Cardiac Discharge Checklist
Myocardial Infarction

FOLLOW-UP APPOINTMENTS:

☐ Cardiologist: __________________ on:___________ N/A: __________
☐ CV Surgeon: __________________ on:___________ N/A: __________
☐ Family Physician: _____________ on:___________ N/A: __________

Please look at the medication dosage carefully as the dosage may have changed.

Discharge Medications: If no, contraindication:

☐ Aspirin
☐ ACE Inhibitor/ARB _____ Not ordered, contraindication documented in the EMR
☐ Beta Blocker
☐ Lipid Lowering (Statin)
☐ High Dose Statin
  o Atorvastatin 80 mg
  o Rosuvastatin 20 mg
☐ Clopidogrel/Prasugrel/Ticagrelor
☐ LDL Result Documented in EMR

☐ MI Education Documented in EMR

☐ EF (within the past year) Documented in EMR

☐ Cardiac Rehab Referral Made

Discharge RN and Provider: ________________________________

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