. 2. Encourage adequate fluid intake. 3. Other_____ **Education** 6. Healthy eating for lung disease 7. Tips for portion control 8. Tips for gaining weight 9. Other_____ **Discharge/Follow- up** Initial Picture Your Plate Score: Initial weight: 4. Maintain current weight 5. Limit sugar and saturated fat intake 6. Other_____	6. _____ Food Literacy 1. Become comfortable with reading labels 2. Begin a Food and Drink journal 3. Work towards a minimum of 2 hours between the end of the last meal and bedtime 4. _____ Food Specific 1. Assist in kitchen preparing food with family 2. Replace 2 cups of coffee with 2 cups of water daily 3. Incorporate 2 MEATLESS meals per week 4. Bring a homemade lunch to work 3x weekly 5. Reduce Fast Food consumption to less than twice weekly 6. Reduce sugary drink consumption to 1 drink per day 7. Work on limiting portion sizes 8. _____ **Physician Orders/Interventions** 1. Provide education on the role of nutrition in managing chronic lung disease. 2. Encourage adequate fluid intake. 3. Other_____ **Education** 1. Healthy eating for lung disease 2. Tips for portion control 3. Tips for gaining weight 4. Other_____ **Discharge/Follow-up** Final Picture Your Plate Score: Discharge weight: 1. Maintain current weight 2. Limit sugar and saturated fat intake 3. Other_____
Psychosocial Goals 1. Improve PHQ-9 Score by 1 category 2. Maintain PHQ-9 Score	**Psychosocial Goals** 1. Improve PHQ-9 Score by 1 category 2. Maintain PHQ-9 Score

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Individualized Treatment Plan (ITP)

Initial Assessment Date:	[ ] Day Reassessment Date:
3. Identify 2 stress relieving mechanisms by discharge 4. Other:_____ Relaxation Techniques 1. Complete 30 minutes of reading or reading activity (crossword, word search…) per day 2. Maintain a daily journal 3. Start a notebook for daily doodling 4. Spend 30 minutes per day doing a self-care activity 5. Learn a daily meditation 6. _____ Coping Techniques 1. Identify internal and external stressors and learn how to properly manage them 2. Establish healthy boundaries 3. Create daily "To-Do" lists and work towards completing them 4. Ask for help 5. _____ Support 1. Identify a support person who can be an accountability partner 2. Involve family in medical/life decisions 3. Join a support group (in person or virtual) 4. _____ **Physician Orders/Interventions** 1. Discuss signs of depression, stressors, appropriate coping skills, stress management, travel and intimacy as appropriate. 2. Assist in identifying stress management/coping strategies. **Education** 1. Train in dyspnea, panic control/relaxation/stress management techniques **Discharge/Follow-up** 1. Use oxygen as prescribed	3. Identify 2 stress relieving mechanisms by discharge 4. Other:_____ Relaxation Techniques 1. Complete 30 minutes of reading or reading activity (crossword, word search…) per day 2. Maintain a daily journal 3. Start a notebook for daily doodling 4. Spend 30 minutes per day doing a self-care activity 5. Learn a daily meditation 6. _____ Coping Techniques 1. Identify internal and external stressors and learn how to properly manage them 2. Establish healthy boundaries 3. Create daily "To-Do" lists and work towards completing them 4. Ask for help 5. _____ Support 1. Identify a support person who can be an accountability partner 2. Involve family in medical/life decisions 3. Join a support group (in person or virtual) 4. _____ **Physician Orders/Interventions** 1. Discuss signs of depression, stressors, appropriate coping skills, stress management, travel and intimacy as appropriate. 2. Assist in identifying stress management/coping strategies. **Education** 1. Train in dyspnea, panic control/relaxation/stress management techniques **Discharge/Follow-up** 1. Use oxygen as prescribed

