

**CARDIAC  
REHABILITATION  
TEAM  
STUDENT HANDBOOK-  
PATHWAY**



May 2016

## **The Cardiac Rehabilitation Team**

Consists of;

- **Consultant Cardiologist**

- Dr. Sandler
- Dr Cooke
- Dr Sheridan
- Dr Smith

- **Four Cardiac Rehabilitation Nurses**

**Tel No 01246 512405/ 513404**

- Janice Peak
- Sara Adams
- Nicola Holmshaw
- Elaine Bent

- **Senior Physiotherapist**

- Gill Sharpe

- **Physiotherapy Technical Instructor**

- Anne Trotman

The team also works closely with Dieticians, Pharmacists and Clinical Psychologists.

## **Welcome to Cardiac Rehabilitation**

All the staff within Cardiac Rehabilitation would like to welcome you as part of our team. The Cardiac Rehabilitation team care for patients recovering from M.I. (myocardial Infarction), C.A.B.G (coronary artery bypass graft), Stents, Valve Replacement, Heart Transplant, Heart Failure and Angina both as inpatients and outpatients.

Hours of work are Monday-Friday 8-4pm.

## **Cardiac Rehabilitation Philosophy of Care**

The Cardiac Rehabilitation Teams aim is to help patients on the road to recovery.

Our approach is holistic and individual, acknowledging our patients' physical, psychological, social, vocational and cultural needs.

The Cardiac Multidisciplinary Team support patients in making lifestyle changes to reduce their cardiac risk factors. Our goal is to empower patient's enabling them to attain optimal health and psychological wellbeing, allowing them to fulfil their life both personally and within the wider community.

## **The aim of cardiac rehabilitation is to:**

- Provide educational, emotional, physical and psychological support to those patients having had an Myocardial Infarction (M.I) or Coronary Artery By-pass Graft (C.A.B.G.) and assist with reducing the risk of further cardiac events
- Ensure that partners/family/carers also receive education and support.
- Ensure the use of a multi-disciplinary team approach to achieve optimum results.
- Use appropriate materials to reinforce health promotion and encourage long-term lifestyle changes.
- Identify and correct adverse risk factors where possible.
- Be available to all areas within the trust for advice and support regarding coronary heart disease.

## **What is cardiac rehabilitation?**

Cardiac rehabilitation consists of seven core components. These synchronized activities aim to “influence favourably the underlying cause of cardiovascular disease as well as to provide the best possible physical, mental and social conditions, so that patients may, by their own efforts, preserve or resume optimal functioning in their community and through improved health behaviour, slow or reverse progression of the disease” (WHO, 1993; Feigenham and Carter, 1998; Goble and Worchester, 1999)

