

Activities of daily living

- Discuss driving restrictions with CR participants and help them to find further information.
- Give participants an opportunity to discuss any concerns related to resuming sex after their cardiac event.
- If a CR participant is unable to drive, explore alternatives to assist with independence.
- Include vocational guidance to facilitate graded return to work and discuss any barriers an individual may face returning to work.
- Give CR participants an opportunity to discuss and/or train in cardiopulmonary resuscitation (CPR).

Reassessment and completion

The post-program assessment should include, at a minimum:

- exercise capacity
- lifestyle risk factors (physical activity, diet, smoking, alcohol)
- psychosocial health (depression, anxiety)
- medications

If possible and applicable, reassess CR participants’:

- adiposity (waist circumference)
- medical risk factors (blood pressure, lipids, blood glucose)
- quality of life
- success in returning to activities of daily living.
- Review CR participants’ goals at the completion of the program.
- Give the participant and their general practitioner and cardiologist a discharge or summary letter.

A Pathway to Phase II Cardiac Recovery A Quick Guide

- *This Quick Guide summarises the evidence based Best Practice Statements that are recommended for delivery in a cardiac rehabilitation program.*
- *The clinician is able to prioritise which content to provide in their service, as the Best Practice Statements have been assessed as ‘essential’ or ‘desirable’ by a cardiac rehabilitation expert advisory group.*
- **Essential (Red shade)** The content presented in this Best Practice Statement should be prioritised for delivery in all cardiac rehabilitation programs.
- **Desirable (Blue Shade)** The content presented in this Best Practice Statement should be considered for delivery in cardiac rehabilitation programs, based on capacity and resources.
- *For further information, example content and supporting resources, please refer to the full resource, A Pathway to Cardiac Recovery: Standardised Program Content for Phase II Cardiac Rehabilitation on the Heart Foundation website www.heartfoundation.org.au*

Initial assessment

Comprehensively assess the CR participant’s needs and develop an individualised care plan. This initial assessment should include:

- socio-demographic information
- clinical history
- exercise capacity
- lifestyle risk factors (physical activity, diet, smoking, alcohol)
- psychosocial health (depression, anxiety)
- medications.

Desirable initial assessment features to consider:

- adiposity (waist circumference)
- medical risk factors (blood pressure, lipids, blood glucose)
- ability to return to activities of daily living
- quality of life.
- Following the initial assessment, encourage and support participants to set achievable goals.

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Heart education and self-management

- Educate CR participants about self-management strategies.
- Give CR participants education (tailored to their condition, if possible) about:
 - the anatomy and physiology of the heart
 - how to return to activities of daily living
 - risk factors modification for secondary prevention in heart disease
 - chest pain management or a heart failure management plan.

Medication education and review

- Give CR participants medication education that includes basic indications and benefits of commonly prescribed medication therapy.
- Encourage and support participants to adopt strategies that lead to medication adherence.
- CR staff (including a pharmacist, if possible) should ensure CR participants are receiving optimal cardio-protective medications.

Managing medical risk factors

- Equip CR participants with the skills to self-manage or prevent hypertension.
- Equip participants with the skills to self-manage or prevent dyslipidaemia.
- Equip participants with the skills to self-manage or prevent diabetes.

Exercise and physical activity

- Give CR participants a tailored, progressive and supervised exercise training program.
- Educate participants about strategies to increase general physical activity and reduce sedentary behaviour.

Healthy eating & weight management

- Focus advice on making healthy dietary choices to reduce total cardiovascular risk.
- If resources allow, offer individualised consultation with a trained health professional to discuss diet. The goals are to understand the CR participant's current eating habits, and give personalised advice that is sensitive to culture, needs, socio-economic status, and capabilities.
- An Accredited Practising Dietitian should assess and manage CR participants with complex dietary requirements due to co-morbidities.
- Provide education and advice on the importance of maintaining a healthy weight for heart health. For participants who are overweight or obese, develop an individualised, achievable plan working towards an initial goal of losing 5–10% of body weight and a longer-term goal of achieving a body mass index (BMI) below 25.
- Consider referring participants requiring assistance with weight management to weight loss programs delivered by experts.

NEARLY
1 in 3 heart attacks
ARE REPEAT EVENTS



Source: Allprandi-Costa, B., Ranasinghe, I., Chow, V., Kapila, S., Juergens, C., Devlin, G., . . . Brieger, D. B. (2011). Management and outcomes of patients with acute coronary syndromes in Australia and New Zealand, 2000–2007. *Medical Journal of Australia*, 195(3), 116–121.

Tobacco cessation and alcohol reduction

- Give CR participants who smoke a brief intervention for smoking cessation, using the Ask, Advice and Help model.
- Encourage participants who continue to smoke to use a combination of nicotine replacement products (patch plus gum or spray or lozenge or inhalator) and/or to visit their doctor to discuss other 'stop smoking medications' to assist quitting.
- Offer participants who are excessive drinkers brief advice/counselling to encourage reduction of alcohol intake.
- Consider referring alcohol-dependent CR participants to specialised services and notify their general practitioner.

Psychosocial wellbeing

- Screen CR participants for depression and anxiety at the beginning and end of the CR program using a validated tool.
- Give participants an opportunity to discuss the typical emotional response to a heart event.
- Educate participants about the signs and symptoms of depression and other mood disorders.
- Assist participants to respond appropriately to ongoing psychological symptoms including when to seek help.
- Assess the social support available to CR participants and determine their social support needs.
- Discuss the importance of social support to heart health recovery, and encourage participants to reflect on how they can enhance or better utilise their social support networks.
- Consider how social networks can be enhanced for participants who report low levels of social support.
- Consider the contributions family members and carers can make to participants' recovery.
- Consider encouraging partners or carers to join specific carer support groups to help them to cope with their family member's cardiac condition.

Cardiac rehabilitation
can reduce unplanned
cardiac readmissions
by up to

18%



Source: Anderson, L., Thompson, D. R., Oldridge, N., Zwisler, A. D., Rees, K., Martin, N., & Taylor, R. S. (2016). Exercise-based cardiac rehabilitation for coronary heart disease. *Cochrane Database Syst Rev*(1), CD001800

Patients are **>2x** as likely
to participate in **cardiac**
rehabilitation if a health
professional discusses
it with them before
they leave hospital



Source: Heart Foundation Heart Attack Survivor Survey, June 2018