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Initial Assessment Date:	[ ] Day Reassessment Date:
Oxygen Management Goals 1. Verbalize/demonstrate proper O2 use, infection prevention, and safety principles. 2. Adherence with O2 use as prescribed. 3. Verbalize oxygen prescription to include: a. Hours of use per day b. LPM at rest c. LPM with ADLs d. LPM with sleep e. LPM with exercise **Physician Orders/Interventions/Education** 1. Discuss benefits of adherence to supplemental oxygen as prescribed. 2. Reinforce principles of oxygen use, safety, travel, and equipment maintenance. 3. Assess oxygenation via SpO2 and titrate supplemental oxygen to obtain SpO2 88% for refractory hypoxemic patients; 90% for general patients; 92% for CHF and pulmonary hypertension patients. **Discharge/Follow-up** 1. Continue to use supplemental oxygen as prescribed	**Oxygen Management Goals** 1. Verbalize/demonstrate proper O2 use, infection prevention, and safety principles. 2. Adherence with O2 use as prescribed. 3. Verbalize oxygen prescription to include: a. Hours of use per day b. LPM at rest c. LPM with ADLs d. LPM with sleep e. LPM with exercise **Physician Orders/Interventions/Education** 1. Discuss benefits of adherence to supplemental oxygen as prescribed. 2. Reinforce principles of oxygen use, safety, travel, and equipment maintenance. 3. Assess oxygenation via SpO2 and titrate supplemental oxygen to obtain SpO2 88% for refractory hypoxemic patients; 90% for general patients; 92% for CHF and pulmonary hypertension patients. **Discharge/Follow-up** 1. Continue to use supplemental oxygen as prescribed
Exacerbation Prevention Goals 1. Effectively partner with healthcare team to prevent/manage disease related impairments 2. Create Respiratory Action Plan to manage flare-ups and exacerbations **Physician Orders/Interventions** 1. Train/instruct pt. and family in disease overview, normal respiratory function 2. Provide self-management plan for managing worsening symptoms **Education** 1. Train patient to recognize warning signs and symptoms of exacerbation **Discharge/Follow-up**	**Exacerbation Prevention Goals** 1. Effectively partner with healthcare team to prevent/manage disease related impairments 2. Create Respiratory Action Plan to manage flare-ups and exacerbations **Physician Orders/Interventions** 1. Train/instruct pt. and family in disease overview, normal respiratory function and provide self-management plan 2. Provide self-management plan for managing worsening symptoms **Education** 1. Train patient to recognize warning signs and symptoms of exacerbation **Discharge/Follow-up**

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Initial Assessment Date:	**[ ] Day Reassessment Date:**
1. Follow Action Plan for worsening symptoms 2. Review Action Plan with MD at each visit to maintain current	1. Follow Action Plan for worsening symptoms 2. Review Action Plan with MD at each visit to maintain current
Medications **Goals** 1. Optimal use of respiratory medications 100% of time 2. Describe medications, purpose, side-effects, dosing **Physician Orders – Interventions** 1. Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance 2. Assess PIFR, if < 30 LPM for DPI and/or < 25 LPM for pMDI, contact the MD to discuss alternatives to MDI/DPI inhaler devices 3. Identify reasons for non-compliance and discuss options **Education** 1. Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance 2. Train/instruct patient and family in disease overview, normal respiratory function and provide self-management plan **Discharge/Follow-up** **1.** Uses medications as prescribed **2.** Demonstrates correct inhaler technique	**Medications** **Goals** 1. Optimal use of respiratory medications 100% of time 2. Describe medications, purpose, side-effects, dosing **Physician Orders – Interventions** 1. Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance 2. Assess PIFR, if < 30 LPM for DPI and/or < 25 LPM for pMDI, contact the MD to discuss alternatives to MDI/DPI inhaler devices 3. Identify reasons for non-compliance and discuss options **Education** 1. Review prescribed meds purpose, schedule, side-effects, correct administration technique and importance of compliance 2. Train/instruct patient and family in disease overview, normal respiratory function and provide self-management plan **Discharge/Follow-up** **1.** Uses medications as prescribed **2.** Demonstrates correct inhaler technique

