



**Royal Berkshire**  
NHS Foundation Trust

# After a heart attack

Guidelines and advice to aid  
your recovery

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## Introduction

This booklet has been produced by the staff to help answer some of the questions you and your family may have about your heart attack. It covers many areas and is aimed at helping you through the next few weeks and months. We want to ensure that you are discharged knowing which risk factors are most applicable to you.

It may not answer all your questions therefore a blank page is at the end of the booklet for you to write down any questions you may have. A nurse will sit down with you before your discharge, answer these questions, and discuss what happens after discharge and ways of preventing further heart attacks.

It is important that you start to take control of your future, but people are there to help you. Set yourself short-term goals, don't compare yourself to others, or try to make too many changes in your lifestyle in one go. We hope that you make a speedy recovery and that your health continues to improve.

This booklet should be taken with you to any appointments at your GP's or the hospital.

## What is a heart attack (myocardial infarction)?

The heart is a muscular pump that carries blood through the lungs and around the body. It needs a good blood supply to provide it with the oxygen and nutrients it needs to function. This blood is provided by a network of coronary arteries that sit on the outside of the heart.

A heart attack is a blockage or narrowing of one of these arteries. This blockage is usually caused by a combination of fatty deposits (atheroma) and a blood clot. The fatty deposits narrow the artery and build up over many years. This can eventually block the flow of fresh oxygenated blood. At the onset of a heart attack a small crack occurs on the surface of an area of atheroma. The body's normal defence mechanisms then come into play, initially involving small particles in

the blood stream called platelets. These are particles that stick together and clog up the crack. The process then continues causing further restriction of blood flow. When the clotting plug is big enough, or if the artery is too small, a total blockage of the artery can occur so that blood no longer flows down the artery.

Typical chest pain that often accompanies a heart attack is often described as 'crushing', 'tightness', 'gripping' or 'like a heavy weight in my chest'. The pain may be in the middle of the chest and may go through to the back to between the shoulder blades. The pain may also be felt in the arms, fingers, jaw or teeth. The person often feels sick and sweaty. They may also look pale and unwell and find it difficult to breathe.

However, some people having a heart attack do not experience such symptoms. Different people experience different symptoms. Think of the symptoms you experienced which brought you into hospital and how you felt at this time.

### What happens in hospital?

There are two different types of heart attack and the type you have had will have determined the treatment you have received so far, and the treatment which is to follow.

**STEMI** – This is where one of the arteries is completely blocked and blood carrying the required oxygen and nutrients is unable to reach an area of your heart muscle, potentially causing severe damage. This is diagnosed by your ECG and everything will have already happened very quickly to open up the artery and supply your heart muscle with oxygen and nutrients to prevent long-term damage.

**NSTEMI** – This is where one of the arteries is significantly narrowed and the blood supply to an area of the heart muscle is restricted and has caused some heart muscle damage. The test which diagnoses this is a blood test carried out 12 hours after your worst pain. It looks

for an enzyme, Troponin, which if raised indicates damage to your heart. If your troponin test was positive, you will have been diagnosed as a NSTEMI and discussions surrounding looking at your arteries and opening up the narrowing will be taking place.

### What to expect

- Monitor - You will be attached to a heart monitor which enables us to watch the rate and rhythm of your heart. As time progresses you may be transferred to a mobile monitor which you can carry around with you.
- Regular ECG's - These are tracing of the electrical activity of your heart which allow us to monitor for signs of heart damage.
- Blood tests - These let us see any damage done to your heart muscle and how it is recovering. We also routinely check your blood count, kidney function, liver function, cholesterol level and glucose level.

### Mobilisation/activity guide whilst in hospital

You are likely to be in hospital for 2-4 days. This enables us to monitor you for signs of complications and to start new medications in a controlled environment. Your activity will be restricted to reduce strain on your heart and enable it time to recover. However, too much time in bed is not good either. The following plan is a recommendation. The rate at which you progress through the different stages will alter depending on your individual requirements and any ongoing treatment.

**At any point in time if you experience any chest pain, heaviness or tightness, dizziness, breathlessness or undue fatigue please stop what you are doing, rest and ring the bell to inform a member of staff.**

**Stage 1** – Bed rest. If treatment does not prevent you may be able to sit out if you need the commode, for bed-making and for a wash at the bedside.