## The core components of cardiac rehabilitation

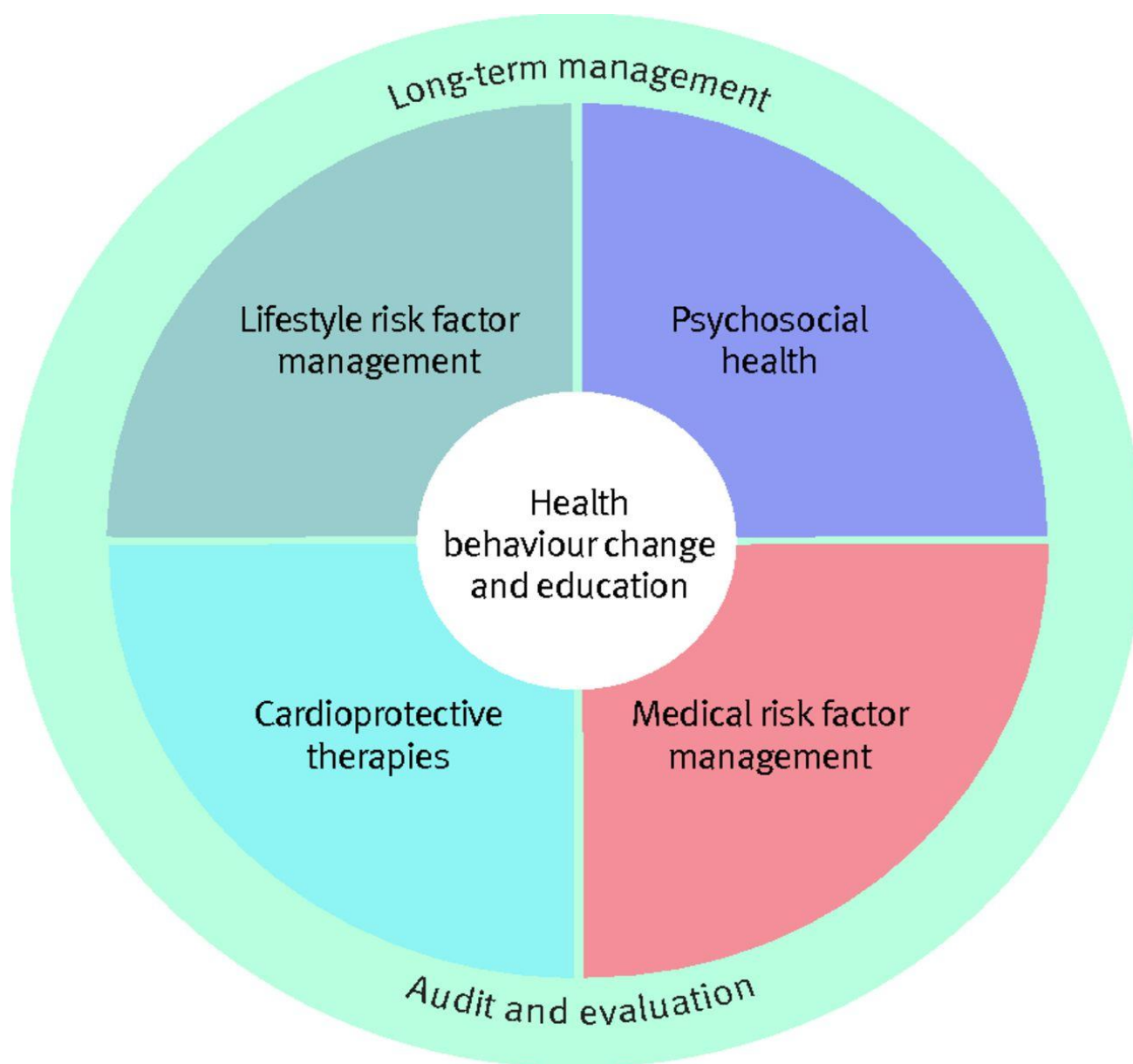


Figure 1: The BACPR core components of cardiac rehabilitation. The BACPR model represents health behaviour change and education as central and integral to all of the other components. There is equal importance on the provision of lifestyle risk factor management and cardio protective therapies. On conclusion of the programme it is important that each core has a long term defined pathway, enabling and facilitating self management. The need for audit and evaluation are of major importance.

## **Evidence base for cardiac rehabilitation**

There is overwhelming evidence for comprehensive cardiac rehabilitation programmes.

- \* Cardiac mortality reduction of 26-36%
- \* Total mortality reduction of 11-26% (Taylor,2012; Heran et al.,2011; Lawler et al.,2011;

There is emerging evidence that cardiac rehabilitation is also associated with:

- \* Reduced morbidity (repeat MI) (Lawler et al., 2011; Clark et al.,2005)
- \* Readmission rate reduced by 28-56% (Lam et al.,2011; Davies et al., 2010)
- \* Cardiac rehabilitation is one of the most cost effective therapeutic interventions in cardiovascular disease management (Unal et al., 2005; DH 2010., NICE, 2013)
- \* Increasing uptake of cardiac rehabilitation by 15% could release £30 million of NHS money ( Kaiser et al., 2013)
- \* More cost effective than most other cardiological or surgical treatments (Fidan., 2007)

## **Cardiac Rehabilitation Service**

### **Inpatient**

This is the initial period, whereby the patient is admitted to hospital and given the appropriate treatment for their M.I.

At this stage the patient is given advice and information on diagnosis, exercise, driving, diet, pain, stress, weather, visitors, sex, stairs, constipation and anxiety/depression if appropriate. All this information is staggered over their stay in hospital.

### **Immediate post discharge**

All patients are contacted within 4 working days of their discharge.

### **Out patient service**

All patients are invited to attend a cardiac rehabilitation programme. This includes a physical, psychological and life-style assessment. Followed, by an individual exercise programme and education sessions.

### **Discharge**

A 'follow on' programme based in the community run by a qualified B.A.C.R. (British Association of Cardiac Rehabilitation) instructor. This is a means of continuing exercise in a safe environment on completion of the cardiac rehabilitation programme.

### **Student nurse opportunities**

Students join the cardiac rehabilitation team for a two week cardiology spoke placement. During this placement students will gain knowledge through observing a wide range of cardiac services.

### **AIM:**

To gain knowledge of the cardiology services provided by Chesterfield Hospital.

### **Learning outcomes:**

During the placement the student will:

- Observe consultations with patients throughout their admission.
- Gain knowledge and understanding of secondary prevention for coronary heart disease.

