

## CARDIOPULMONARY PT/OT

### Original Questions

ORG A

ORG B

- **Does anyone have a protocol? Pediatric protocols?**

We do not have a specific protocol in place; we talk with the physician regarding activity specific parameters for each patient. We are currently working on establishing criteria for early mobility based on those published by Johns Hopkins.

We do not have a true cardiac rehab outpatient program and do not have a protocol, but would love to have access to one if there are any out there. At this point we assess patients and see them on an OP basis based on their needs. All of our heart transplant kids are followed IP pre and immediately post transplant, then reassessed at their yearly clinic visit.

- **Are OT and PT both involved with the rehab process? Or are RN/exercise physiologists the only ones who administer cardiac rehab?**

We don't currently have an OP cardiac rehab program. PT and OT may both be involved based on the needs identified for each patient.

Our outpatients are followed by PT and OT, unless their needs are truly endurance and then they are just followed by PT.

- **In an outpatient setting, must someone be trained in pediatric advanced life support or is BLS certification adequate?**

This is a discussion that has been ongoing in our department. We don't currently have the requirement that someone is trained in PALS, but this may be something we pursue in the future.

Our outpatient services for this group is on our main campus so all therapists are BLS certified and have the ability to call a code with nursing and physician support if necessary.

- **At what point are these patients clear for d/c from OP setting-- should PLOF be our target or is there a "new normal" that we should be educating?**

We target PLOF.

We don't have specific criteria for discharge from outpatient. Each patient is considered individually based on their goals and ability to participate in therapy (distance from home, scheduling with clinic visits, etc)

- **What equipment do you have in your facility to provide the best quality care (treadmills, bicycle ergometers/vital monitors/etc.)?**

IP and OP - we have the ability to access stationary bikes, treadmills, trikes for younger kids to pedal around the hospital, vital sign monitors, etc

Treadmills, bicycle ergometers, the standard vital sign monitors (pulse ox, BP). Telemetry is not available in our outpatient gym.

- **What continuing education courses have you found to be beneficial in your competency with this population?**

It has been difficult to find continuing education specifically related to this population. We have people that are involved in the single ventricle collaborative and with CNOC.

Atlanta Children's holds a great cardiac conference annually. There is also a cardiac neurodevelopmental symposium. We have had therapists attend APTA's CSM and Academy of Pediatric PT conferences. For the last few years there have been helpful programming at these conferences.

- **Do you have any articles to support PT and OT in the pre and post heart transplant rehab from the last 10 years?"**

I do not know of any particular articles regarding this.

Not off hand, most of our references are from the various conferences mentioned above.