

My Heart, My Life

A guide to help improve
heart health



HEART ATTACK OR ANGINA

My Heart, My Life

This booklet is part of the Heart Foundation's My Heart, My Life program.

This program is designed to help you:

- understand more about your heart condition
- know how to look after your health when you leave hospital
- reduce your risk of further heart problems.

You're eligible to register for the free My Heart, My Life program.

By signing up, you'll receive:

- follow-up from the Heart Foundation to help you stay healthy into the future
- access to the most up-to-date information via the Heart Foundation website
- practical advice and support via text message
- access to peer support via the My Heart, My Life Facebook group
- regular emails, including links to recipes and walking guides.

Enrol now

Step 1: Enrol in the full My Heart, My Life program. Select one of the options below.



Scan to enrol



Phone us on
13 11 12



Visit **hrt.**
how/enrol
& complete
the form



Text the word
SUPPORT to
0481073259



Complete
the form
provided
here

Step 2: Read this first booklet to start your journey to recovery.

Step 3: Ask your carer or family members if they want to participate too. It can be helpful for you to all have the same information.

Register for the free My Heart, My Life program

If you are a patient filling this form in for yourself, please complete **section A** and sign.

If you are filling this form in on behalf of a patient, please complete **section A** and ask the patient to sign.

If you are a carer or family member wanting information for yourself, please complete **section B** and sign.

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SECTION A: Patient

First name: Last name:

Gender: Male Female Non-binary

Date of birth: / / Phone number:

Email:

Address:

Postcode: State:

Are you of Aboriginal and/or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander

Will you require an interpreter when we speak with you? Yes No

If yes, in what language:

Name of the hospital where you were treated:

I have read and accept the Privacy Statement (see previous page).

Sign: Date: / /

SECTION B: CarerFirst name: Last name: Gender: Male Female Non-binaryDate of birth: / / Phone number: Email: Address: Postcode: State: **I have read and accept the Privacy Statement (see overleaf).**Sign: Date: / /

Please return this form to the Heart Foundation using one of the methods below:



Scan (or take a photo) and email: orders@heartfoundation.org.au



Fax: 1300 36 55 31



Post: National Heart Foundation of Australia
PO Box 7174 Hutt Street, ADELAIDE SA 5000



“The My Heart, My Life program helped my recovery. It made me realise that all the things I was thinking and feeling were normal.”
- Sandra, lived experience of a heart attack

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The Heart Foundation acknowledges the Traditional Owners and custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respect to them and their cultures, and Elders past, present and future.

A message from the Heart Foundation

The Heart Foundation is committed to supporting Australians who have experienced a heart attack or angina. This booklet gives you lots of information about these conditions. We also explain what you can do to stay well into the future.

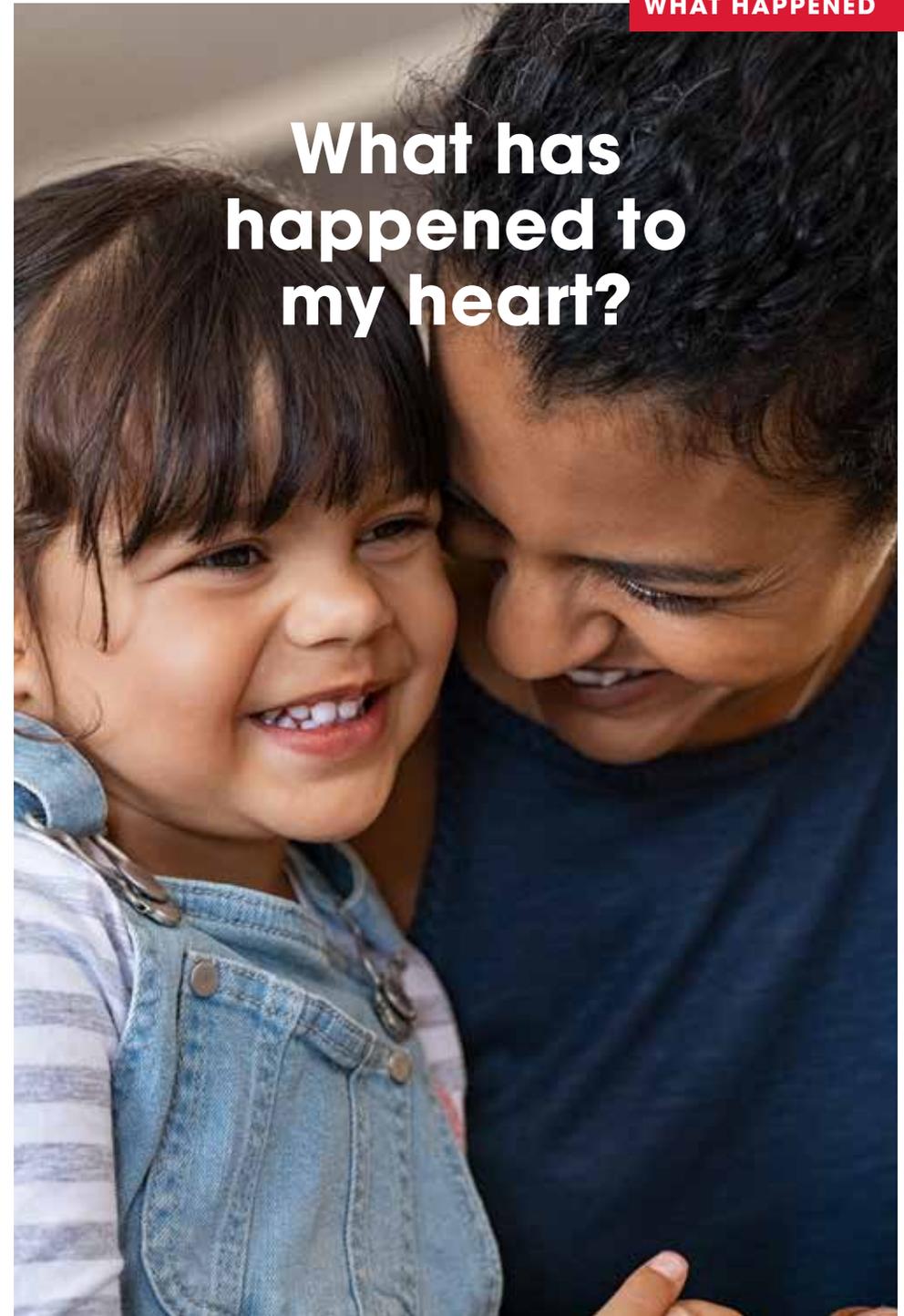
We hope this booklet provides you, and your loved ones, with advice and practical suggestions to help you on your journey to recovery.

We know there is lots of new information to take in. Keep this booklet with you and read through it at your own pace.

The Heart Foundation is here to support you.

This booklet belongs to: _____

What has happened to my heart?



1. What has happened to my heart?

Having a heart attack or an angina episode can be scary. You may feel anxious, shocked, confused, upset or angry.

Understanding what happened to your heart can help you work through your feelings and begin your emotional recovery.



Ask your doctor, nurse or health worker to explain what happened to your heart. You might like to write down what they tell you – taking notes can help you remember what happened.

