

Follow Your Heart: optimal care after a heart attack

Discharging post-MI patients: Key information for communication to primary care

Information	Detail <i>(include as tick box options)</i>
Date of admission (DD/MM/YYYY)	<i>[insert free text box]</i>
Date of discharge (DD/MM/YYYY)	<i>[insert free text box]</i>
Patient details	<ul style="list-style-type: none"> • Name <i>[insert free text box]</i> • Hospital reference number <i>[insert free text box]</i> • Date of birth <i>[insert free text box]</i> • Gender <i>[insert free text box]</i> • Ethnicity <i>[insert free text box or list of options]</i>
Diagnosis	<ul style="list-style-type: none"> • STEMI • Non STEMI • Unstable angina • Other <i>[insert free text box]</i>
Modifiable risk factors	<ul style="list-style-type: none"> • Smoking • Diabetes • Hypertension • Hyperlipidaemia • BMI • Waist circumference • Alcohol intake <i>[insert free text box]</i> • Other <i>[insert free text box]</i>
Significant previous medical history	<i>[Insert free text box]</i>
Family history	<ul style="list-style-type: none"> • CHD • Premature CHD (defined by JBS2 as CHD in men aged < 55 years old and women aged < 65 years old) • Stroke • Diabetes • Hypertension • Familial hypercholesterolaemia • Other <i>[insert free text box]</i>
Investigations	<ul style="list-style-type: none"> • ECG (please include copy of results where possible) • Exercise Tolerance Test • Cardiac catheterisation diagnostic report • Echo - LV dysfunction (please indicate whether mild, moderate or severe) or ejection fraction <i>[insert free text box]</i> • Blood pressure on discharge • Lipid profile on admission

	<ul style="list-style-type: none"> ○ Total cholesterol ○ HDL-cholesterol ○ LDL-cholesterol ● HbA1C ● Other <i>[insert free text box]</i>
Procedures	<ul style="list-style-type: none"> ● Thrombolysis ● PCI: <ul style="list-style-type: none"> ○ No stent ○ Bare metal stent ○ Drug eluting stent ● CABG ● Revascularisation planned for the future ● Pacemaker insertion ● Other <i>[insert free text box]</i>
Complications	<ul style="list-style-type: none"> ● Cardiac arrest ● Heart block ● Arrhythmia <i>[insert free text box]</i> ● Thrombo-embolism ● Other <i>[insert free text box]</i>
Medication and duration	<ul style="list-style-type: none"> ● Antiplatelet <i>[insert free text box]</i> ● ACE/ARB <i>[insert free text box]</i> ● Betablocker <i>[insert free text box]</i> ● Statin <i>[insert free text box]</i> ● Aldosterone antagonist <i>[insert free text box]</i> ● Omega-3 <i>[insert free text box]</i> ● GTN <i>[insert free text box]</i> ● Drug allergies <i>[insert free text box]</i> ● Other <i>[insert free text box]</i> <p><i>N.B. Please provide instructions for GP on up-titration/duration and end date of treatment, where appropriate</i></p>
Cardiac rehabilitation coordinator contact details	<i>[insert free text box]</i>
Cardiac rehabilitation status (if known)	<ul style="list-style-type: none"> ● Offered ● Accepted/declined ● Contact details if accepted <i>[insert free text box]</i>
Need for family testing	<ul style="list-style-type: none"> ● Yes <i>[insert free text box]</i> <ul style="list-style-type: none"> ○ Cascade screening (FH) ● No
Information given to patient	<i>[insert free text box]</i>



Hospital contact details	<p><i>[insert free text box]</i></p> <p><i>N.B. Please include all relevant information, including consultant name</i></p>
Follow up details	<ul style="list-style-type: none">• Dates of:<ul style="list-style-type: none">○ Planned hospital review <i>[insert free text box]</i>• Further instructions to GP <i>[insert free text box]</i>