**Stage 2** – Sitting in the chair and walking around your bed space, wheeled to the bathroom and back as necessary.

**Stage 3** – Wheeled to the bathroom and walk back.

**Stage 4** – Free to mobilise around ward as you wish, but please do not go any further, unless discussed with a member of staff, as the telemetry box monitoring your heart will lose signal.

## Going home

Having a heart attack is bound to lead to feelings of apprehension and fear, causing you to worry about what the future holds. It is also normal to feel nervous when leaving hospital but you will gradually regain your self-confidence. It is quite normal to feel tired during the first few days after discharge. The activities below are offered as a guide. You may want to do a little less or a little more than this. Cardiac support/rehabilitation will advise you as an individual if they feel you should be progressing at a slower or faster rate than the below advice.

## Activity guide following your discharge from hospital

### Week 1

Potter around at home. It is alright to go up and down the stairs but try to avoid unnecessary trips. If the weather allows, you can go into the garden. Rest when you need to. Occupy yourself with something you enjoy, such as reading, doing crosswords or listening to music.

## Week 2

You may increase your activities at this stage. Start taking short walks of between 5-10 minutes on the flat once or twice a day, increasing as you feel able. Start doing light household tasks, such as washing up, laying the table or cooking light meals.

## Week 3

Continue to gradually increase your activity levels up to 15 minutes twice a day. Aim for walking a mile if you are feeling well enough. If the weather is bad, use DIY stores or supermarkets to walk around.

## Week 4

You may now be able to increase your light activities to include those with levels similar to dusting and shopping. Continue to increase your exercise aiming for 20 minutes twice a day and consider including some slight hills.

Anything new or more energetic is best left until after your follow up appointment.

## The goal...

The Department of Health (2011) advise that the overall aim is for you to be doing 30 minutes of exercise, either in one go or broken down into two 15 minute episodes, 5 times a week. This exercise should be at a level where you feel slightly short of breath whilst exercising but where it resolves within 2-3 minutes of stopping.

**Never walk through pain or symptoms like excess tiredness or breathlessness that does not resolve quickly once the exercise has stopped. The important thing is to listen to what your body is telling you.**

## What should I do if I get chest pain at home?

You may or may not experience chest pain after discharge. You need to know what to do should this happen to you.

### GTN

GTN may have been given to you to be used if you get pain after discharge. It belongs to a group of medications called nitrates which relax the muscles of the blood vessels and reduce the workload of the heart. It will have been given to you either in tablet or spray form. GTN reduces your blood pressure so if it does relieve your pain please stay sitting for 5-10 minutes to allow your blood pressure to normalise.

### GTN spray

If you have been discharged with a GTN spray and get chest pain, unless given differing instructions on discharge, please:

- Sit down.
- Hold the GTN bottle upright and near your mouth.
- Open your mouth, hold your breath and lift your tongue.
- Spray GTN once or twice under your tongue.
- Close your mouth and breath normally.
- After 5-10 minutes if the pain is still there repeat.
- If the pain is still there 20 minutes after it started, ring 999.

### GTN tablets

If you have been discharged with GTN tablets and get chest pain, unless given differing instructions on discharge, please:

- Sit down.

- Place one GTN tablet under your tongue and let it dissolve (this takes about 5 minutes). The tablet will dissolve more quickly if your mouth is moist
- If the pain persists after the tablet is gone, place another under your tongue and let it dissolve
- If the pain is still there 20 minutes after it started, ring 999.

## Side effects of GTN

The most common side effect is headaches, for which Paracetamol may help. You may also feel dizzy or faint due to it reducing your blood pressure. GTN is short acting so dizziness should not last more than 15 minutes. If you have a tablet in your mouth and feel dizzy please remove it.

GTN tablets can be bought over the counter if needed.

## Calling the emergency services

For the emergency services to reach you quickly it is important they have:

- Your full address.
- Your postcode.
- Have your house / flat name or number clearly displayed.

## Storage instructions

**Tablets** - Keep them in the brown glass bottle they are supplied in with the lid tightly closed. When you open the bottle for the very first time, write down the date on the bottle. This is because the tablets start to lose their effect if they are exposed to the air. Once opened, they should be replaced within 8 weeks.

