

	RESPIRATORY	CARDIO-VASC	RENAL-URO	DIGESTIVE	ENDOCRINE	NERVOUS	PSYCH	MUSC-SK	INTEGUMENT	INFECTIOUS
MEDICAL HISTORY	Smoking, COPD, VTE	Hypertension, ischemic/ valvular heart disease, CF, arteriopathy	CKD, nephrotoxic treatment	Gastrointestinal pathology, liver disease	Diabetes, dysthyroidism	Cerebrovascular disease, previous cognitive state	Psychiatric pathology	Osteoarticular pathology		Evolution since first symptoms
MONITORING	SpO ₂ , RR, accessory muscle use, BORG scale, 6 (or 2)-minute walk test	BP b.i.d, diuresis, weight q.d., EKG, MFI-20 scale, 30-second chair stand, ABI	Water balance, PVR, If UC - see protocol, Renal function and electrolytes	Weight, intestinal transit, NRS score, risk of dysphagia	Capillary glycaemia and HbA _{1c} if diabetes, TSH	Neurologic and neuropsychological (MMSE) assessment, executive functions	HADS anxiety-depression questionnaire, personal and family history	ROM, Testing, walking perimeter, Jamar, ADL, FIM, NPRS pain	Risk of pressure ulcer	Temperature, CRP
TREATMENT	Oxygen	DVT prevention, adaptation of the usual treatment	Hydration, avoid nephrotoxic treatment	Reinforcement of caloric intake	Monitoring of anti-diabetic and hormonal treatment	Monitoring of the treatment and decrease in psychotropic / sedative	Adaptation of the treatment, psychological follow-up for the patient and relatives	Antalgics	Pressure ulcer prevention and care	Indication of antibiotics
REHABILITATION	Positioning, postural drainage, chest physical therapy, incentive spirometry	Cardiorespiratory endurance training		Monitoring and adaptation of the diet, rehabilitation of swallowing and voice disorders	Diabetes management and patient education	Mobilization, electrical stimulation, muscle strengthening, balance and gait training, technical aid		Mobilisation, strengthening exercises, prevention of contractures, control of pain, ADL rehabilitation	Postural change, discharge, adapted bed / armchair installation	
DISCHARGE CRITERIA	SpO ₂ > 92% in ambient air and stable after exercise, effective cough	Normovolemia, tolerance to moderate effort (walking on level ground, distance 500m)	Removal of the UC, diuresis ≥1500cc/24h, MDRD ≥60 ml/min/1.73m ²	Normal diet without dysphagia and covers caloric needs	Stable weight, controlled glycaemia	Time up and go test ≤ 14 sec	HADS <11	FIM ≥100, pain NPRS ≤3/10	Skin integrity	Apyrexia, stop antibiotics
INTERVE NORS	PT Nurse	PT Nurse	Nurse	Dietician, Speech T, Nurse	Nurse, Diabetes nurse, Dietician	PT, OT, Nurse, Neuropsych	Psychologist, Nurse	PT, OT, Nurse	Nurse, OT, Wound care nurse, Dietician	Nurse

<u>Legend of abbreviations:</u>	
COPD	Chronic obstructive pulmonary disease
VTE	Venous thromboembolic disease
SpO ₂	Peripheral oxygen saturation
RR	Respiratory rate
PT	Physiotherapist
CF	Cardiac failure
BP	Blood pressure
b.i.d.	twice a day
q.d.	once a day
EKG	Electrocardiogram
ABI	Ankle-brachial index
DVT	Deep vein thrombosis
CKD	Chronic kidney disease
PVR	Post-void residual volume
UC	Urinary catheter
MDRD	Modification of Diet in Renal Disease equation
Speech T	Speech therapist
HbA _{1c}	Glycated haemoglobin
TSH	Thyroid stimulating hormon
MMSE	Mini Mental State Examination
OT	Occupational therapist
Neuropsychy	Neuropsychologist
HADS	Hospital Anxiety and Depression Scale
ROM	Range of motion (joint)
Jamar	Jamar dynamometer (measurement of grip strength)
ADL	Activities of Daily Living
FIM	Functional Independence Measure
NPRS	Numerical Pain Rating Scale
CRP	C-Reactive Protein

Inpatient Rehabilitation :

Average length of stay: 3-6 weeks, with outpatient follow-up if necessary.

Assessment at admission, between D1 and D3, for the organization of patient care and rehabilitation.

Assessment at discharge, D discharge-7, for preparation of the discharge; home visit if necessary.

Standard rehabilitation program:

- Parameter monitoring, body care, treatment, 2-3x / d by the healthcare team;
- Individual physiotherapy 2x / d and exercise training 1x / d;
- Occupational therapy 2-5x / week;
- Speech therapy up to 5 sessions per week;
- Neuropsychological care if cognitive disorders;
- Support by psychologist 1x / week;
- Dietary monitoring;
- Followed by the diabetology and wound care team.

Precautions:

A respiratory rate > 22/min is a contraindication to active exercise.

If SpO₂ < 90%, the indication for oxygen therapy should be reviewed. Decreasing SpO₂ > 4 points, compared to resting SpO₂, may require adjustment of exercise intensity and oxygen administration.

If symptoms such as chest pain, dyspnoea, palpitations, blurred vision, confusion, etc. occur, stop the exercise and call the physician in charge.