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Initial Assessment Date:	**[ ] Day Reassessment Date:**
Breathing Retraining/Energy Conservation Plan **Goals** 1. Patient will demonstrate improved ability to perform daily activities as demonstrated by an improvement in RPD score. **Physician Orders – Interventions** 1. Assess patient's ability to perform daily activities 2. Reassess patient symptoms using UCSD SOBQ, mMRC, and CAT at completion of pulmonary rehab. **Education** 1. Educate patient in pacing, pursed lip breathing and energy conservation techniques to improve ability to perform daily activities with less shortness of breath. **Discharge/Follow-up** **1.** Demonstrates effective use of PLB, pacing and energy conservation techniques with daily activities 2. Continue to practice PLB and pacing on a daily basis to improve functional ability and maintain knowledge	**Breathing Retraining/Energy Conservation Plan** **Goals** 1. Patient will demonstrate improved ability to perform daily activities as demonstrated by an improvement in RPD score. **Physician Orders – Interventions** 1. Assess patient's ability to perform daily activities 2. Reassess patient symptoms using UCSD SOBQ, mMRC, and CAT at completion of pulmonary rehab. **Education** 1. Educate patient in pacing, pursed lip breathing and energy conservation techniques to improve ability to perform daily activities with less shortness of breath. **Discharge/Follow-up** **1.** Demonstrates effective use of PLB, pacing and energy conservation techniques with daily activities 2. Continue to practice PLB and pacing on a daily basis to improve functional ability and maintain knowledge
Tobacco Cessation Plan **Goals** 1. Complete cessation 2. Set a quit date 3. Progress stage of change 4. Reduce tobacco products to ½ of current level **MD Orders/Interventions** 1. Assess patient's current status of readiness to quit 2. Identify smoking triggers and work with patient to choose a method for quitting	**Tobacco Cessation Plan** **Goals** 1. Complete cessation 2. Set a quit date 3. Progress stage of change 4. Reduce tobacco products to ½ of current level **MD Orders/Interventions** 1. Assess patient's current status of readiness to quit 2. Identify smoking triggers and work with patient to choose a method for quitting

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Initial Assessment Date:	[ ] Day Reassessment Date:
3. Create survival plan and provide support/education for tobacco cessation effort **Education** 1. Discuss benefits of quitting, quit options, pharmacologic aids, survival plan, coping strategies, management of slips & relapses **Discharge/Follow-up** 1. Continue to follow survival plan to maintain no smoking status 2. Follow plan for managing slips/relapses, if needed	3. Create survival plan and provide support/education for tobacco cessation effort **Education** 1. Discuss benefits of quitting, quit options, pharmacologic aids, survival plan, coping strategies, management of slips & relapses **Discharge/Follow-up** 1. Continue to follow survival plan to maintain no smoking status 2. Follow plan for managing slips/relapses, if needed
Respiratory Equipment: **Goals** 1. Use respiratory devices as ordered 2. Follow manufacturers guidelines for use, maintenance, cleaning of equipment **MD Orders/Intervention** 1. Train on correct use of device to include setup, use, cleaning & safety **Education** **1.** Purpose and correct use of device **2.** Setup, maintenance and cleaning procedures **Discharge/Follow-up** 1. Follow instructions 2. Continue to use device as instructed	**Respiratory Equipment:** **Goals** 1. Use respiratory devices as ordered 2. Follow manufacturers guidelines for use, maintenance, cleaning of equipment **MD Orders/Intervention** 1. Train on correct use of device to include setup, use, cleaning & safety **Education** **1.** Purpose and correct use of device **2.** Setup, maintenance and cleaning procedures **Discharge/Follow-up** 1. Follow instructions 2. Continue to use device as instructed

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Supervising Physician: I certify the need for these services furnished under this plan of care.

Signature: **Date:**

Medical Director

DAILY (SESSION) NOTES

Daily (Session) Notes - Purpose

Provides documentation that submitted charges are the services that were performed

- Daily note supports billing of services that were provided during a specific visit vs. Individualized Treatment Plan that supports medical necessity
- Supports billing of timed codes (G0237-G0238) and treatment code (G0239) as well as 94625 and 94626

Documents visit activities and patient's response to treatment

- Pt must be present for at least 31 minutes in order to charge for visit (CPT Codes 94625, 94626)
- Must perform some exercise each session (pulmonary) or each day (cardiac)
- Continuous vs. intermittent pulse oximetry

Facilitates ITP updates

Daily (Session) Notes - Contents

- *Clear and concise, patient centered*
- *Can use SOAP note, flow sheet or other format approved by institution*
- *Use smart text/wild cards to increase charting efficiency*
- *What was addressed in session and pt.'s. response*
- *Changes observed in pt.'s. response to treatment (progress /regression)*
- *Updates to ITP*

