

# Cardiac Discharge Checklist

## Myocardial Infarction

### FOLLOW-UP APPOINTMENTS:

- |  |           |            |
|--|-----------|------------|
| <input type="checkbox"/> Cardiologist: _____     | on: _____ | N/A: _____ |
| <input type="checkbox"/> CV Surgeon: _____       | on: _____ | N/A: _____ |
| <input type="checkbox"/> Family Physician: _____ | on: _____ | N/A: _____ |

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

### Discharge Medications:

### If no, contraindication:

- |  |   |
|--|---|
| <input type="checkbox"/> Aspirin                                     | _____   |
| <input type="checkbox"/> ACE Inhibitor/ARB                           | _____ Not ordered, contraindication documented in the EMR |
| <input type="checkbox"/> Beta Blocker                                | _____   |
| <input type="checkbox"/> Lipid Lowering (Statin)                     | _____   |
| <input type="checkbox"/> High Dose Statin                            | _____   |
| ○ Atorvastatin 80 mg   |   |
| ○ Rosuvastatin 20 mg   |   |
| <input type="checkbox"/> Clopidogrel/Prasugrel/Ticagrelor            | _____   |
| <input type="checkbox"/> LDL Result Documented in EMR                |   |
| <input type="checkbox"/> MI Education Documented in EMR              |   |
| <input type="checkbox"/> EF (within the past year) Documented in EMR |   |
| <input type="checkbox"/> Cardiac Rehab Referral Made                 |   |

Discharge RN and Provider: \_\_\_\_\_

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