



CARDIAC CARE PATIENTS TEACHING RECORD

To the Patient/Designate: The following information is provided to help you understand your illness episode, including in-hospital assessments and treatments, and recommendations for when you are discharged back home.

Information	Notes	Date/initials
<p>Explanations about TESTS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Electrocardiogram (ECG) <input checked="" type="checkbox"/> Blood work <input checked="" type="checkbox"/> Chest x-ray <input type="checkbox"/> Stress test <input type="checkbox"/> Other (list): _____ 		
<p>Explanations about ASSESSMENTS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Vital signs and oxygen saturation: these include taking your blood pressure, pulse, respirations, temperature, and oxygen levels. The frequency of these checks decreases as your condition improves/stabilizes. <input checked="" type="checkbox"/> Heart monitoring: continuously at first and then stopped when your condition stabilizes. <input checked="" type="checkbox"/> Monitoring of your lungs: checked at a minimum of twice daily while in hospital and more frequently if indicated. <input checked="" type="checkbox"/> Weight: will be measured and used to determine medication dosages and to monitor your response to some medication. <input checked="" type="checkbox"/> Other systems checks: a head-to-toe approach is used to review your bodily systems and includes monitoring your urine output and bowel movements. 		
<p>Explanations about TREATMENTS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Intravenous therapy <input checked="" type="checkbox"/> Oxygen therapy <input type="checkbox"/> Other (list): _____ 		
<p>Explanations about MEDICATIONS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Review of the medication taken prior to admission <input checked="" type="checkbox"/> Understanding medications received in hospital 		

<ul style="list-style-type: none"> ■ Review and understanding of medications to be taken after discharge from hospital and how to take them 		
<p>Explanations about DIET</p> <ul style="list-style-type: none"> ■ Heart healthy diet <input type="checkbox"/> Other (list): _____ 		

Cardiac Care Patient Teaching Record (continued)		
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<p>Information about SAFETY/ACTIVITY</p> <ul style="list-style-type: none"> ■ Initially, bed rest; stand to use the commode. ■ Gradual increase in activity level: from bedrest <u>to</u> sitting up in a chair <u>to</u> walking to the bathroom <u>to</u> being up and about as tolerated and climbing stairs. ■ Deep breathing and leg exercises every 4 hours while awake and on bed rest. ■ Ability and stamina to perform activities of daily living, such as toileting and hygiene. <input type="checkbox"/> Other: _____ 		

<p>Information to prepare for GOING HOME</p> <ul style="list-style-type: none"> ■ Understanding your diagnosis ■ Understanding risk factors for heart disease/heart attack ■ Understanding the difference between angina and a heart attack ■ Chest pain: <ul style="list-style-type: none"> ■ Report to nurse while in hospital ■ When and how to use nitroglycerine ■ Signs and symptoms of heart problems ■ When and how to go to the emergency department ■ Increasing your activity: warning signs to watch for when you are increasing your activity levels <ul style="list-style-type: none"> ■ Discuss home exercise program ■ Avoid straining with bowel movements ■ Heart healthy diet ■ Quit smoking and counselling (if applicable) ■ Driving ■ Returning to work (if applicable) ■ Leisure activities ■ Sexual activity ■ Stress management ■ How your family can help at home <p>_____</p> <p>_____</p> <p>_____</p>		
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Cardiac Care Patient Teaching Record (continued)		
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<ul style="list-style-type: none"> ■ professionals can help you and your family <ul style="list-style-type: none"> ■ Physician ■ Nurses <input type="checkbox"/> Dietitian <input type="checkbox"/> Pharmacist 		

- Physiotherapist
- Occupational therapist
- Social worker
- Spiritual care
- Home care
- Other

■ Educational materials provided (list):

■ Follow-up appointments (if appropriate):

NB: if appointments are made, provide purpose, name, date, time, and place

- Family doctor (within 90 days)
- Dietitian
- Stress test
- Referral to Cardiac Rehabilitation program:
Use Cardiac Services Program, Cardiac Rehabilitation Referral Form

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- Other:

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