How your heart works

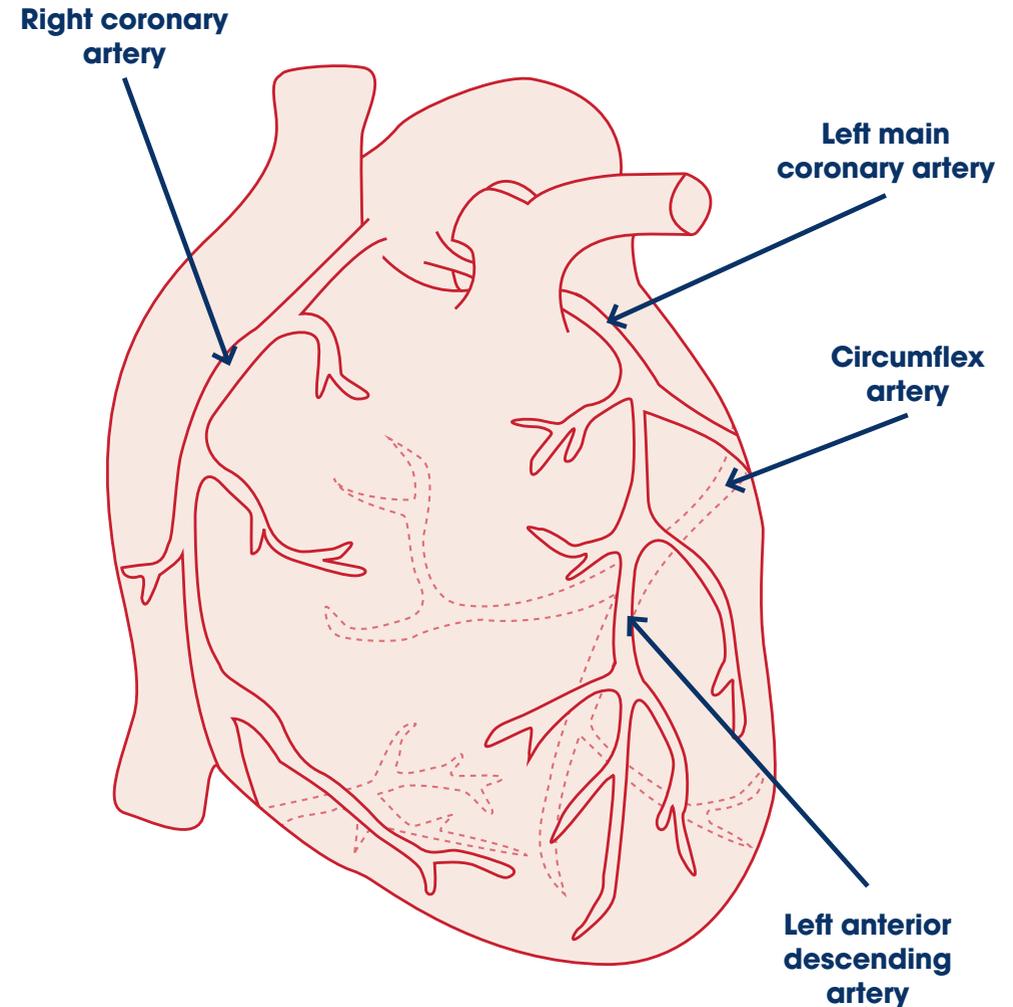
Your heart is a muscle that pumps blood and oxygen around your body.

Like any muscle, the heart needs its own blood supply. The blood vessels that supply blood to the heart are called coronary arteries. These arteries sit on the heart's surface.

Coronary heart disease is a condition where fatty material called plaque builds up inside the coronary arteries. Coronary heart disease, also known as coronary artery disease, is the most common cause of angina and heart attacks.



Ask your doctor, nurse or health worker to label the parts of your heart where the blood flow was affected.

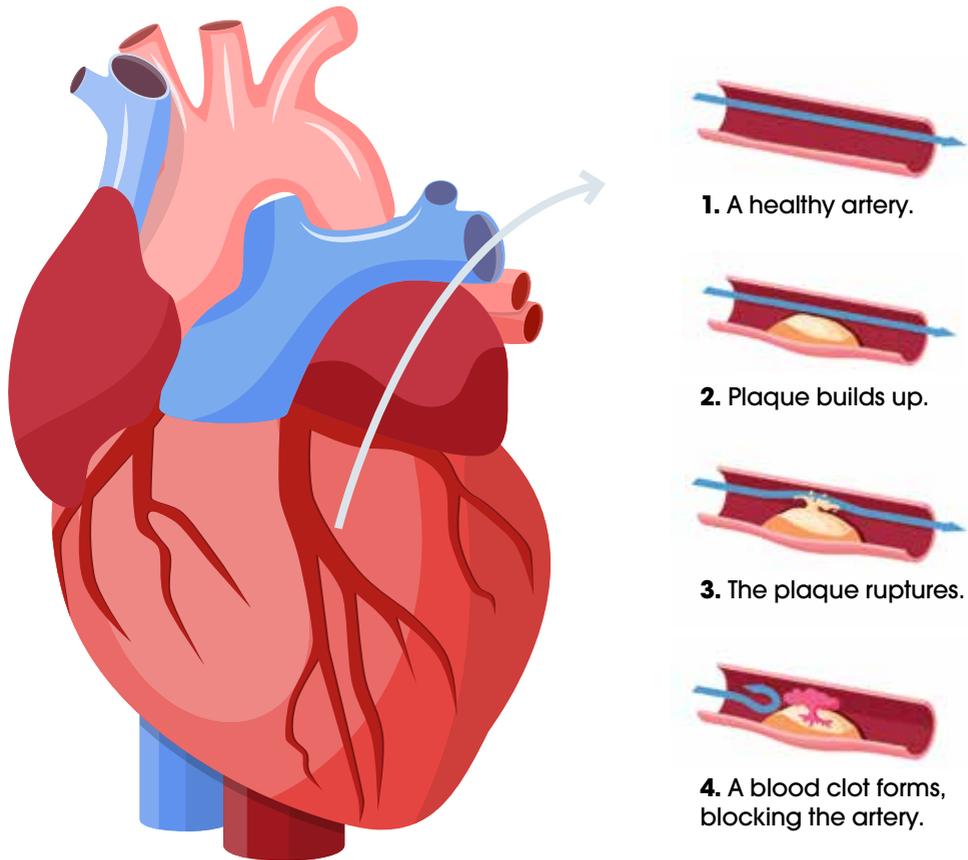


What is a heart attack?

A heart attack can happen when a coronary artery becomes blocked by a build-up of plaque.

This can limit the blood and oxygen supply to the heart. The plaque can also rupture and form a blood clot. Blockages can damage the heart muscle and lead to a heart attack.

- Health professionals sometimes use different names for a heart attack, such as myocardial infarction (or MI for short), STEMI or non-STEMI.