**Spray** - This will last until the expiry date on the container (spray once into the air if not used for a while). Keep the spray away from any heat source.

### Follow-up

You may be asked to come back for a follow-up appointment at the hospital. You will receive an appointment through the post for a date which is usually 4-8 weeks after discharge. If you cannot attend this appointment, please telephone the number on the letter to arrange a more suitable time.

The appointment at the hospital will involve a consultation with a cardiologist. They will discuss with you how you are feeling, address any concerns you may have and review your medications. They may request an exercise test on a treadmill, so please wear suitable footwear. They will use the information they gather to assess whether you need further investigations or a change of treatment.

Bring this booklet to any appointments at the hospital or GP surgery.

### Flu vaccinations

It is sensible to protect yourself from flu by having the annual vaccinations offered at your GP practice or work. Register with them to ensure regular follow ups.

### Dental work

You can visit your dentist for routine work from four weeks after recovery. Antibiotic cover is not required. Your dentist and GP can advise you about emergency treatment.

## Surgery or dental extraction

If you are taking antiplatelet (Aspirin, Ticagrelor, Clopidogrel etc.); there are restrictions on surgery and dental extractions. Please inform your surgeon or dentist of the changes to your medication.

## Moods and feelings

Recovering from a heart attack takes time. You could have a number of emotional reactions to your diagnosis. You may lose some confidence following your return home. You may experience:

**Shock** – an early reaction where you can't quite believe the diagnosis you have been given. It can be difficult to concentrate during this period and it may be beneficial to have a friend or family member present when new information is presented to you.

**Denial** – some people find the diagnosis difficult to believe and find themselves denying that it is true. It is important to come to terms with the situation and take positive steps to aid recovery

**Anger** – you may feel angry towards everything, including those who are trying to help. This may be associated with a feeling of guilt.

**Fear** – often associated with feeling out of control. As you begin to understand ways in which you can aid your own recovery and prevent further events this should subside.

Some people are afraid that anything they do may bring on angina or a heart attack. Loved ones may try to prevent you from doing anything. We provide guidelines for levels of activity which should settle some concerns. If you find that your fears are stopping you, you may want to seek advice from your GP or Cardiac Support.

## Work

Getting back to work varies depending on your occupation. You are generally advised to await your follow-up appointment before returning to work. You will be guided as an individual by the hospital staff. If possible discuss returning on reduced hours and increasing them gradually. Speak with your manager or occupational health department. If you are experiencing difficulties, discuss them with your GP, Cardiac Support Nurse or at your follow-up appointment.

## Travel

If you are planning on flying within the first 12 weeks after your diagnosis, please discuss with us prior to discharge.

The British Cardiovascular Society (2010) produced guidelines determining when it is safe to fly following a heart attack.

You may fly after three days if:

- You are under the age of 65.
- The blocked artery has been opened.
- No further tests or treatments are planned.
- Heart Pump Function (Ejection Fraction) is greater than 45%.

You may fly after 10 days if:

- You are symptom free
- You require no further tests or treatment
- Heart Pump Function (Ejection Fraction) is greater than 40%.

You need to wait for your condition to stabilise if:

- Heart Pump Function (Ejection Fraction) is significantly reduced (less than 40%).
- You are awaiting further tests or treatment.
- You have symptoms of chest pain or breathlessness.

If you have already booked a holiday prior to your admission and are

unable to go, your doctor can write you a letter to help you claim the money back from your insurance.

Holidays can be a time of great tension and stress, so plan well ahead and do not rush or leave things too late. Take this booklet with you. You may need to shop around for comprehensive travel insurance.

## Driving

### Private vehicles:

The Driving and Vehicle Licensing Authority (2011) have produced guidelines dictating how long it is before you can legally drive after a heart attack and/or Percutaneous Coronary Intervention (stent or balloon to a blocked artery).

You can drive again after one week if:

- Successfully treated with coronary angioplasty.
- Heart Pump Function (Ejection Fraction) is at least 40%.
- No other angioplasty is planned within 4 weeks.

Otherwise it will be 4 weeks before you can legally drive again.

Let your motor insurance company know. You do not need to inform the DVLA.

**Hospital staff will ensure you are clear about how long you are legally not permitted to drive.**

### Taxi drivers:

You are governed by the guidelines of your local council. You will need to contact them for details.