Components	Patient Specific Documentation
Pt. Identification	2 Factor Identification (Name, Medical Record Number, etc.) should be present on each page of document
Arrival/Checkout Times: Session Length (minutes): Reason for visit:	Assistance (Devices, Staff, Supplemental O_2)
Assessment – Required by DHHS, TJC - Should be brief - Precautions: Fall Risk, PAH, Seizures, Osteoporosis, PTSD, Medication Compliance, Hypoglycemia, Severe Hypoxia, etc.	Pain, Safety, Falls VS: SpO_2, HR, BP, Weight Rate Your Day Breath Sounds Other: FSBS, RPD/ RPE, ECG, PIFR/PEFR Changes since last visit
Describe what was addressed during session - Not all essential elements will be addressed during each session	Exercise: Modality Intensity Frequency Duration Plan for Progression Nutrition: Overweight, Underweight, Diabetic, etc. Plan Psychosocial: Response to and progress toward meeting goals Oxygen: Adherence with O_2 use, Changes to O_2 Rx & pt.. response Other Essential Elements: Progress toward meeting goals
Supervising Provider - MD/DO/FNP/PA/CNS	Medical Director must be MD or DO ITPs/Orders can only be signed by MD/DO

Daily (Session) Note – Example 1

Date: 12/21/2022 Class Time: 0930 Department: Mc Sc 02 Pulmonary Rehabilitation Department Phone: 336-713-8855

MRN: 1234567 Description: male DOB: 0/00/00 Provider: Pulmonary Rehabilitation

Pulmonary Rehabilitation Session Note:

- Visit Count: 24
- Check in Time: 0925 Check out Time: 1030
- Aerobic Exercise Time: 40 Minutes
- Total Session Time: 65 Minutes

Assessment:

SpO2: 94% on Rm Air HR: 78 FSBS: BP:

Compliant w/medications: Y N Falls since last visit:

Do you feel safe at home: Y N Travel outside US:

Any changes since last visit:

SUBJECTIVE:
Current Functional Limitations: Shortness of breath due to chronic lung disease limiting ability to perform daily activities.

OBJECTIVE:
Arrived with assistance of wife and rollator walker on room air
Assistive Devices: rollator walker

ASSESSMENT:
Exercise:
Xxxxxxx Xxxxxxxx completed 40 minutes of 1:1 aerobic exercise utilizing treadmill , recumbent bike. Followed by 20 Minutes of 1:1 strength training
Lowest SpO2 92% on room air.
RPD at highest exercise intensity: 4 /10 RPE 5/10.
Heart Rate at highest exercise intensity: 118.
Symptoms voiced by patient: SOB with exertion
Xxxxxxxxx continues to require skilled care due to need for additional strengthening and conditioning.

Education:
Education Topic: Pursed Lip Breathing and Pacing; Stair Climbing – He has not been able to climb stairs due to SOB.
Delivery Method: Discussion and demonstration
Presented to: patient
Patient Response: patient verbalized understanding / returned appropriate demonstration. Was able to climb 1 flight (12 steps). Will follow up at next session. Wife reports pt. is more active at home.

Plan:
Continue monitored therapeutic exercise and education to improve strength, endurance and self management skills due to frailty and increased fall risk. Increase TM from 2.0 to 2.5 MPH, 0° incline, Progress Theraband from Red to Blue Level.

Expected time to reach goal: 12 sessions.

Supervising physician:
Karl W. Thomas, MD

Electronically signed by: xxxxxxxx xxxxxxxx 12/21/2022 9:39 AM

Daily (Session) Note – Example 2

Pulmonary Rehabilitation/Outpatient Respiratory Services Daily Notes

Name: _____ Diagnosis: _____

Class time: _____ Special Considerations: _____ MD_____ O2 RX: _____

Pt. Goals: A, AC, AD, A&P, BR, CLD, EC, EF, EX, I, M, N, O, RE, TC, SM, Other: _____

Equipment Settings - NS: S:____ A:____ AD: S:____ TM: MPH: _____ % Grade: ____ TBE: S: ____ A: ____ R: ____ *ST = Strength Training:* _____