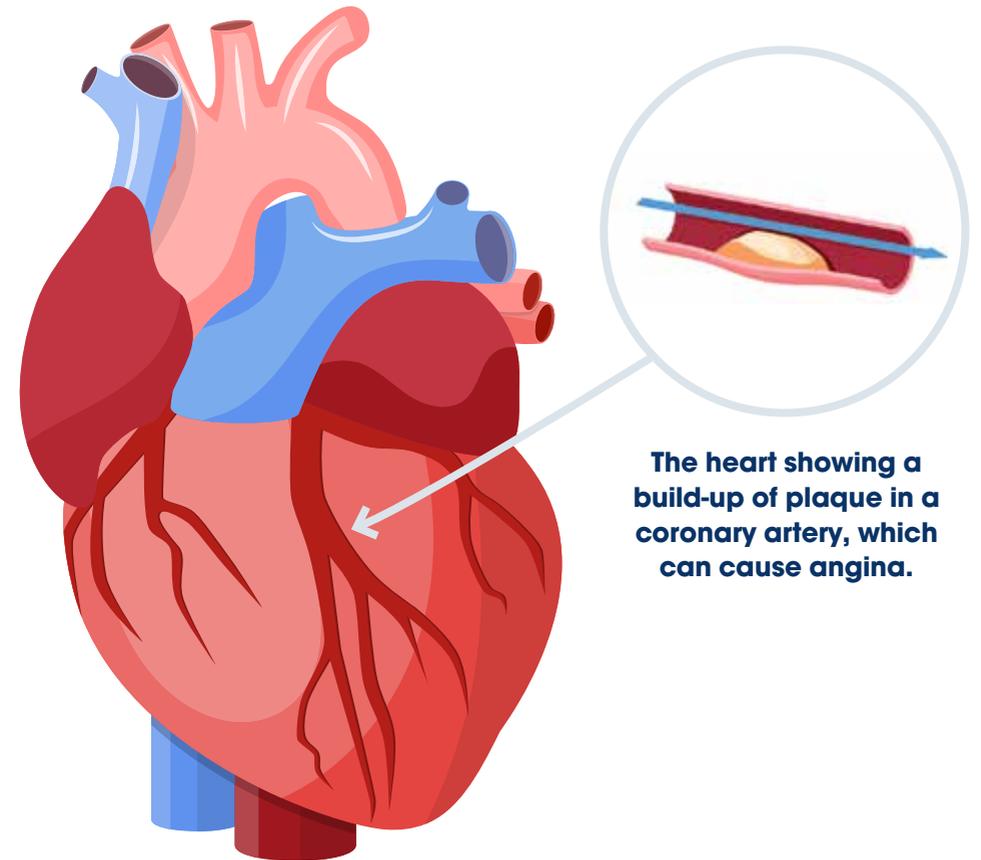


What is angina?

Angina is temporary chest pain or discomfort, such as tightness, that is a symptom of an underlying heart problem. The cause is usually coronary heart disease.

Angina can happen when a coronary artery becomes partially blocked by plaque. This means the blood flow to the heart muscle is reduced, and it can't get enough oxygen.

Angina is not the same as a heart attack because the symptoms are usually temporary and there is no permanent damage to the heart.



Common tests

If you've experienced a heart attack or angina episode, your doctor may arrange some tests to find out what happened and help decide the best treatment for you. Here are some of the tests they might complete:



Blood tests

Why: Blood tests can help show how much your heart muscle has been damaged. They also identify risk factors for coronary heart disease, such as high cholesterol and high blood sugars.

How: Your doctor or another health professional will perform a simple blood test.



Electrocardiogram (ECG)

Why: An ECG shows your heart rhythm and helps to diagnose if you have had a heart attack or angina.

How: Small sticky dots with leads are put on your chest, arms and legs. These are attached to an ECG machine. If you're in hospital, the leads may be attached to a heart monitor to look at your heart rhythm. This is a completely painless test.



Coronary angiogram

Why: A coronary angiogram shows if you have any blockages in your coronary arteries.

How: A thin plastic tube, called a catheter, is put into an artery in your groin or wrist. The catheter is threaded through the artery until it reaches your heart. A special dye is then injected into the catheter and an X-ray is taken. The X-ray shows how well your heart is pumping and if your coronary arteries are narrowed from a build-up of plaque. You will be given a local anaesthetic and you will be awake during the procedure.



Echocardiogram (heart ultrasound)

Why: This test gives a picture of your heart using ultrasound. It helps to check if there are any problems with your heart's valves and chambers. Your doctor can also see how strongly the heart is pumping.

How: You will be lying down. An ultrasound probe (often coated with some clear jelly) will be placed on different parts of your chest.



Exercise stress test

Why: This is an ECG done while you exercise. This test helps to show how well your heart works when you're physically active.

How: Like with an ECG, small sticky dots with leads will be put on your chest, arms and legs. These are attached to an ECG machine. You may also need to wear a blood pressure cuff. Your heart rate, heart rhythm and blood pressure will be monitored as you walk on a treadmill.

Common treatments in hospital

Your doctor will use your test results to recommend a treatment that will get blood flowing to your heart muscle again.

This needs to be done as quickly as possible to reduce long term damage to your heart. There are three common treatments available.



Breaking down the clot

What: A type of 'clot-busting' (thrombolysis) medicine is used to dissolve blood clots that may be narrowing or blocking a coronary artery.

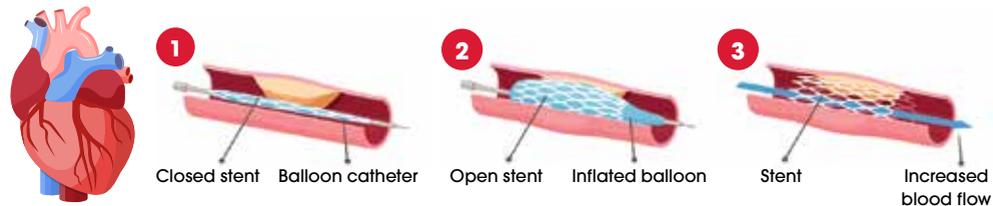
How: The medicine is given by an injection into your vein.



Opening the artery

What: A coronary angioplasty is a procedure to widen the narrowed arteries. The doctor will often do this at the same time as a coronary angiogram.

How: A thin plastic tube, called a catheter, is put into an artery in your groin or wrist. The catheter, which has a tiny balloon at the end, is threaded through the artery until it reaches your heart. The balloon is blown up inside the narrowed part of your artery. Your cardiologist may use a small mesh tube called a stent to keep the artery open. You'll be given a local anaesthetic and you will be awake during the procedure.



Heart surgery

What: Coronary artery bypass grafting (CABG) is a type of open-heart surgery that improves blood flow to the heart.

How: This procedure is done under a general anaesthetic, which means you will be asleep. A healthy blood vessel (or more than one) is taken from your chest, leg or arm, and attached ('grafted') to each side of the blocked artery. This lets blood go around (or bypass) the blockage so that your heart can function normally.

After the surgery, your doctor will give you important information to help with your recovery.



“I still hadn’t accepted that I’d had a heart attack. I was only 46, I had an 11 year old, I had my life mapped out, it couldn’t be happening.”

- Trisha, lived experience of a heart attack

Why has this happened to me?



Why has this happened to me?

Your doctor, nurse or health worker can explain some of the reasons, or 'risk factors', that led to your heart attack or angina episode. Often, the more risk factors you have, the more likely you are to have another heart attack or angina episode in the future.

There are some risk factors you can change and some that you can't. Knowing your risk factors can help you understand your risk and what you can do to improve it.

Risk factors you can change

It's important to focus on the risk factors you can do something about.

These include:

- | | |
|---|--|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Being overweight or obese |
| <input type="checkbox"/> Having diabetes | <input type="checkbox"/> Not being active enough |
| <input type="checkbox"/> Eating an unhealthy diet | <input type="checkbox"/> Being depressed, anxious, lonely or socially isolated |
| <input type="checkbox"/> Having high blood pressure | <input type="checkbox"/> Drinking alcohol |
| <input type="checkbox"/> Having high cholesterol | |



Ask your doctor, nurse or health worker to tick the risk factors you have and discuss changes you can make to improve your heart health.

