

Advanced Cardiac Admissions Protocol (ACAP)

Cardiac Discharge Summary

To be completed on all Advanced Cardiac Admission Protocol patients

ADDRESSOGRAPH AREA

Tests/Procedures:

2-D Echocardiography: Date: 9/22
 Results: EF 20%, diffuse hypokinesia
 EF: 20

Stress Test: Date: _____
 Type: Echo Nuclear
 Modality: Exercise Pharmacological
 Results: _____

Cardiac Catheterization: Date: 9/24
 Intervention: reverse triple vessel disease
 refusal to CABG

CABG: Date: 9/24

Implantable Cardiac Defibrillator: Date: _____

Pacemaker: Date: _____
 Dual Chamber Single Chamber
 Biventricular

Other Devices: _____

Chest Pain Pathway Discharge Summary:

Discharge Category:
 Priority Advance Intermediate Negative

Antiplatelet Agents: **PAIIN**
 Aspirin (75-325 mg po enteric coated daily)
 81 mg 162 mg 325 mg
 Cannot take aspirin because _____
 Clopidogrel (75 mg po daily) **PA**

Beta Blockers: **PAI**
 Metoprolol (25-100 mg) _____ mg po q 12 h
 Carvedilol (3.125-25 mg) 25 mg po q 12 h
 Toprol XL (50-200 mg) _____ mg po daily
 Cannot take beta blocker because _____
 Advanced Heart Block Hypotension
 Decompensated CHF Severe Bradycardia
 Bronchospastic disease

ACE Inhibitors: **PA**
 Drug lisinapril 20 mg po (daily/ q12h/ q8h)
 Cannot take ACEI because _____

Statins: **PA**
 Drug lipitor 80 mg po daily
 Cannot take statins because _____

Heart Failure Discharge Summary:

Weight at discharge 157 lbs.
 Serum Creatinine at discharge 1.12 Date: 9/29
 B-type Natriuretic Peptide (BNP) 300 Date: 9/29
 (if drawn)

Beta Blockers:
 Carvedilol (3.125-25 mg) 25 mg po q 12 h
 Toprol XL (12.5-200 mg) _____ mg po daily
 Cannot take beta blocker because _____
 Advanced Heart Block Hypotension Bronchospastic Disease
 Severe Bradycardia Decompensated (Worsening) CHF

ACE Inhibitors/ARBs:
 Drug lisinapril 20 mg po (daily/ q12h/ q8h)
 Cannot take ACEI/ARBs because _____
 ACEI/ARBs Hypersensitivity Renal Failure
 Moderate/Severe Aortic Stenosis Other _____

Diuretics:
 Drug furosemide 80 mg po (daily/ q12h/ q8h)

Digoxin: (0.125-0.25 mg) _____ mg po daily

Aldosterone Antagonist: (Avoid with K > 5 &/or Cr > 2.5)
 Drug spironolactone 30 mg po daily

**In patient's with Heart Failure secondary to Ischemic events;
 Assess the patient's need for Antiplatelets & Statins and check the
 appropriate medication under the Chest Pain Pathway.**

**Weigh yourself daily before breakfast using the same
 scale. Write your weight in your weight diary and bring it
 with you to your doctor's office visits.**

Call your doctor for worsening symptoms:
 - increased shortness of breath.
 - increased swelling of feet, legs or belly.
 - increased fatigue (more tired than usual).
 - weight gain of 2 pounds in a day or 5 pounds in a week.
 - side effects from medications.

I have been treated for chest pain and/or heart failure. To follow up on the progress of my condition, I agree to be called for followup over the next year.

Have you smoked in the last year (12 Months)? No Yes

I have been advised to stop smoking. Information about smoking cessation including ongoing support, nicotine replacement and avoiding second hand smoke has been given to me.

I have been advised to exercise 3-5 times a week for 30 mins.

Patient's Signature: [Signature]
 Patient's Phone: 212 555 5555
 RN Signature: [Signature] Date: _____
 House Staff Name: [Signature]
 Signature: [Signature] Date: _____