### Group II licence holders:

If you hold a Group II licence, you will have to satisfy the guidelines in place before your licence is renewed. This usually involves a follow-up

tests such as exercise tests with guidelines for what need to be able to achieve. You need to inform the DVLA.

### Pilots:

You will be expected to fulfil the requirements set out by the Aviation Authority.

### Sex

Many people are reluctant to return to sexual intercourse because they are frightened that it might cause pain or further damage to the heart. These fears are unfounded. It is generally recommended that you may return to sexual intercourse once you can climb two flights of stairs or walk a mile briskly without pain or breathlessness. This is because studies have shown that sexual intercourse uses about the same amount of energy as climbing stairs or walking.

It is not uncommon for you to find that you have no desire for sexual intercourse for some time following your diagnosis. Do not worry about this, your normal sex drive should return when you are ready.

Impotence may result from the emotional stress you are experiencing or may be due to new medications. If you believe impotence is related to a new medication **do not stop taking it**. Seek advice from your GP or at your cardiology follow-up appointment – alternatives are available.

If you do find that you experience symptoms such as chest pain or breathlessness during intercourse, don't be alarmed, just stop and rest until you are feeling better. You may want to use your GTN tablets or spray to relieve your pain following the guidelines in this booklet.

## Reducing your risk factors

Coronary heart disease can run in families and becomes more common with increasing age. We cannot change this. There is however a lot of evidence which shows that attending to other known risk factors for heart disease can improve your future progress. It is important you do not try to tackle all your risk factors at once. We will help to decide which ones are most relevant to you and that you can best deal with first. Help is available, please do not struggle alone.

Risk factors modifications include:

1. Stopping smoking.
2. Treating high blood pressure.
3. Avoiding excessive alcohol intake.
4. Being a healthy weight.
5. Being active and exercising regularly.
6. Reducing stress and anxiety.
7. If you are diabetic, maintaining good control of your blood sugars.
8. Reducing cholesterol levels.
9. Eating healthily

More information as to why they increase the risk of further heart attacks follows. A nurse will discuss these with you prior to your discharge. They will help you recognise which are most applicable to you and start to think about ways in which they can be reduced. This will be followed up in the community and built on by the Cardiac Support Team which covers your area.

If you would like further information about any of the risk factors there are British Heart Foundation booklets we can provide – just ask.

## 1. Smoking

**STOP SMOKING!!!** If you smoke, this is your biggest modifiable risk factor: the most important thing you can do to prevent a further heart attack and improve your health is stop smoking. Smoking doubles the chances of having a heart attack. It increases heart rate and blood pressure and makes blood more likely to clot.

Ask for help if you need it. We can refer you to a stop smoking organisation and your GP or local pharmacy may run help groups.

## 2. High blood pressure

High blood pressure can prematurely age blood vessels, making them thickened and fragile. The heart becomes more thickened and muscular and this can cause the heart to tire.

## 3. Alcohol

Large amounts of alcohol can enlarge the heart, making it weaker. It can also cause skipped heart beats and a fast heart rate as well as making you put on weight. It is important to stay within the British Heart Foundation guidelines that are currently 14 units a week for women and 21 units a week for men.

One unit is equal to:

- Half a pint of beer, bitter, cider or larger
- A pub measure (25mls) of spirit
- A small glass of wine (100mls)

Alcohol in small amounts increases a protein level in the blood which helps to stop the blood from clotting in a narrowed artery.

## 4. Weight

If you are overweight, your heart has to pump harder. Excess weight can cause high blood pressure and raised cholesterol. Aim to reduce

weight slowly. If you need help or advice, please discuss weight loss with your GP or practice nurse.

## 5. Exercise

Exercise lowers cholesterol and blood pressure, relieves stress and maintains a healthy weight or helps you lose weight. Exercise classes are run through your local cardiac support/rehabilitation group. Your risk factors will be discussed and your exercise prescribed in a pre-assessment. The program is twice a week for six weeks and will conclude with a post assessment to review progress and set long term goals. It includes a relaxation session and health education sessions.

## 6. Stress and anxiety

Stress increases your blood pressure and puts strain on the heart. Try to avoid stressful situations but this is not always possible. The cardiac support/rehabilitation team are available to discuss stress management techniques or for over the phone or face-to-face reassurance. They can also refer you on if you require further support.