- Familiarise themselves with relevant information regarding diet, weight loss, alcohol consumption, exercise, medication and smoking cessation.
- Become familiar with the referral process to members of the M.D.T and the criteria on which to refer.
- Understand the psychological and social implications post M.I.
- Gain an understanding of the importance, the risks and benefits of exercise on the cardiovascular system.
- Have an insight into the various follow-up options for cardiac rehab.
- Have an understanding of the anatomy and physiology of the heart.
- Identify how they can use the knowledge gained during their placement in other clinical areas.

### **Learning Opportunities**

Cardiac rehabilitation, Manvers/CCU, Angiography Suite, Research Nurses, Cardio Respiratory Suite, Cardiac Matron, Rapid Access Chest Pain Clinic, Heart Failure Nurses, Post MI Follow-Up Clinic.

### **What is a myocardial infarction?**

A myocardial infarction (M.I), more commonly known as a heart attack is a medical condition that occurs when the blood supply to a part of the heart is interrupted, most commonly due to a rupture of a vulnerable plaque. The resulting ischaemia or oxygen shortage, if left untreated for a sufficient period, can cause damage and/or death of heart tissue. It is a medical emergency, and the leading cause of death for both men and women all over the world. Important risk factors are, a history of vascular disease such as atherosclerotic coronary heart disease and/ or angina, a previous heart attack



or stroke, any previous episodes of abnormal heart rhythms or syncope, older age, smoking, excessive alcohol consumption, drug abuse, high triglyceride levels, high L.D.L (low-density lipoprotein “bad cholesterol”), and low H.D.L (high density lipoprotein “good cholesterol”), diabetes, high blood pressure, obesity and prolonged high stress levels. Chronic kidney disease and a history of heart failure are also significant risk factors that may indicate a heightened disposition towards suffering an M.I.

### **What are the symptoms of a heart attack?**

The most common symptom of an M.I is chest pain. Typically a pressure sensation like “an elephant sitting on my chest” or a squeezing sensation like “a vice tightening around my chest”. Arm pain and neck/jaw pain can occur by itself or in conjunction with chest pain. Epigastric burning or pain is also a common symptom leading to misdiagnosis of an acute M.I. It may occur without chest pain and persists after treatment with antacids. Other classical symptoms of acute myocardial infarction include shortness of breath, nausea, vomiting, palpitations, sweating and anxiety (often described as a sense of impending doom). Patients frequently feel suddenly ill. Many M.I’s are silent, without chest pain or other symptoms. A history of diabetes should heighten the index of suspicion, particularly if the patient has diabetic neuropathy (diabetes-related nerve damage).

## **QUIZ**

1. How many phases of Cardiac Rehab are there?
2. What medications do we class as 'secondary prevention'?
3. How long after an M.I can driving resume?  
And what action needs to be taken by the patient with  
Regards to driving?
4. What is an M.I?
5. What are the risk factors for M.I?
6. What are the symptoms of an M.I?
7. What is the difference between M.I and angina?
8. Explain the importance and benefits of exercise.
9. List 3 cardiac misconceptions.
10. What is Troponin T used for?
11. What are the 4 main components of the Cardiac Rehab Programme?
12. How do you refer to Cardiac Rehab, Dietician, Smoking Cessation and  
Heart Failure Nurses?

## Cardiac misconceptions

Thought	Answer
My life is over now!	<b>Wrong.</b> A heart problem is definitely <b>not</b> a death sentence.
My heart is diseased and dying	<b>Wrong.</b> In most conditions the heart is ok. The problem is in your arteries
Once you've got heart problems you're bound to die from them.	<b>Wrong.</b> Many people recover and go on to live a normal life.
Heart problems show that your heart is worn out by years of work, stress or anxiety.	<b>Wrong.</b> These things do not cause coronary artery disease, but the way we deal with anxiety and stress- for example, by smoking or drinking, may do so.
The heart is the strongest muscle in the body.	<b>Right.</b> In most conditions, the real cause of the problem is in your coronary arteries.
Once the damage is done you can't turn the clock back!	<b>Wrong.</b> The heart has great ability to recover.
I know I can beat this!	<b>Right.</b> You can fight back and there is good chance of success.
Doctors can do so much these days.	<b>Right.</b> Every few years for the last 20 years there has been a major advance in the treatment of heart disease.
It is just part of getting older.	<b>Wrong.</b> You can be 90 years old and have excellent arteries.
I need to avoid stress and excitement.	<b>Wrong.</b> Unless your doctor has told you differently, normal levels of excitement are good for you.
Rest is the best medicine	<b>Wrong.</b> Too much rest is one of the causes of heart disease.
I should always check how I feel before I start to do something	<b>Wrong.</b> It is better to plan activities and stick to the plan.
It's important to start looking after my health.	<b>Right.</b> In the end it is only you who can do this. Your cardiac rehab nurses will go through all the lifestyle changes that can help.