Risk factors you can't change

Risk factors that you can't change include things like getting older or a family history of relatives having heart attacks in their 50s or younger. If you are a female, pregnancy complications, polycystic ovary syndrome and menopause can also increase your risk.

Read more at hrt.how/women

These risk factors include:

-  Getting older
-  Being post-menopausal
-  Being male
-  Having a family history of heart disease
-  Pregnancy complications

Even if you have some risk factors that you can't change, making changes where possible – such as stopping smoking, being more active, or lowering your blood pressure – can improve your heart health and reduce your risk of future heart problems.

“Simple changes to your lifestyle can make big changes to your heart.”

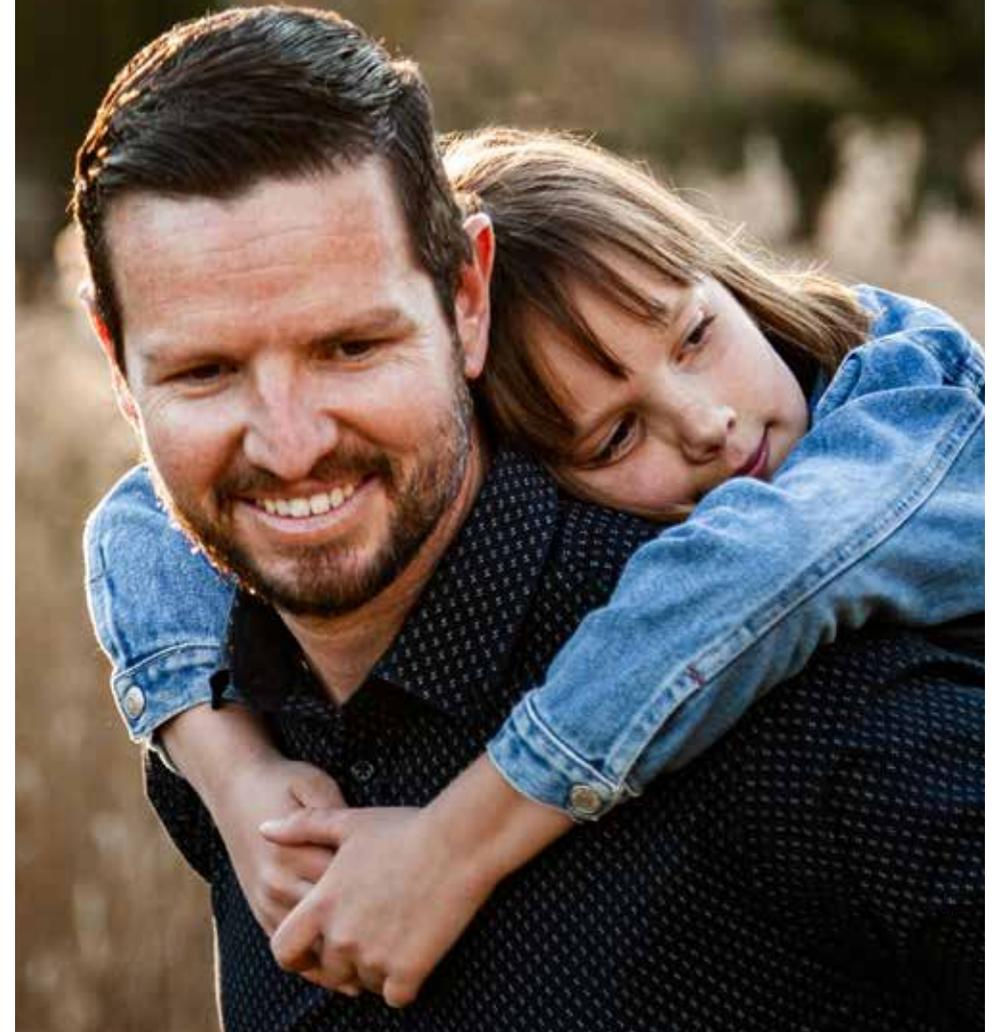
- Emma, health professional



“In the back of my mind I knew the risk factors were there but thought it was something I should worry about when I was older and I had time to do something about it.”

- Trisha, lived experience of a heart attack

Cardiac rehabilitation and returning to everyday life



Cardiac rehabilitation

What is cardiac rehabilitation?

Cardiac rehabilitation is a support, exercise and education program to help you recover after being diagnosed with a heart condition.

It's an important part of your recovery. Research shows that people who attend cardiac rehabilitation have improved recovery, improved mental health and better quality of life.

What to expect

Cardiac rehabilitation often includes:

- individual advice and support
- group education sessions
- a supervised exercise program
- peer support.

Depending on the services in your area, you can attend cardiac rehabilitation in different ways. This can be face-to-face, at home, over the phone or online. You can also attend cardiac rehabilitation as part of a group, or individually.

Cardiac rehabilitation can help you to:

- connect with others who have a heart condition
- learn more about your heart condition
- manage your risk factors and emotions
- understand your medicines and how to take them
- get back to everyday activities
- understand the warning signs of a heart attack.

Enrolling in cardiac rehabilitation

Your doctor, nurse or health worker will tell you about cardiac rehabilitation programs near you. They will make a referral. If you have not been referred, visit hrt.how/rehab to find a cardiac rehabilitation program near you.



Returning to everyday life

Many people return to their usual activities a few weeks after being in the hospital. It's important to start slowly, build up gradually and rest when you need to. Your GP or cardiologist will tell you what is safe for you to do.

How quickly you return to your usual activities will depend on:

- how active you were before your heart attack or angina episode
- what type of heart condition you have
- what type of treatments you had.

How you feel is a good guide for returning to physical activity

Start with everyday light activities such as cooking, tidying, setting the table or gentle walking around the house. As a general rule, you should be able to easily talk during activities. Stop if you become too breathless.

Gradually add other easy activities as you feel able, as long as you don't have any pain or discomfort.

Get help with harder activities until your doctor says it's OK to do them yourself. These include sweeping, vacuuming, mopping, weeding, raking, or mowing the lawn. Do not lift heavy objects – this can place unnecessary strain on your heart.

You may need home help or other support services while you recover. Talk to your doctor, social worker or local council about available support services in your area.

Moving more and sitting less can help your mood (and your heart)

Staying active is good for your physical and mental health, but it's important not to do too much, too soon. Walking is a great way to start, as you can go at your own pace and build up gradually. Ask your family or friends to join you for motivation and confidence.

How much should you walk?

Use the table below as a guide to help you start a regular walking habit. It's OK to stay at the same stage for a couple of weeks – only move to the next stage when you feel ready.

STAGE	TIME (MINS)	TIMES PER DAY	PACE
1	5–10	1–2	Gentle
2	15	1	Gentle
3	20	1	Moderate
4	25	1	Moderate
5	25–30	1	Moderate
6	30+	1	Moderate

For every walk, it's important to warm up (start slowly and gradually increase your pace) and cool down (slow your pace towards the end and do some gentle stretching once you finish). The more effort you put into your walk, the longer you should spend warming up and cooling down.

We can help you get walking

If you'd like company while you walk, consider joining a Heart Foundation Walking Group. If you prefer to go solo, we can also set you up with a Personal Walking Plan.

Visit hrt.how/walking

When is it OK to have sex again?

Most people can have sex soon after having a heart attack or angina episode. It should be okay to have sex if you are able to walk briskly (quite fast) or climb up two flights of stairs without getting chest pain or shortness of breath. However, it's normal not to not feel like sex for a while after having a heart attack or angina episode.

