

Advanced Cardiac Admissions Protocol (ACAP)

Cardiac Discharge Summary

To be completed on all Advanced Cardiac Admission Protocol patients

ADDRESSOGRAPH AREA

Tests/Procedures:	Heart Failure Discharge Summary:
<input type="checkbox"/> 2-D Echocardiography: Date: _____ Results: _____ _____ EF: _____ <input type="checkbox"/> Stress Test: Date: _____ Type: <input type="checkbox"/> Echo <input type="checkbox"/> Nuclear Modality: <input type="checkbox"/> Exercise <input type="checkbox"/> Pharmacological Results: _____ _____ <input type="checkbox"/> Cardiac Catheterization: Date: _____ Intervention: _____ _____ <input type="checkbox"/> CABG: Date: _____ <input type="checkbox"/> Implantable Cardiac Defibrillator: Date: _____ <input type="checkbox"/> Pacemaker: Date: _____ <input type="checkbox"/> Dual Chamber <input type="checkbox"/> Single Chamber <input type="checkbox"/> Biventricular <input type="checkbox"/> Other Devices: _____ _____	Weight at discharge _____ lbs. Serum Creatinine at discharge _____ Date: _____ B-type Natriuretic Peptide (BNP) _____ Date: _____ (if drawn) <input type="checkbox"/> Beta Blockers: <input type="checkbox"/> Carvedilol (3.125-25 mg) _____ mg po q 12 h <input type="checkbox"/> Toprol XL (12.5-200 mg) _____ mg po daily <input type="checkbox"/> Cannot take beta blocker because _____ <input type="checkbox"/> Advanced Heart Block <input type="checkbox"/> Hypotension <input type="checkbox"/> Bronchospastic Disease <input type="checkbox"/> Severe Bradycardia <input type="checkbox"/> Decompensated (Worsening) CHF <input type="checkbox"/> ACE Inhibitors/ARBs: <input type="checkbox"/> Drug _____ mg po (daily/ q12h/ q8h) <input type="checkbox"/> Cannot take ACEI/ARBs because _____ <input type="checkbox"/> ACEI/ARBs Hypersensitivity <input type="checkbox"/> Renal Failure <input type="checkbox"/> Moderate/Severe Aortic Stenosis <input type="checkbox"/> Other _____ <input type="checkbox"/> Diuretics: <input type="checkbox"/> Drug _____ mg po (daily/ q12h/ q8h) <input type="checkbox"/> Digoxin: (0.125-0.25 mg) _____ mg po daily <input type="checkbox"/> Aldosterone Antagonist: (Avoid with K > 5 &/or Cr > 2.5) <input type="checkbox"/> Drug _____ 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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)? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> I have been advised to exercise 3-5 times a week for 30 mins.
Chest Pain Pathway Discharge Summary:	
Discharge Category: <input type="checkbox"/> P riority <input type="checkbox"/> A dvance <input type="checkbox"/> I ntermediate <input type="checkbox"/> N egative Antiplatelet Agents: PAIIN <input type="checkbox"/> Aspirin (75-325 mg po enteric coated daily) <input type="checkbox"/> 81 mg <input type="checkbox"/> 162 mg <input type="checkbox"/> 325 mg <input type="checkbox"/> Cannot take aspirin because _____ <input type="checkbox"/> Clopidogrel (75 mg po daily) PA Beta Blockers: PAI <input type="checkbox"/> Metoprolol (25-100 mg) _____ mg po q 12 h <input type="checkbox"/> Carvedilol (3.125-25 mg) _____ mg po q 12 h <input type="checkbox"/> Toprol XL (50-200 mg) _____ mg po daily <input type="checkbox"/> Cannot take beta blocker because _____ <input type="checkbox"/> Advanced Heart Block <input type="checkbox"/> Hypotension <input type="checkbox"/> Decompensated CHF <input type="checkbox"/> Severe Bradycardia <input type="checkbox"/> Bronchospastic disease ACE Inhibitors: PA <input type="checkbox"/> Drug _____ mg po (daily/ q12h/ q8h) <input type="checkbox"/> Cannot take ACEI because _____ Statins: PA <input type="checkbox"/> Drug _____ mg po daily <input type="checkbox"/> Cannot take statins because _____	
Patient's Signature: _____ Patient's Phone: _____ RN Signature: _____ Date: _____ House Staff Name: _____ Signature: _____ Date: _____	