## 7. Diabetes

Diabetes is associated with a higher risk of heart disease. It is very important to maintain good control of your diabetes. Keep within a sensible blood sugar range by testing regularly.

## 8. Cholesterol

Your blood fat (cholesterol) should be as low as possible. You should be on a low fat diet. Twelve weeks after your attack you will need to get a blood cholesterol estimate done (via your GP) on a blood sample taken after nothing to eat or drink (except water) for 12 hours. Before this time period, the result will be made inaccurate by the stress of the

heart attack. Often people need tablets as well as diet to get their cholesterol levels down, which should then be kept at a steady level. The lower your cholesterol levels the better.

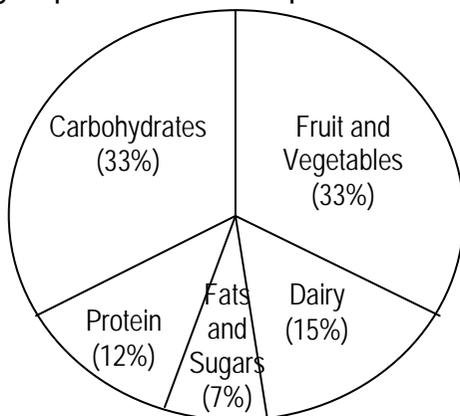
## 9. Diet

Improving your diet can help prevent the progression of heart disease. It can do this in several ways:

- By reducing the tendency for the blood to clot.
- By providing protective nutrients for your heart.
- By reducing your blood cholesterol levels.
- By helping you to reduce weight if you are overweight.

It is important to eat a healthy balanced diet, choosing a variety of different foods at each meal.

The food wheel below indicates the proportion of overall food intake that each dietary group should make up.



### Fruit and vegetables

#### Aim for 5 portions of fruit and vegetables a day

They are good for you in two ways:

1. They provide vitamins and minerals that protect your heart by working as antioxidants which clear up damaged cells.

2. They are a source of fibre which has been shown to help reduce cholesterol levels.

Try to have some fruit or vegetables at each meal and choose fruit as a snack between meals.

### Meat

Red meat is high in saturated fat so you need to reduce your intake. Chicken or fish are good alternatives. With all meat, choose lean cuts and remove any visible fat and skin. Try to avoid processed meat and meat products, e.g. sausages and burgers, as they will be high in fat.

### Fish

Fish is a good source of protein and is low in saturated fat. Aim for 3 portions of fish per week.

Oily fish contains Omega-3 fat. This has been shown to reduce the tendency of blood to clot. Oily fish include: sardines, salmon, mackerel and pilchards. These can be bought fresh or in cans. Aim for 100g (4oz) oily fish at least twice a week.

Be cautious with your fish choices and read the labels as some fish/seafood can be quite high in cholesterol, e.g. prawns.

### Beans, pulses, lentils and soya

These are a good source of protein and fibre, and are low in fat. Try to include these in your diet.

### Fats

Fat can affect your cholesterol levels and can contribute to weight gain. There are three types of fat - Saturated, Polyunsaturated and Monounsaturated.

**Saturated fat** This is found in animal products. It can increase your cholesterol levels, so avoid whenever possible. Choose low fat alternatives and try to keep cakes, biscuits and pastries to a minimum.

**Polyunsaturated fat** This is found in pure vegetable oils, such as sunflower oil, margarines and oily fish.

**Monounsaturated fat** This is found in oils such as olive oil and rape seed oil.

There is some evidence that polyunsaturated and monounsaturated fats can help reduce cholesterol levels. However, remember that all fat is high in calories and can lead to weight gain. Cut down on your total fat intake and replace saturated fat with a poly- or monounsaturated fat wherever possible.

#### **Cholesterol lowering margarine**

These can be effective at lowering cholesterol levels, however, they do need to be taken in quite large quantities to have an effect, and they are high in calories. Do not be disheartened if your cholesterol doesn't fall much with dietary control. Most of the cholesterol in our body is made in the liver and is not absorbed through diet.

#### **Salt**

Most of us eat more salt than we actually need to. Too much salt in the diet may lead to high blood pressure. Avoid adding salt at the table and avoid salty food such as bacon, ham, tinned meats, Marmite, Oxo, hard cheese etc.