- Ask your doctor if you have any concerns.
- Talk with your partner about how you're feeling.
- Discuss family planning with your doctor.

Once you resume sexual activity, it's really important to stop if you experience any warning signs of a heart attack (see page 38). If the symptoms are severe, getting worse or if they last for more than 10 minutes, call Triple Zero (000) immediately.

When can I drive again?

The waiting time before you can drive again depends on your heart condition. Your doctor will need to approve you to get behind the wheel – if you drive without medical clearance, your insurance may not cover you if you have an accident.

Suggested waiting times before driving again

CONDITION / TREATMENT	WAITING TIME
Cardiac arrest	At least six months
Bypass (CABG) surgery	At least four weeks
Heart attack	At least two weeks
Angiogram	At least two days
Angioplasty / stent	At least two days

If you drive a commercial vehicle, the waiting time will be longer. Talk to your doctor.

When can I go back to work?

How soon you return to work depends on how fast you recover and what type of work you do. Talk to your doctor and ask about the sort of support you might need from your employer.

To find out more about financial support if you can't work, visit hrt.how/hf-finances

Your emotions

Many people experience changes in mood and emotions after a heart attack or angina episode. Some people feel anxious and fearful. Some feel angry and irritable. Some feel sad and tearful. These feelings are common and normal, especially soon after your heart attack or angina episode. They are often called the cardiac blues.

For many people, these feelings and changes in mood go away in the first few weeks.

However, if your mood isn't getting better or you are feeling anxious or depressed, speak to your doctor for support.

Do you need help with your emotional health?

- Speak to your GP about how you are feeling
- Call Beyond Blue on 1300 22 4636
- Call Lifeline 13 11 14
- Contact the Australian Centre for Heart Health on 03 9326 8544 or australianhearthealth.org.au

Common emotions you may experience



Shock

You may find it hard to believe that you have a heart problem.



Denial

You may find it hard to accept that this has happened to you.



Worry

You may worry that you will never get back to your old self. You might be fearful about dying.



Guilt

You may feel guilty about being dependent or blame yourself for what has happened.



Anger

You may become frustrated and irritated about the changes in your life.



Sadness

You may feel low and miserable, or your mood might be up and down.



Relief

You may feel relieved or thankful that your heart condition has been diagnosed and treated.

Adapted with permission from the Australian Centre for Heart Health.

Do I need to change my diet?

Healthy eating is an important part of your recovery and can help reduce your risk of future heart problems. Choose a heart-healthy diet (described below) and limit eating unhealthy foods like chocolate, biscuits, pizza, fast food and deli meats. Aim to drink plenty of water throughout the day.

Heart-healthy eating is not about one food or nutrient. Instead, it's about the overall combination of food and drinks you consume over days, weeks and even months.

A heart-healthy eating pattern includes:



1. Plenty of vegetables, fruits and wholegrains (brown rice, wholegrain breads and cereals).
2. A variety of healthy protein foods especially fish and seafood, legumes (beans, chickpeas and lentils), nuts and seeds with smaller amounts of eggs and lean chicken. Limit red meat to 1–3 times a week and avoid processed/deli meats.
3. Unflavoured, reduced fat milk, yoghurt and cheese.
4. Healthy fats and oils from foods such as olives, avocados, nuts and seeds and cooking oils made from these foods.
5. Herbs and spices to add flavour instead of salt.

What should my plate look like?

Use healthy oils made from plants or seeds for cooking. Use olive, canola, peanut, sunflower, soybean, sesame and safflower oils.

1/4 of your plate should contain wholegrains such as wholegrain bread, brown rice, or wholemeal pasta or cereal grains like corn, buckwheat or bulgur.



Fill 1/2 of your plate with a variety of colourful vegetables and fruits.

1/4 of your plate should include healthy protein such as beans, lentils, fish, seafood or smaller amounts of eggs and lean poultry. If you eat red meat, make sure it is lean and limit eating this protein to 1-3 times per week.

Add flavours by using herbs and spices instead of salt.

Healthy eating top tips

1. Eat a wide variety of colourful vegetables. Choose veggies that are in season as they're usually cheaper and tastier. Try adding vegetables to pasta sauces, soups and casseroles or snack on cut-up carrot, celery, cucumber or capsicum.
2. Replace white bread and rice with wholegrain and seeded bread, brown rice and high-fibre breakfast cereals like oats.
3. Eat more legumes like lentils, chickpeas and beans. Use dried, cooked or canned varieties. Try adding to salads, soups and casseroles.
4. Aim for 2–3 servings of fish a week, either fresh or canned. For canned varieties, choose products stored in spring water or olive oil rather than brine.
5. Reduce the amount of processed meat you eat.

For more healthy eating tips and recipes, visit hrt.how/eating

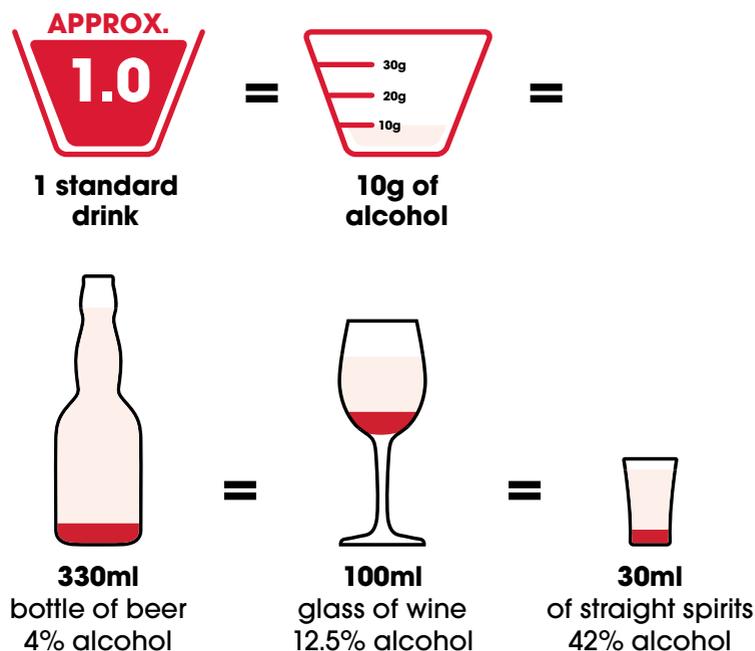


Baked fish fingers with sweet potato wedges

What about alcohol?

The risk of developing some heart conditions increases the more alcohol you drink. Limit the amount of alcohol you drink to a maximum of 10 standard drinks per week. Try not to have more than 4 standard drinks on any one day. In some cases, the safest option is to not drink at all. Talk to your doctor for advice.

The less you choose to drink, the lower your risk of harm from alcohol.



Heart-healthy drinks include:

- water
- plain soda water
- unflavoured reduced-fat milk
- herbal tea, tea or coffee (with reduced-fat milk).

How can I get help to stop smoking?

Giving up smoking is one of the best things you can do for your heart health. The moment you quit, your risk of a heart attack or a stroke starts to drop.



After one year, your risk of a heart attack or stroke is halved.

The most effective way to stop smoking is with a combination of:

- medicines to manage cravings and nicotine withdrawal and
- support from Quitline (13 7848), whose trained experts can provide support and advice.

Other support:

- Your doctor, nurse, health worker or community pharmacist can also provide help to stop smoking.
- Your doctor can give you a prescription for medicine to help you stop smoking. Some medicines will be cheaper if you have a prescription.
- Your family and friends can support you once you tell them you are trying to quit.