	Pre-Exercise								*First Activity*									*Second Activity*								
	Date	Time In/Out	WT	HR	O2	BP	Meds	Pain/Safety	Equip	Level	Laps/ METs	HR	O2	CF/ PD	RPD	RPE	Time	Equip	Level	Laps/ METs	HR	O2	CF/ PD	RPD	RPE	Time
1																										
Notes:	*Charge: COPD/Long COVID 50004850 [ ] 1:1 Ed 50006689 [ ] 1:1 FR 50006690 [ ] Assess 50004040 [ ] O2 60001843 [ ] NC 60001842 [ ] O2 Assess 50004042 [ ]*																									
2																										
Notes:	*Charge: COPD 50004850 [ ] 1:1 Ed 50006689 [ ] 1:1 FR 50006690 [ ] Assess 50004040 [ ] O2 60001843 [ ] NC 60001842 [ ] O2 Assess 50004042 [ ]*																										
3																										
Notes:	*Charge: COPD 50004850 [ ] 1:1 Ed 50006689 [ ] 1:1 FR 50006690 [ ] Assess 50004040 [ ] O2 60001843 [ ] NC 60001842 [ ] O2 Assess 50004042 [ ]*																										
4																										
Notes:	*Charge: COPD 50004850 [ ] 1:1 Ed 50006689 [ ] 1:1 FR 50006690 [ ] Assess 50004040 [ ] O2 60001843 [ ] NC 60001842 [ ] O2 Assess 50004042 [ ]*																										
5																										
Notes:	*Charge: COPD 50004850 [ ] 1:1 Ed 50006689 [ ] 1:1 FR 50006690 [ ] Assess 50004040 [ ] O2 60001843 [ ] NC 60001842 [ ] O2 Assess 50004042 [ ]*																										
6																										
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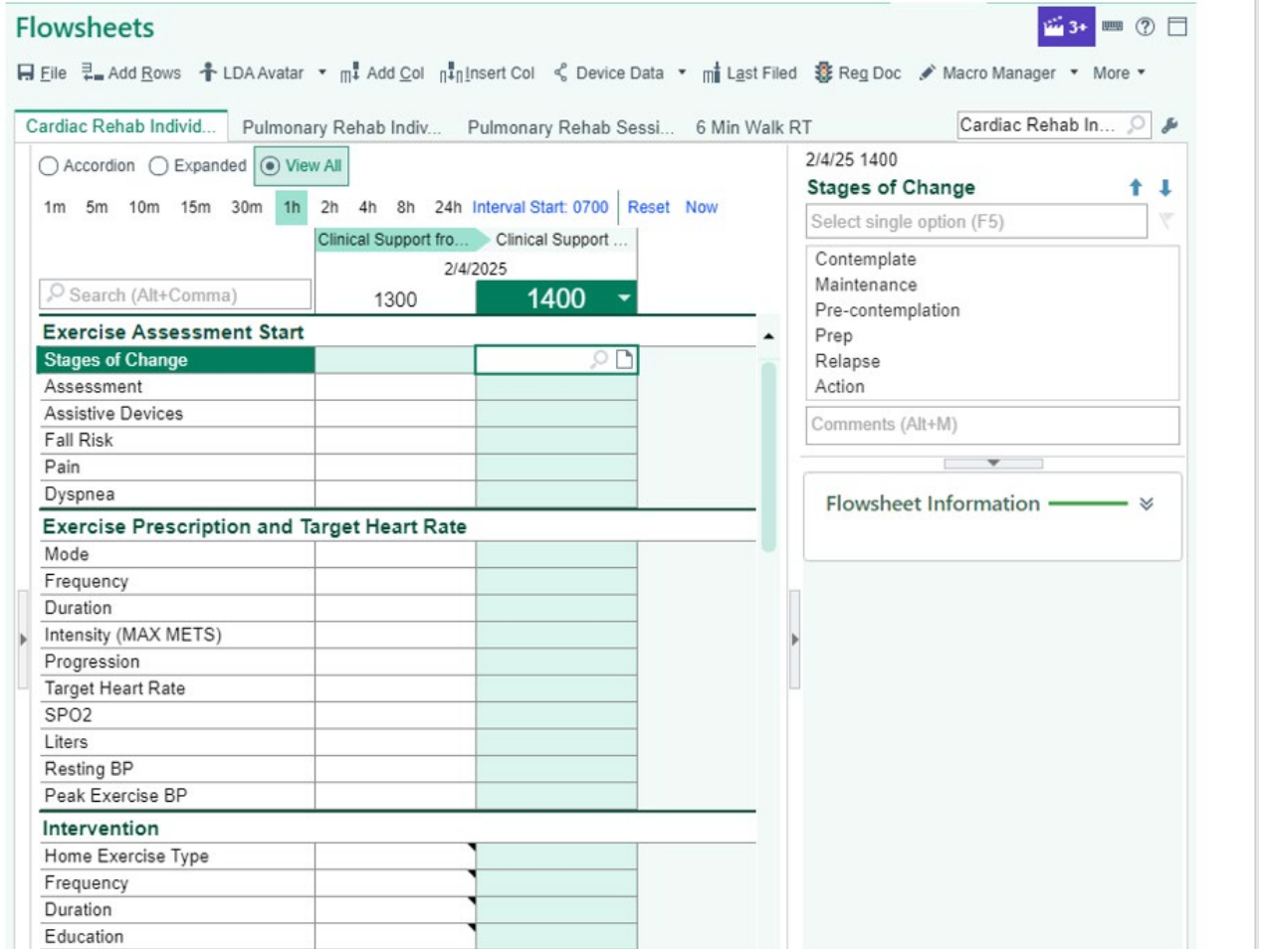
7																										
Notes:	*Charge: COPD 50004850 [ ] 1:1 Ed 50006689 [ ] 1:1 FR 50006690 [ ] Assess 50004040 [ ] O2 60001843 [ ] NC 60001842 [ ] O2 Assess 50004042 [ ]*																										
8																										
Notes:																										

