Pulmonary Rehabilitation Toolkit Checklist



requirements and equipment

what starr and exercise equipment will rneed?	
Essential Requirements	
☐ Do I have staff with current basic life support training?	
☐ Exercise training staff such as Physiotherapist and/or Accredited Exercise Ph	ysiologist?
Minimum equipment	
☐ Do I have access to a flat, straight or circular area for walking (preferably 30	metres long)?
□ Do I have a pulse oximeter?	
☐ Can I measure blood pressure?	
☐ Do I have an emergency plan (community and hospital) or ideally easy access oxygen therapy (hospital)?	s to emergency support including a defibrillator and
☐ Do I have a telephone?	
$\ \square$ Do I have access to a breathlessness scale (ie modified Borg dyspnoea scale)	?
☐ Do I have tape or similar to mark out the walking track?	
□ Do I have a stop watch/timer?	
☐ Do I have stable chairs?	
☐ Do I have pens and exercise recording sheets?	
☐ Do I have water and cups available for drinking?	
☐ Do I have tissues/cups available for secretion clearance?	
☐ Do I have alcoholic hand rub?	
□ Do I have a controlled climate?	
Additional equipment if available	
□ Do I have a stationary bicycle?	
☐ Do I have access to stairs or a step/step box?	
☐ Do I have access to hand weights and/or theraband resistive exercise bands?	
$\ \square$ Do I have an incremental shuttle walk test, including cones, tape measure, $\ \square$	D or tape player?
☐ Do I have a treadmill?	
☐ Do I have weights machines?	
☐ Do I have an arm crank ergometer?	

