



PATIENT DISCHARGE INFORMATION
Acute Coronary Syndrome
Cardiology

I know I need to do the following because I had: Heart Attack Angina

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

Aspirin Yes No CI _____

Beta Blocker Yes No CI _____

ACE Inhibitor or ARB Yes No CI _____

Cholesterol Lowering Agent Yes No CI _____

Platelet Inhibitor Yes No CI _____

Nitroglycerin (Spray/pills/patch) Yes No CI _____

CI =
Contra-indicated

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

Patient Specific Instructions:

- I must **not** stop Aspirin or Platelet inhibitor 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:

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 NA

If I want to quit smoking, I can call the Smoking Cessation Program at 613-696-7069.

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 613-696-7068.

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

My key learner has been identified. 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.

Patient's name (print)	Signature	Date (yyyy/mm/dd)