Cardiac Discharge Checklist  
Myocardial Infarction

PHYSICIANS/APP COMPLETE:

Discharge Medications:

☐ Aspirin □ If not ordered, contraindication documented
☐ ACE Inhibitor/ARB (EF <40%) □ If not ordered, contraindication documented
☐ Beta Blocker □ If not ordered, contraindication documented
☐ High Dose Potent Statin
  o Atorvastatin 40 mg or 80 mg □ If not ordered, contraindication documented
  o Rosuvastatin 20 mg or 40 mg □ If not ordered, contraindication documented
☐ Clopidogrel/Prasugrel/Ticagrelor □ If not ordered, contraindication documented
☐ LDL Result Documented if Statin not ordered
☐ EF (within the past year) Documented in EMR
☐ Cardiac Rehab Referral

NAVIGATOR/NURSE COMPLETE:

FOLLOW-UP APPOINTMENTS (first within 7 days):

☐ Cardiologist: __________________________ on:___________ N/A: ______
☐ CV Surgeon: __________________________ on:___________ N/A: ______
☐ Family Physician: ______________________ on:___________ N/A: ______
☐ H2O Clinic Ordered? : ____________________

*If patient’s first follow up appointment, PCP or Cardiology, is not within the 7-10 day period, then patient should have an H2O appointment. Patients going to skilled care facilities cannot be seen in the clinic. Call 200-2839 to schedule the appointment.

☐ MI Education Documented in EMR

Discharge RN and provider: __________________________

Reminder: With this checklist, all items have to be completed prior to patient leaving.

*This is not a permanent part of the medical record.*