LEGEND: A - Asthma AC – Airway Clearance AD – Advanced Directives A&P – Anat&Physiol BR – Breathing Retraining CLD – Chronic Lung Disease EC- Energy Conservation EF – Environ Factors EX - Exercise I - Intimacy M – Medications N - Nutrition O - Oxygen RE – Resp Equip TC – Tobacco Cessation SM – Stress Management/Relaxation WS – Warning Signs Other: _____

Flow Sheet

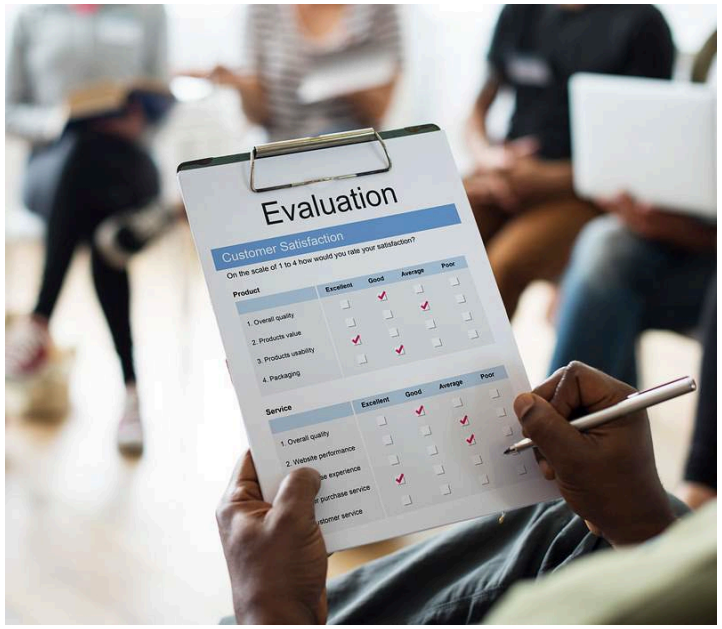

Flowsheets
File
Add Rows
LDA Avatar
Add Col
Insert Col
Device Data
Last Filed
Reg Doc
Macro Manager
More
Cardiac Rehab Individ...
Pulmonary Rehab Indiv...
Pulmonary Rehab Sessi...
6 Min Walk RT
Cardiac Rehab In...
Accordion
Expanded
View All
1m 5m 10m 15m 30m 1h 2h 4h 8h 24h
Interval Start: 0700
Reset
Now
Clinical Support fro...
Clinical Support ...
2/4/2025
Search (Alt+Comma)
1300
1400
Exercise Assessment Start
Stages of Change
Assessment
Assistive Devices
Fall Risk
Pain
Dyspnea
Exercise Prescription and Target Heart Rate
Mode
Frequency
Duration
Intensity (MAX METS)
Progression
Target Heart Rate
SPO2
Liters
Resting BP
Peak Exercise BP
Intervention
Home Exercise Type
Frequency
Duration
Education
2/4/25 1400
Stages of Change
Select single option (F5)
Contemplate
Maintenance
Pre-contemplation
Prep
Relapse
Action
Comments (Alt+M)
Flowsheet Information

Summary: ITP Components

A. Assessment
   - Exercise
   - Nutrition
   - Psychosocial
   - Oxygen
   - Other Essential Elements

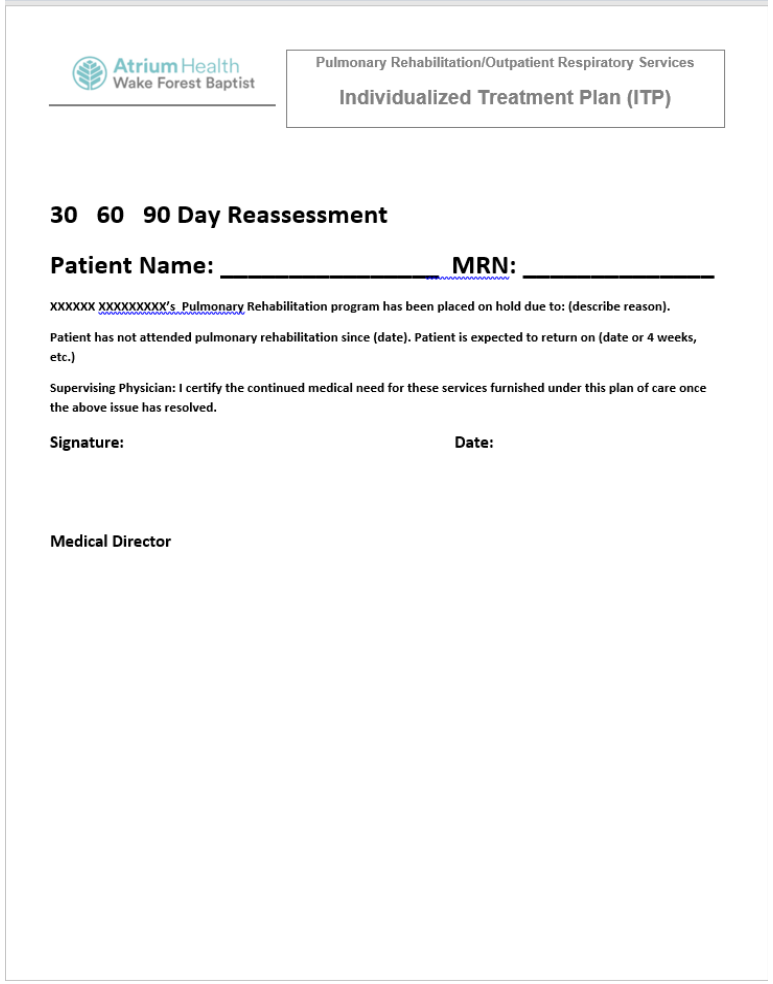
B. Plan
   - Goals
   - Intervention
   - Education

C. Reassessment/Outcomes



Extended Absence Documentation

Option 1



Atrium Health Wake Forest Baptist

Pulmonary Rehabilitation/Outpatient Respiratory Services

Individualized Treatment Plan (ITP)

30 60 90 Day Reassessment

Patient Name: _____ MRN: _____

XXXXXX XXXXXXXXX's Pulmonary Rehabilitation program has been placed on hold due to: (describe reason).

Patient has not attended pulmonary rehabilitation since (date). Patient is expected to return on (date or 4 weeks, etc.)

Supervising Physician: I certify the continued medical need for these services furnished under this plan of care once the above issue has resolved.

Signature: **Date:**

Medical Director

Option 2

Document reason for placing patient on hold under each domain.

Must complete up to 36 visits in 36 weeks