

Post Exercise Complications

Situation	Recommendation
Hypotension- may be unresponsive to saline due to exercise induced vasodilation	<ul style="list-style-type: none"> • Increase cool down time • Exercise earlier in the treatment • Re-evaluate BP medications • Elevate feet • Encourage isometric contractions of arms and legs • If patient is frequently hypotensive at target dry weight, reassess dry weight because there is potential that the patient's dry weight has increased due to increased muscle mass
Persistent angina, dyspnea, arrhythmia, and/or headache	<ul style="list-style-type: none"> • Refer to MD- no exercise until resolved and/or re-referred
Persistent tachycardia	<ul style="list-style-type: none"> • Increase cool down time during next session • Decrease intensity of exercise during next session • Refer to MD if persistent
Hypoglycemic in diabetics- may occur even 10-12 hours after exercise	<ul style="list-style-type: none"> • Check blood sugars pre and post exercise • Have a patient eat a small amount 15-30 min prior to exercise • Refer to MD for re-evaluation of insulin treatment (last resort)
Nausea/vomiting	<ul style="list-style-type: none"> • Decrease intensity of exercise • Increase cool down time • Refer to MD if persistent-no exercise until resolved