

## Healthcare Provider ACS Patient / Caregiver Education Reference Guide

### Key Education Principles

▶ **Diagnosis:** Clear explanation of diagnosis and informing the patient they have had Acute Coronary Syndrome

▶ **Follow up appointment:** Recommend follow-up appointments be made before discharge.

▶ **Diet:** Low fat, low cholesterol

#### ▶ Medications

- What's new and needs to continue
- Do not stop without a call to MD
- What the medications do
- Instructions
- Appropriate use of SL nitroglycerin: If you have chest discomfort, use a nitroglycerin tablet under your tongue or the spray every 5 minutes until pain is gone or for up to 15 minutes. You should call 911 and request an ambulance to bring you to the hospital if the chest discomfort lasts for more than 15 minutes or requires more than 3 nitroglycerin tablets or sprays.
- Side effects: bleeding, headache, fatigue, arthralgias, orthostasis.
- Informing and starting OTC medications
- Reinforcement of medication review and / or compliance by VNA or Acute Rehab or Skilled Nursing Facility to which the patient has been referred.

▶ **When to call doctor:** specific instructions

#### ▶ Follow up tests

- Reason
- When

#### ▶ Activity

- When to return to work
- Sex
- Activities of daily living
- Activities to avoid
- Physical therapy, cardiac rehabilitation referral

#### ▶ Smoking Cessation

- If you smoke or use tobacco products, QUIT!
- If you have quit smoking or using tobacco products in the previous 12 months, continue to abstain from using them.
- Limit your exposure to second hand smoke.
- Talk to your doctor about available treatments and medications to help you quit smoking

#### ▶ Wound Care

- PACER/ICD

### \*Key Points for Educational Tools

▶ A medication calendar or list should be provided to all patients at the time of discharge

- This should provide clarity of the general timing of when medications should be administered.

▶ All educational material should be provided in language that patient & caregivers easily understand.

- Whenever possible, material should be provided in the patient's first language and a translator utilized for educational sessions.
- Educational handouts that describe medication indications & side effects may also be beneficial. Examples include Micromedex® CareNotes System or MedTeach®.

▶ In-house systems should be utilized to help facilitate a clear & concise medication list.

### \*Educational Tools

▶ Medication calendar (Samples can be viewed in the ACS Resource Room at [www.hospitalmedicine.org](http://www.hospitalmedicine.org))

- Recommended time of day
- Indication
- Special administration instructions
  - ▶ Take with food or empty stomach
  - ▶ Separate from other medications

#### ▶ Medication list

- New medications
- Medications discontinued from prior to admission
- Medications continued from prior to admission
- Medications only to be used as needed
- All changes made to medication regimen prior to hospitalization should be emphasized with both the patient and caregiver

#### ▶ Medication containers

- New medications
- Pillboxes help facilitate compliance with a medication regimen post-discharge.
- Should be done with the assistance of a caregiver, pharmacist or home-health aid to ensure accuracy.

\*Key Points for Educational Tools and Educational Tools adapted from the Medication in Heart Failure Patients Reference Guide Developed by Lindsay Arnold, Pharm.D. member of the SHM Heart Failure Initiative Polypharmacy Workgroup.

\***References:** Alibhai, SMH, Han, RK, Naglie, G. Medication education of acutely hospitalized older patients. *J Gen Intern Med* 1999;14:610-616. ASHP Continuity of Care Task Force. Continuity of care in medication management: review of issues and consideration for pharmacy. *Am J Health-Syst Pharm* 2005;62:1714-1720. Calkins et al. Patient-physician communication at hospital discharge & patients' understanding of the postdischarge treatment plan. *Arch Intern Med* 1997;157:1026-1030. Facts about 2006 National Patient Safety Goals. [www.jointcommission.org](http://www.jointcommission.org) Accessed March 27, 2006. Kathuria et al. Post-discharge follow-up: Hospitalists dial into the 'black hole.' *Hospitalist and Inpatient Management Report*, June 2003;86-87. Lewis, RK, Lasack, NL, Lambert, BL, Connor, SE. Patient counseling: A focus on maintenance therapy. *Am J Health-Syst Pharm* 1997;54:2084-2098.