

CORONARY ARTERY DISEASE ACTION PLAN

Name: _____

Medical Provider's
 Name: _____

Nurse's
 Name: _____

Medical Social Worker's
 Name: _____

Medical Provider's
 Phone: _____

Nurse's
 Phone: _____

Medical Social Worker's
 Phone: _____

THINGS TO DO EVERYDAY:

- Take my medicines as prescribed
- Take aspirin to protect my heart if recommended by my medical provider
- Maintain a healthy weight
- Eat a healthy diet which includes lots of fruits and vegetables
- Avoid foods with saturated fats, especially trans fats found in snack foods
- Eat a diet high in fiber and low in fat
- Limit alcohol and caffeine
- Exercise regularly or as recommended by my medical provider



THINGS TO AVOID:

- Adding salt to my diet
- Eating food high in salt
- Smoking or using tobacco products
- Stress
- Other

MY PLAN:

I will call my medical provider today if:

- I have more frequent or severe episodes of chest pressure or pain
- The chest pressure causes sweating or shortness of breath
- The chest pressure changes in location or intensity

I will call 911:

- If I have chest, neck or arm tightness or pressure that doesn't go away with rest or after taking my medicine

DISCUSS WITH MY MEDICAL PROVIDER:

- Change in diet
- Activity/Exercise
- Medicine for my heart, such as Beta Blocker/ACE/ARB or nitrates
- Pneumonia shot
- Flu vaccine

Goals:

My blood pressure is: _____

My blood pressure goal is: _____

My LDL Cholesterol is: _____

My LDL Cholesterol goal is: _____

My weight is: _____

My goal weight is: _____

TODAY I WILL:

Change my diet by:

Be more active by:
