

THE NEWCASTLE UPON TYNE HOSPITALS NHS TRUST

CARDIAC REHABILITATION GUIDELINES

All patients admitted with a primary diagnosis of coronary heart disease should eventually be offered cardiac rehabilitation. In line with the National Service Framework for Coronary Heart Disease, the Trust will move towards offering this to all patients with acute MI and all patients after revascularisation as a first step, and to all patients with angina and heart failure as a second step.

Phase 1 (in hospital)

- Identification of all patients admitted with a primary diagnosis of coronary heart disease to a nurse trained in cardiac rehabilitation by the admitting nurse
- Assessment of the patient's needs using a patient centred approach

Physical

Psychological (HAD scores will be used for post MI patients, and others as appropriate)

Social, cultural and vocational

Vascular risk factors

Secondary prevention drugs

- Evaluation of the patient's needs and wishes
- Provide appropriate information and education
 - All patients with acute MI will be assessed for and offered the Edinburgh heart manual and tapes/CD if appropriate
 - All patients will, as appropriate;
 - be offered education and written information according to their needs
 - be able to see appropriate educational videos
 - be offered advice about the use of GTN
 - be offered advice about life style (smoking cessation, diet, physical activity including sexual activity, alcohol consumption, employment)
 - be prescribed, and offered information about, medication for secondary prevention
- Discuss patients priorities and negotiate individual action plan if appropriate. Written plan with copies to the patient and the Primary Health care team (via the link cardiac rehabilitation nurse for some patients (appendix)).
- Carers and family members will be involved as appropriate
- Offer information about continuing cardiac rehabilitation local to the patients home as available

- Arrangements for cardiac rehabilitation to continue after discharge - written communication (and verbal as appropriate) to named person in each district/locality (see appendix). Some areas have provided written details which will be given to the patient as appropriate.
- Information about local support groups offered

Phase 2 (immediate post discharge)

- This is not provided directly by the Trust, but by working in partnership with each of the cardiac rehabilitation programmes in different districts and with the community services
- Written communication on discharge to a named person attached to the service in each district/locality (patients with the heart manual will be seen by a trained heart manual facilitator, other patients may be seen by nurses identified by each locality)
- Model of service provision will vary between districts/localities, tailored to the individual needs of the patient, and may include;
 - Review of patient's needs (physical, psychological, social and vocational, vascular risk factors and secondary prevention drugs)
 - Review of patients priorities and the action plan
 - Provision of lifestyle advice and psychological interventions in line with the written action plan
 - Continued involvement of carers and family members
 - Review awareness of and involvement with cardiac support groups

Phase 3 (average 4 to 6 weeks post discharge, or according to the patient's needs)

- Provided as locally as possible to the patients home – see appendix, and depending on individual circumstances/clinical status
- Phase 3 programmes are provided in the Trust at the RVI and Freeman Hospital consisting of;
 - Exercise
 - Education (see appendix for topics covered by the RVI and Freeman Hospital programmes)
 - Relaxation
- Offer advice about access to other services/agencies e.g. smoking cessation service, physical activity, dietary, vocational, etc
- Continued involvement of carers and family members

- Identify patients for specialist psychological intervention, and refer as appropriate
- Offer resuscitation training as appropriate
- Review awareness of, and involvement with cardiac support groups
- Written communication at the end of phase 3 to primary health care team to provide structured care

Phase 4 (long term maintenance)

- Offer education and information about facilities for exercise e.g. links to LA physical activity coordinators, leisure services, other agencies and groups such as park rangers, walking groups, etc
- Referral to other services as indicated e.g. smoking cessation, psychological services etc
- Review awareness of, and involvement with cardiac support groups

March 2005

These guidelines have been reviewed and updated by the Newcastle upon Tyne Hospitals Cardiac Rehabilitation Steering Group and will be reviewed in 3 years

Appendix 1

Educational topics during phase 3 rehabilitation

Freeman Hospital

TOPIC	LEAD PROFESSIONAL
Medication and Heart Disease	Pharmacist
Exercise	Physiotherapist
Diet (fats)	Dietician
Diet (fibre and sugar)	Dietician
Diet (weight control and alcohol)	Dietician
Coronary Heart Disease and Risk Modification	Cardiac Nurse
Coronary Heart Disease and Treatment Options	Cardiac Nurse
Stress Identification and Management	Cardiac Nurse
RVI	
Diet/alcohol	Occupational Therapist
Exercise	Physiotherapist
Stress management	Psychologist
Risk factors	Rehabilitation Sister
Coronary heart disease	Rehabilitation Sister
Diet	Dietician
Drugs and heart disease	Pharmacist
Daily activities	Occupational Therapist

Appendix 2

Contacts for local cardiac rehabilitation programmes outside Newcastle Hospitals

Locality	Contact	Telephone no.	Fax no.
Newcastle community rehab	Yvonne Leighton/ Margaret King /	0191 2724249	0191 2983112
North Tyneside Hospital	Cath McBryde	0191 2934125	0191 2934129
North Tyneside community rehab	Beth Brown/James Wade	0191 2202206	
Northumberland CT	Alice Wincup Margaret Jamieson	01665 573008 01670 782301	01665 573008 01670 782303
Wansbeck Hospital	Carol McClenn Debbie Mankaya	01670 629389	01670 529452
Queen Elizabeth Hospital, Gateshead	Amanda Batchelor/Judith Parker/Angela Rumbles/Roger Owen	0191 4452408 / 0191 4820000 / 0191 4036156	0191 4053508
Sunderland Hospital	Chris Thompson / Joan Ambruster	0191 5699159	0191 5699608
South Tyneside PCT	Ian Storer / Susan Warren	0191 4516360 / 0191 4516367	0191 4516364
Cumberland Infirmary	Judith Brennan / Hazel Welsh	01228 814733	01228 814295
Univ Hospital of Durham	Carole Dover / Sue Lightfoot / Denise Greenwell / Susan Waters / Alison McMahon	0191 3332119	0191 3332016
Univ Hospital of Hartlepool	Not known at time of guideline	01429 266654	
James Cook Univ. Hospital	Annette Johnson / Jo Tosh / Frankie Thornley / Jackie Crawley	01642 854644	01642 854137
Easington PCT	Sue Hall	0191 5876056	0191 5184388