



Get With the Guidelines GAP Tool
PATIENT DISCHARGE INFORMATION
ACUTE CORONARY SYNDROME
Cardiology

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

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

Aspirin	<input 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 _____	CI=
Cholesterol Lowering Agent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CI _____	Contra-
Clopidogrel (Plavix)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CI _____	indicated
Nitroglycerin (Spray/pills/patch)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CI _____	

***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.
- **Driving Guidelines:** Be sure to ask your cardiologist when you can begin driving again.

In 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:

Patient

Chart no.

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 I can call 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 blood level results with my physician on my follow-up visit.

4. **Exercise Regularly.** I have received activity instructions for the next few weeks, before I start cardiac rehabilitation. Yes No

I have been referred to a cardiac rehabilitation program Yes No

If I haven't received information from the cardiac rehabilitation program within 2 weeks I can call 613-761-4572.

5. **Learn about heart disease.**

I have received cardiac education (Discharge book & Resource materials) during my hospitalization Yes No

I know what to do if I have a recurrence of my symptoms. Yes No

I understand how to take my nitroglycerine 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. _____ at _____ for an appointment within _____ weeks.

I should make an appointment with my family physician within 1-2 weeks.

Nurse Initials

Date

Patient Signature

Date