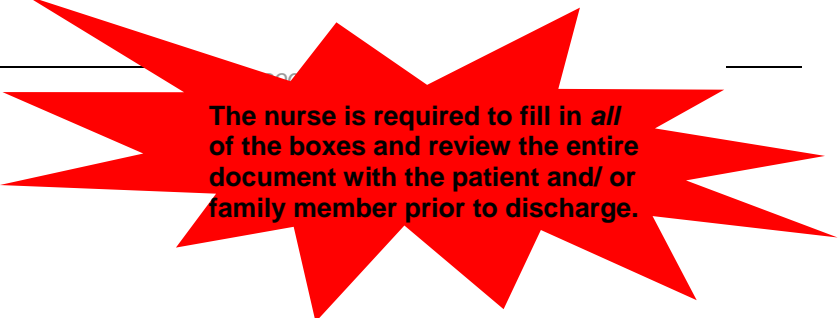


Acute Coronary Syndrome

Get With the Guidelines GAP Tool

PATIENT DISCHARGE INFORMATION  
ACUTE CORONARY SYNDROME



I know I need to do the following because I have had:  HEART ATTACK  ANGINA

Indicate which diagnosis applies

1. Take medicine. I understand that there are certain medications which may help prevent a heart attack and may help to extend my life. I will be taking:

- |                                     |   |  |  |
|-------------------------------------|---|--|--|
| Aspirin                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> CI            |
| Beta Blocker                        | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> CI            |
| ACE Inhibitor or ARB                | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> CI            |
| Cholesterol Lowering Agent          | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> CI            |
| Clopidogrel (Plavix)                | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> CI |
| Nitroglycerin (Spray, pills, patch) | <input type="checkbox"/> Yes            | <input type="checkbox"/> No            | <input type="checkbox"/> CI            |

Indicate "Yes" (which can include if they are on it at home), "No" or "CI" for each of the 6 best-practice medications. If "No" or "CI", write the reason in the space provided. All fields **MUST** be completed.

(CI = Contraindicated)

**These are the best practice medications.**  
**If any of the above medications have not been ordered on my hospital stay, I should discuss this with the physician on my follow up visit.**

Patient Specific Instructions:

- I must **not** stop Aspirin or Plavix without consulting my cardiologist
- When I get home I will ask my pharmacist for an updated medication list.

These are patient specific instructions.



**Guidelines:** Be sure to ask your cardiologist when you can begin driving again. **General** wait 1 month if you are admitted with a Heart Attack or wait 3 months if you drive for a living. You can begin driving in 2 days if you were admitted for Angioplasty.

- Additional Information/Comments:

You may indicate what type of MI the patient had, procedure, i.e. stent to LAD, or you may even choose to list all the medications the pt is being discharged home on.

2. **Quit Smoking.** I understand that smoking is a major risk factor in the development of heart disease. Smoking also causes other illnesses which may shorten my life.

I smoke and have been counseled to stop.  Yes  No  CI (Non-smoker)  
 I have been given medication to help me stop smoking.  Yes  No  N/A  
 If I want to quit smoking, I can call the smoking cessation program at 613-761-4753

3. **Eat a Low Fat Diet.** I understand that a diet low in cholesterol and fat may help to reduce my chances of suffering a future heart attack.

I have received the Heart Healthy Living guide and have received education about a low fat diet and I am aware of my cholesterol and lipid blood levels.  Yes  No

If no, I need to discuss my cholesterol and lipid level results with my physician on my follow-up visit.

4. **Exercise Regularly.**

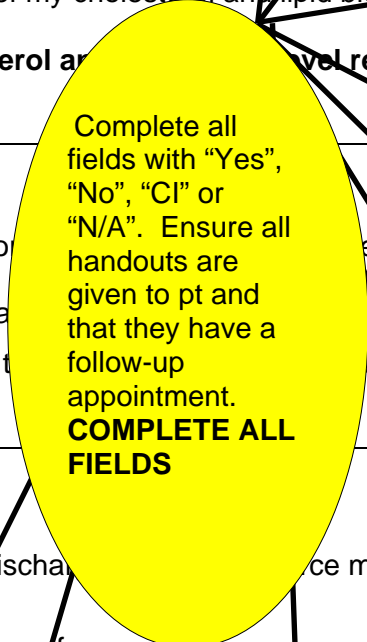
I have received exercise guidelines for cardiac rehabilitation.  Yes  No  
 I have been referred to a cardiac rehab program.  Yes  No  
 If I haven't received information from the program within 2 weeks, I can call 613-761-4572.

5. **Learn about heart disease.**

I have received cardiac education (Discharge materials)  Yes  No  
 I know what to do if I have a recurrence of my symptoms.  Yes  No  
 I understand how to take my nitroglycerin spray when I have symptoms  Yes  No  
 I have received instructions on my discharge medications.  Yes  No

6. **Follow-Up with my physician.**

I have a follow-up appointment made with a cardiologist, Dr \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
 I need to call Dr \_\_\_\_\_ @ \_\_\_\_\_ for an appointment within \_\_\_\_\_ weeks.  
 I should make an appointment with my family physician within 1 – 2 weeks



Nurse's Initials	Date	Patient Signature	Date
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