Try to avoid being exposed to secondhand smoke. Secondhand smoke also increases the risk of heart problems. If you have family or friends who smoke, encourage them to smoke away from you or to get support themselves to quit.

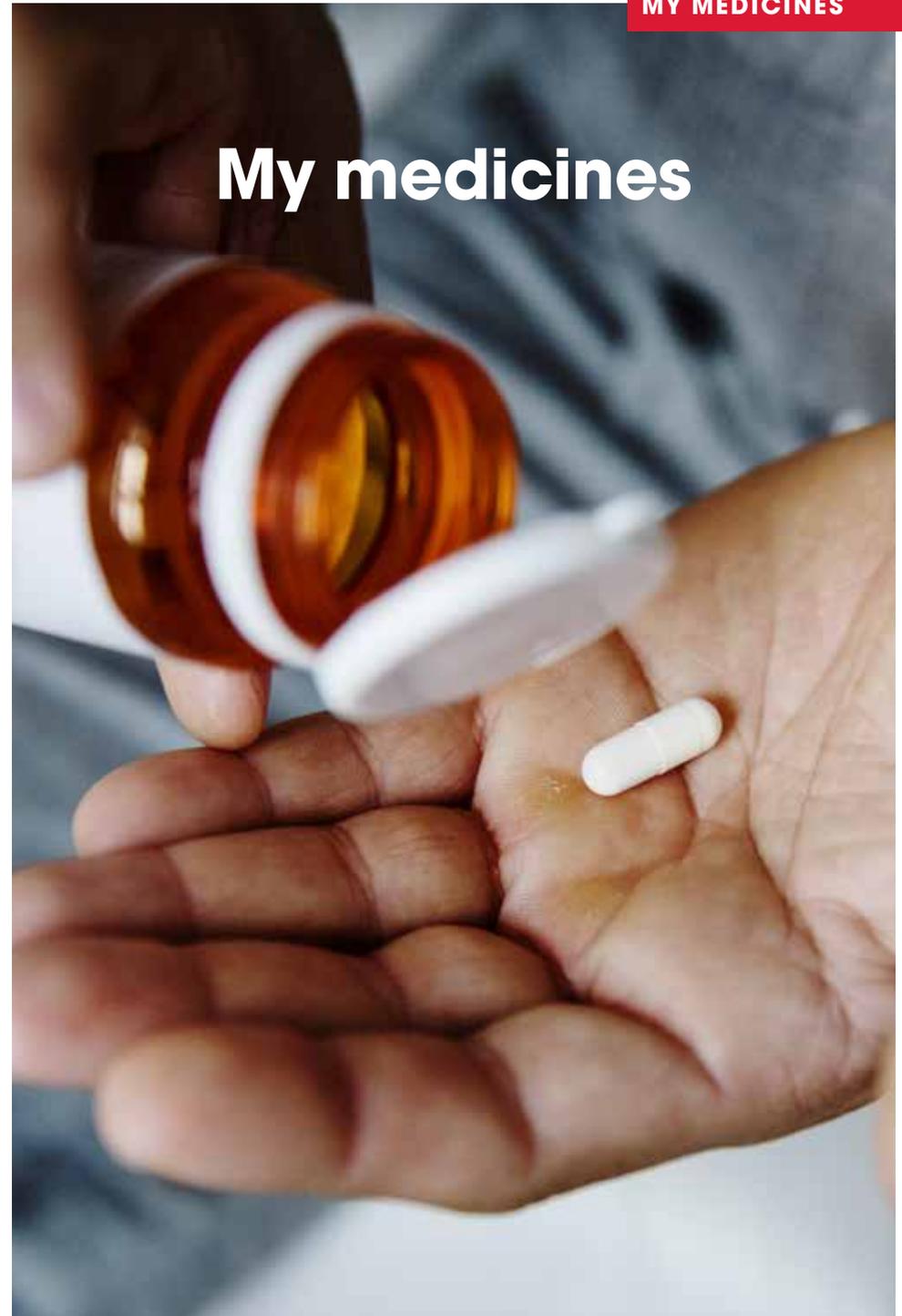
For more information:

- download the My QuitBuddy app
- visit quit.org.au



**“Cardiac rehab
changed my life. It’s
the best investment you
could make.”**
– Cyril, cardiac
rehabilitation participant

My medicines



Medicines

Medicines are an important part of your ongoing care after your heart attack or angina episode, and can help you to:

- manage high blood pressure or cholesterol
- manage symptoms of your heart condition
- stay out of hospital
- reduce the chance of heart problems in the future.

You will need to take most of your medicines long term.



Your doctor or pharmacist will explain how to take your medicines, as well as common side effects and how to manage them.



Always tell your doctor and pharmacist about any other medicines you take, including over-the-counter medicines. These include some pain medicines, cold and flu medicines, supplements and vitamins.



When you leave hospital, see your GP within a week so your medicines don't run out. Your GP will want to know about any changes to your medicines, including medicines you started in hospital.



Make sure you keep taking all your medicines as prescribed. Taking the right medicine in the right way can be confusing at first. Ask your doctor, nurse, pharmacist or health worker if you are unsure.



Organising your medicines can help you remember to take them and ensure you take them correctly. If you have trouble remembering to take your medicines or find it confusing, ask your pharmacist for some suggestions.



It's important to keep a list of your medicines for when you see your doctor or in case of an emergency. Keep a list in your wallet or on your phone or computer. Or you can download the NPS MedicineWise app to help you keep track of your medicines and access important health information: nps.org.au/medicinewiseapp

For each of your medicines, make a note of:

- the name of the active ingredient and the brand name
- the strength or dose
- when and how to take the medicine
- the type of medicine (prescription or over-the-counter)
- what it is for
- what to do if you miss a dose.

Take this list to all your health appointments, including allied health and dental appointments. For more information about common medicines, visit hrt.how/medicines

Common heart medicines

You may need to take some or all of these medicines after your heart attack or angina episode.

MEDICINE TYPE	ACTION
Anticoagulants and antiplatelets	Prevents blood clots forming and reduces the risk of a heart attack in people who have heart disease. If you have a stent, these medicines keep the stent open. Never stop taking these medicines unless your doctor tells you to.
ACE inhibitors (often end in 'pril'), ARBs (often end in 'sartan')	Maintains stable and healthy blood pressure.
Beta blockers (often end in 'lol')	Slows the heart rate and lowers blood pressure. Reduces the risk of a heart attack.
Statins (cholesterol-lowering medicines)	Reduces cholesterol in the blood and stabilises plaque in the arteries. Reduces risk of heart attack and stroke.
Nitrates: short-acting (spray or tablets under the tongue), long-acting (patches or whole tablets swallowed)	Prevents and treats chest pain (angina) and helps with managing symptoms. Improves blood supply to the heart muscle.

You may be started on blood pressure and cholesterol-lowering medicines, even if your blood pressure and cholesterol are normal. This is because these medicines also help to reduce the risk of future heart problems.



It's important to keep taking your medicines, even if you feel better. Don't change how often you take them or how much you are taking without checking with your doctor.

You may be started on other medicines while you are in hospital. Your doctor and pharmacist will discuss these medicines with you to help you understand what they are for and how long you need to take them for.

It can be tricky if you have never had to take medicines before. If you are overwhelmed and struggling with your medicines:

- ask your GP or pharmacist for help
- ask family or friends to help you for the first week or so.