## Your medication

Listed below are a few of the medications that you may be started on:

- Ace inhibitors: Tone up the heart and help it pump more efficiently, i.e. Ramipril.
- Aspirin, Clopidogrel and Prasugrel: These make the blood less sticky which helps prevent clots forming.
- Betablockers: Help the heart to beat more slowly. This reduces workload of the heart so it uses less oxygen during exercise. They also help lower blood pressure, i.e. Bisoprolol, Atenolol.
- Diuretics (water tablets): Sometimes when the heart muscle has been damaged it is unable to pump efficiently. This leads to a build up of fluid in the heart, lungs and limbs. Diuretics help reduce this excess fluid so that the function of the heart and lungs improves, i.e. Frusemide.
- Cholesterol lipid lowering drugs: These drugs help lower cholesterol in the blood, along with a healthy diet i.e. Simvastatin.
- Calcium channel blockers: Help the coronary arteries relax, helping increase the blood supply to the heart, i.e. Diltiazem.
- Nitrates: These are 'long acting' forms of GTN given as a tablet. The effects are the same, i.e. Isosorbide Mononitrate.
- Potassium channel opener: These work in a similar way to calcium channel blockers, allowing increased blood supply to the heart, e.g. Nicorandil.

There is a booklet produced by the British Heart Foundation available on the unit which provides more detailed information about medications and their possible side effects. Please ask if you feel you would benefit from this.

## Your tests and procedures explained

### Angiogram

An angiogram involves a catheter being inserted into an artery in the wrist or groin and dye being injected. This allows images to be taken of your coronary arteries and identification of any narrowing or blockages.

### Angioplasty

An angioplasty follows an angiogram and is only required if narrowing or blockages are found. It is usually done immediately. It is the process whereby they are opened up to allow the blood to flow through unimpeded. How this is achieved will depend on the individual blockage or narrowing. It may be achieved by

- extracting clots.
- inflating a balloon (which is then deflated and removed).
- leaving a stent in place.

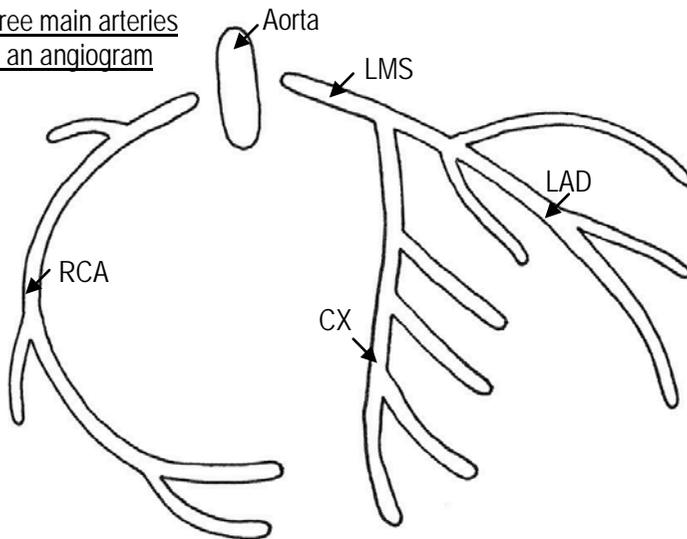
### Echocardiogram (ECHO)

An ECHO is a scan of the heart. Jelly is placed on your chest and a probe is used to visualise your heart. It does not allow us to look at the coronary arteries but at the pumping function of the heart.

## Understanding your angio report

If your heart attack was treated by an angiogram you will be discharged with a copy of the report. This will normally include a diagram of the three main coronary arteries as shown below. These are the Right Coronary Artery (RCA) and Left Main Stem (LMS) which divides into the Circumflex (Cx) and Left Anterior Descending (LAD). Your report will show on this diagram any blockages or narrowing found, and any stents inserted. There will then be written information to explain the extent of any blockages or narrowing.

Diagram of three main arteries  
as featured in an angiogram



It can be worrying to look at your report if there are narrowing or blockages. Plaque build up is a normal aging process and most people would have some plaque present. The most important information is not how many or how severe the narrowing are, but whether they impede the blood flow. If an artery is narrowed or blocked, another route may have formed to provide the affected area of heart with oxygen and nutrients. This is collateral flow. Please discuss any concerns you have with a member of the cardiology team.

## Understanding your echocardiogram (ECHO) report

Most patients who have had a heart attack will have an echocardiogram either before they are discharged, or as an outpatient shortly afterwards. This is to check to see if the narrowed or blocked artery which caused the heart attack caused damage to the heart muscle through a lack of oxygen and nutrients. An ECHO enables us to determine whether this has resulted in any damage to the heart muscle. You will be discharged with a copy of your report.

Post heart attack, the most important information an ECHO will give is the Ejection Fraction (EF). This is the percentage of blood which leaves the heart to circulate the body every time the heart beats. In a healthy heart, with normal pumping function, it is 60-70%.

It is usual for there to be a decrease of ejection fraction to some degree post heart attack. The advice we give to rest, and increase activity levels gradually, reduces the strain on the heart giving it the best possible chance of repairing and improving your EF. In addition to this medications will also be given. Some damage may be long lasting and not repair in time. You may require an ECHO at a later stage to assess any improvement.

## Useful contacts

Royal Berkshire Hospital	0118 322 5111
Cardiac Reception Enquiries	0118 322 6515
Cardiac Appointments	0118 322 5274
Cardiac Care Unit	0118 322 6684

Cardiac Support/Rehabilitation Nurses: West Berkshire  
0118 467 2891

Cardiac Support/Rehabilitation Nurses: Outside of West Berkshire  
0118 322 6638

NHS Berkshire West Stop Smoking Start Living  
0118 952 5400

Talking Therapies 0118 976 9121

To talk about life's difficulties and overcoming them:

NHS 111: 111

NHS Choices website: [www.nhs.uk](http://www.nhs.uk)

Trust website: [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

British Heart Foundation: [www.bhf.org.uk](http://www.bhf.org.uk)

West Berkshire Heart Support Group – 'Heartbeats'

The local heart support group hold regular monthly meetings in Reading, Earley and Newbury. For details see Heartbeats magazine, posters or ask nursing staff for details. [www.heartbeats-berkshire.co.uk](http://www.heartbeats-berkshire.co.uk)

For patients registered with a West Berkshire GP: **FAX** to 0118 3271197

For patients who are not registered in West Berks: **FILE** for RBH Rehab

Addressograph label (with address please)		Telephone number:
		Next of Kin:
		Next of Kin telephone number:
Consultant:	General Practitioner:	
Ward/Unit:	Practice:	
Admission date:	Investigation results :	
Diagnosis:	Angiogram :	
Relevant previous medical history:	ECHO :	
	Other :	
Additional information: i.e. rhythm disturbances, complications etc		
Details of tests pending post discharge: i.e. further angiography, pressure wire studies, ECHO:		
Cardiac Rehabilitation ( Please Tick)		
Discussed <input type="checkbox"/>	Offered <input type="checkbox"/>	Accepted <input type="checkbox"/>

## Risk factors identified and advice given pre-discharge

	Date	Relevance and comments	
Diagnosis		Y/N	
<b>Risk factors modification</b>			
Hereditary		Y/N	
Smoking		Y/N	
Cholesterol		Y/N	Result.....
Hypertension		Y/N	
Exercise		Y/N	
Alcohol		Y/N	
Diabetes		Y/N	
Weight		Y/N	Weight..... BMI.....
Diet		Y/N	
Stress		Y/N	
<b>Discharge plan</b>			
	Date/sign		Date/sign
Managing symptoms		EDL	
Medications		ACE blood form	
Travel		ECG	
Driving		Angio report	
Work		Echo report	
Relationships		Angioseal card	
<b>Discharge observations</b>			
BP:	Pulse:	Resps:	SATS:

This leaflet is printed privately for the Cardiac Fund. It was set up in 1976 for the purpose of providing cardiac services that would otherwise not be available through National Health resources. Our Cardiac Laboratory was largely equipped through the fund and many other areas in the Department have also benefited from equipment and staff training.

If you would like to contribute, cheques should be made payable to: The Cardiac Fund, and sent to one of us.

Dr Nicos Spyrou BSc MD FRCP, Dr Will Orr MRCP  
Dr Charlie McKenna BSc MD FRCP, Dr Jon Swinburn MA MD MRCP  
Dr Andrew Elkington MD FRCP, Dr Bhavesh Sachdev MD MRCP



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