



## Cardiac & Pulmonary Rehabilitation Field List

Orion Outcomes™ supports these standardized fields as of version 4.0. Additional fields are added periodically. You may use any subset of these fields at your own discretion. Orion Outcomes™ also offers a customized outcomes option for collecting your own additional outcomes.

### Patient Outcomes

Field	Cardiac	Pulmonary
Testing Date	√	√
<b>Behavioral Domain</b>		
Beck Depression Inventory	√	√
CES-D	√	√
Cigarettes Smoked	√	√
Days per Week of Exercise	√	√
Diet Habit Survey	√	√
Follows Diet	√	√
Follows Medications	√	√
Knowledge Test	√	√
Minutes Exercising per Session	√	√
NWLRC Fat Intake Scale	√	√
<b>Clinical Domain</b>		
Body Mass Index	√	√
Duke Activity Status Index	√	√
Height	√	√
Hip	√	√
NYHA Functional Classification	√	
Percent Body Fat	√	√
Shortness of Breath Questionnaire		√
Waist	√	√
Weight	√	√
<i>6 Minute Distance Walk</i>		
Heart Rate (Resting, Peak, Recovery)	√	√
Blood Pressure (Resting, Peak, Recovery)	√	√
Oxygen Saturation (Resting, Peak, Lowest, Recovery)		√
Oxygen Flow Rate (Resting)		√
Perceived Dyspnea (Resting, Peak, Recovery)		√
Distance	√	√
METS	√	√
Perceived Exertion (Peak)	√	
<i>Treadmill Test</i>		
Testing Date	√	√
Heart Rate (Resting, Peak, Recovery)	√	√
Blood Pressure (Resting, Peak, Recovery)	√	√
Maximum MET Level	√	√
Oxygen Saturation (Resting, Peak, Lowest, Recovery)		√
Oxygen Flow Rate (Resting)		√
Perceived Dyspnea (Resting, Peak, Recovery)		√
Perceived Exertion (Peak)	√	
<i>Labs</i>		
CHO/HDL	√	
HDL	√	
LDL	√	
Total Cholesterol Level	√	
Triglycerides	√	
HbA1c	√	√
Fasting Blood Glucose	√	√

<b>Economic Domain</b>		
ER Visits	√	√
Hospital Admissions	√	√
Number of Medications	√	√
Physician Visits	√	√
<b>Health Domain</b>		
Ferrans & Powers Quality of Life Index	√	√
SF-36v2	√	√
SF-12v2	√	√
<b>Service Domain</b>		
Patient Satisfaction	√	√
<b>Risk Factors</b>		
Blood Pressure	√	
Cholesterol	√	
Depression	√	
Diabetes	√	
Diet	√	
Physical Activity	√	
Smoking	√	
Weight	√	

## Patient Demographics

Field	Cardiac	Pulmonary
Name (First, Middle, Last)	√	√
Address (Street, City, State, Zip Code)	√	√
E-mail	√	√
Nickname	√	√
Social Security	√	√
Sex	√	√
Race	√	√
Date of Birth	√	√
Marital Status	√	√
Education Level	√	√
Occupation	√	√
Diagnosis (Primary & Secondary)	√	√
Sessions Completed	√	√
Risk Stratification	√	√
Phone Number (Home & Work)	√	√
Maintenance Program	√	√
Physician (Primary & Referring)	√	√
Has Insurance Coverage	√	√
Insurance Provider (Primary & Secondary)	√	√
Inactive	√	√
Dropout	√	√
On ACE Inhibitors	√	
On Anticoagulants	√	
On Antiplatelets	√	
On Beta-blockers	√	
On Estrogen	√	
On Lipid Lowering Drugs	√	
Lipid Lowering Drugs Date Started	√	
Intolerance to Cholesterol-Lowering Agents	√	
Smoker	√	√
Smoking Quit Date	√	√
Received Smoking Cessation Counseling	√	√
Refused Smoking Cessation Counseling	√	√
Onset Date	√	√
Return to Pre-Rehabilitation Employment	√	√
Received Prior Depression Counseling	√	√
Referred on for Depression Counseling	√	√
Refused Depression Counseling	√	√
Medical Record #	√	√
Account #	√	√
Notes	√	√