Questions you might like to ask your doctor or pharmacist

Q: How long do I need to take my medicines for?

A: _____

Q: How do I know if my medicines are working?

A: _____

Q: Do my medicines have any risks or side effects?

A: _____

Q: What happens if I get side effects?

A: _____

Q: Do I need to avoid any foods or other medicines (including over-the-counter medicines) while I take this medicine?

A: _____

Q: Can I use cheaper (generic) brands of medicines if my pharmacist suggests them?

A: _____

Q: How do I store my medicines?

A: _____

Q: Do I need to take my medicines with food?

A: _____

What are the warning signs of a heart attack?



What are the warning signs of a heart attack?

The most common heart attack warning signs are:

- chest discomfort, tightness or pain (angina) which you might feel in your arms, shoulders, neck, jaw or back
- dizziness, light-headedness, feeling faint
- feeling anxious
- nausea, indigestion, vomiting
- shortness of breath or difficulty breathing
- sweating or a cold sweat.

If you or someone close to you is having a heart attack, every minute counts. Learn to recognise the warning signs and seek treatment early by calling Triple Zero (000). Accessing urgent medical care can reduce damage to your heart and may save your life.

If you are unsure, it's always best to call an ambulance.



Treatment starts when you call Triple Zero (000) for an ambulance. An ambulance is the safest and fastest way to get to hospital.

Do not drive yourself to hospital.

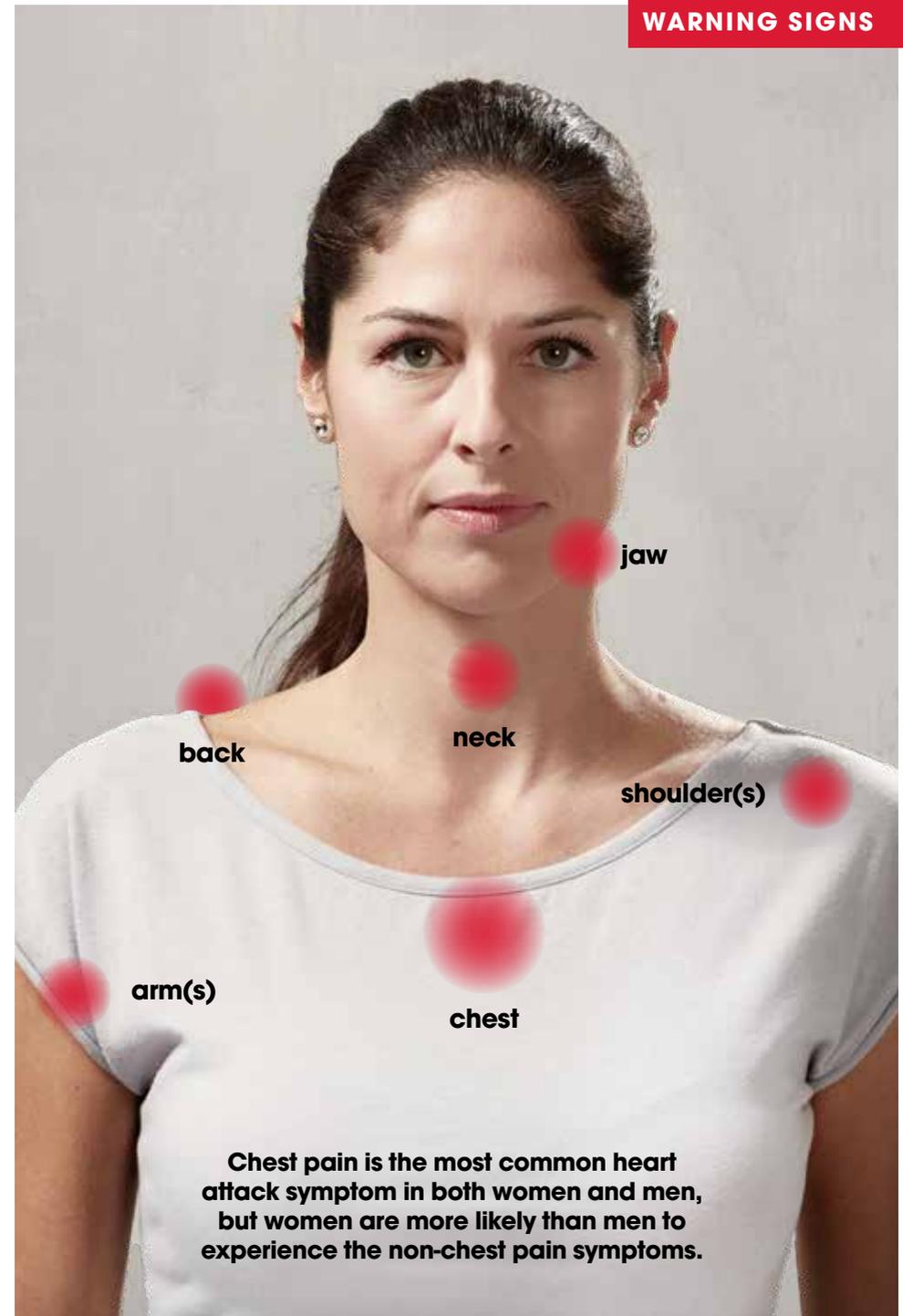
The warning signs of a heart attack may vary. Some people say it feels like:

“bad indigestion”

“a belt being tightened around my chest”

“a choking feeling in my throat”

“my arms were heavy and useless”



“Understanding your symptoms and acting on them could save your life.”

- Tracy, cardiovascular clinical nurse specialist



“I was still convinced I had hurt my back... then the doctor stood at the end of my bed and said you have had a heart attack.”

- Trisha, lived experience of a heart attack

My follow-up plan



My follow-up plan

Checklist: Six things you might like to ask before leaving hospital

1. What happened to my heart?

What tests and treatments did I have? Do I need other tests and treatments?

Notes: _____

I know what happened to me.

I know what tests and treatments I had.

2. Why did this happen to me?

What are my risk factors for a heart attack/angina? What do I need to do to manage my risk factors?

Notes: _____

I know my risk factors and what I can do to manage them.

3. What is cardiac rehabilitation?

Can I attend cardiac rehabilitation? Where can I attend? How do I get a referral? When can I return to everyday activities?

Notes: _____

I have my referral for cardiac rehabilitation and am ready to attend.

I know what I can and can't do when I get home.

4. What medicines do I need to take?

What are my medicines for? How do I refill my prescription when it runs out? How do I take my medicines? What do I do if I experience any side effects?

Notes: _____

I have my medicine list and my medicines.

I understand what my medicines are for and when and how to take them.

I know how to get more when I run out.

5. What are the warning signs of a heart attack?

What should I do if I think I am having a heart attack?

Notes: _____

I know the warning signs of a heart attack and know to call Triple Zero (000).

6. What is my follow-up plan? When should I visit my GP or health worker? What should I tell them about my heart condition? When should I see my cardiologist/specialist? If I have a wound, how do I look after it when I'm home?

Notes: _____

I have an appointment with my GP/health worker.

I have an appointment with my cardiologist/specialist.

I know how to look after my wound when I'm home (if relevant).

Treatment for a heart condition doesn't end in hospital

Regular check-ups with your GP and cardiologist are an important part of managing your heart health.

You'll need to make an appointment to see your GP within a week or so of leaving hospital. Your GP will want to:

- know what has happened to you
- check on your progress
- help you manage risk factors such as high cholesterol, high blood pressure or diabetes.

