

# AMI- PRE-DISCHARGE CHECKLIST\*

## Medications (Document contraindications if not given)

- ◆ Beta Blocker
- ◆ Aspirin
- ◆ ACEI or ARB\*
- ◆ Sublingual Nitroglycerin tablets
- ◆ HMG-CoA Reductase Inhibitor (If indicated for cholesterol)

## Diet

- ◆ Low cholesterol/Low fat diet

## Exercise

- ◆ Activity prescription or plan for stress test

## Smoking Cessation Counseling

## Usual and Customary Follow-up Appointments

- ◆ NSTEMI ACS: follow up 2 weeks
- ◆ Low-risk or fully revascularized: follow up 2-6 weeks

## Education Goals

- ◆ Understands medications
- ◆ Knows current cholesterol level
- ◆ Has action plan if develops recurrent cardiac symptoms

\* ADAPTED FROM THE ACC/AHA JOINT GUIDELINES. 2007 UPDATE.

▲ AN ACEI OR AN ARB IS ACCEPTABLE TREATMENT FOR LVSD. ADAPTED FROM THE SPECIFICATIONS MANUAL FOR NATIONAL HOSPITAL QUALITY MEASURES DISCHARGES 04-01-10 (2Q10) THROUGH 09-30-10 (3Q10).

## MANAGEMENT OF HIGH RISK PATIENTS WITH NON-ST-SEGMENT ELEVATION ACUTE CORONARY SYNDROMES<sup>1</sup>

### Chest Pain > 10 Minutes and High-risk features at presentation

- ◆ Recurrent ischemia, despite anti-ischemic therapy, or
- ◆ Elevated cardiac troponin, or
- ◆ ST-segment depression, or
- ◆ Recurrent ischemia with heart failure, or
- ◆ Hemodynamic instability

### Recommended Treatment Regimen, unless contraindicated

- ◆ Aspirin
- ◆ Heparin, unfractionated heparin (UFH), or low-molecular weight heparin
- ◆ GP IIb-IIIa inhibitor or clopidogrel
- ◆ Beta blocker
- ◆ Nitrates

### Early Cardiac Catheterization, if high risk or early invasive strategy is preferred

### Revascularization, if coronary anatomy is suitable

- ◆ Add clopidogrel if PCI
- ◆ Withhold clopidogrel 5-7 days prior to CABG surgery
- ◆ No enoxaparin 12-24 hours prior to CABG surgery
- ◆ No abciximab if PCI is not planned
- ◆ GP IIb - IIIa inhibitors stopped 4 hours prior to CABG
- ◆ Fondaparinux stopped 24 hours prior to CABG and UFH started

<sup>1</sup> Adapted from Anderson, J.L., et al. ACC/AHA guideline update for the management of patients with unstable angina and non-ST-segment elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Committee on the Management of Patients With Unstable Angina). 2007.