Ask your GP for new prescriptions for the medicines that you received when you left the hospital.

Remember to take your medicines list and any test results along to your GP or cardiologist appointments.

If you had a procedure or heart surgery, looking after your wound will help avoid an infection. Check with your doctor, nurse or health worker about signs of an infection and what to do if you think you have one.

My hospital care

This page helps you keep track of the care you received in hospital. Take it along to appointments with your cardiologist, GP or health worker after you leave hospital.

Name: _____ Phone: _____

Ask your doctor, nurse or health worker to help you fill out the following sections:

Hospital admission date: ____ / ____ / ____

What happened to my heart?

Heart attack - date/s: _____

Angina - date/s: _____

Other: _____

What tests and treatments did I have?

Heart tests: Blood tests Electrocardiogram (ECG)

Angiogram Other: _____

Treatments and date started:

Clot-busting (thrombolysis) medicines - date: ____ / ____ / ____

Angioplasty/stent - date: ____ / ____ / ____

Open-heart surgery - date: ____ / ____ / ____

Other: _____

My risk factor readings

Ask your doctor, nurse or health worker to help you fill out the following table:

	AIM FOR*	DATE:	DATE:	DATE:	DATE:
Blood pressure	Systolic blood pressure less than 130mmHg				
LDL cholesterol	Less than 1.4mmol/L				
HbA1c (this will be measured if you have diabetes)	Less than 8%				
Weight	Waist measurements Less than 94cm (males) Less than 80cm (females)				

*Please note that these targets are a general guide. It is best to work with your doctor to set your personal goals.

Notes:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

My care team



Who is looking after me?

My cardiologist / cardiac surgeon:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

My GP:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

My health worker:

Name: _____

Address: _____

Phone: _____ Email: _____

Appointments: _____

Cardiac rehabilitation program:

Name: _____

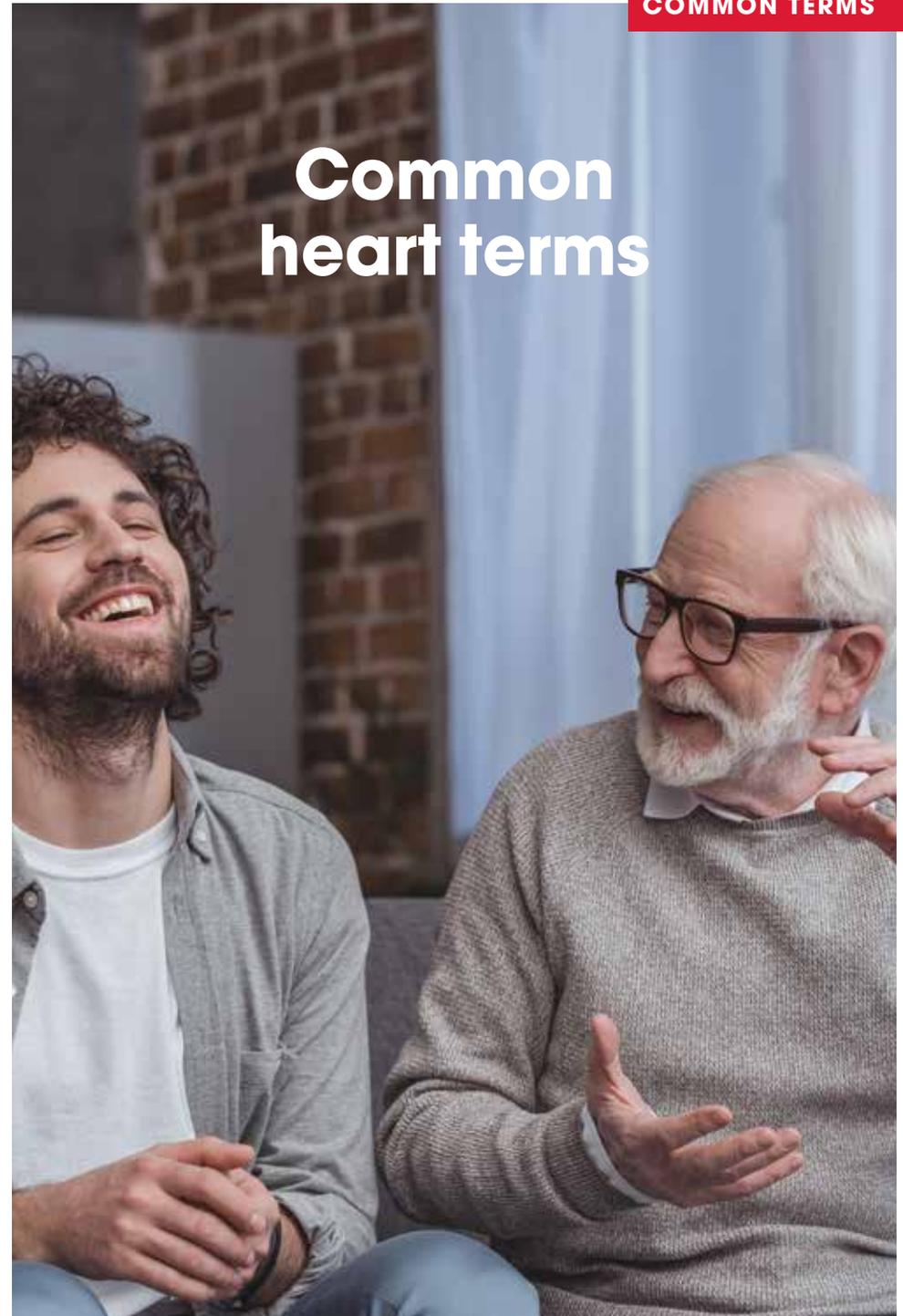
Address: _____

Phone: _____ Email: _____

Appointments: _____

If you don't have an appointment for a cardiac rehabilitation program, ask your doctor, nurse or health worker.

Common heart terms



ANGINA: Temporary pain or discomfort that happens when the heart can't get enough blood and oxygen. Angina is usually caused by fatty material (plaque) in the coronary arteries. Angina is not the same as a heart attack as often there is no permanent damage to the heart.

ARTERY: A type of blood vessel that carries blood and oxygen away from the heart to other parts of the body.

BLOOD PRESSURE (BP): The pressure on the walls of your blood vessels as your heart pumps blood around your body. The first number in your blood pressure reading is called 'systolic' blood pressure and is the pressure when your heart pumps. The second number is called 'diastolic' blood pressure and is the pressure when your heart relaxes (for example, 120/80 mmHg).

CARDIAC ARREST: When the heart suddenly stops beating. A person in cardiac arrest will be unresponsive, not breathing normally and not moving.

CARDIAC REHABILITATION (CARDIAC REHAB): An essential part of recovery. Cardiac rehabilitation is a support, exercise and education program to help you understand your heart condition, manage your risk factors and improve your heart health and quality of life.

CARDIAC SURGEON: A specialist doctor who performs heart surgeries and procedures.

CARDIOLOGIST: A specialist doctor who cares for people with heart conditions.

CATHETER: A thin tube inserted into the body. This is used for many different medical procedures.

CHOLESTEROL: A waxy, fat-like substance found in the blood. Your body needs cholesterol to make hormones and build cells, but too much 'bad' (LDL) cholesterol can increase the risk of heart disease.

CORONARY ARTERY: A blood vessel that sits around the heart and supplies it with blood, oxygen and nutrients.

CORONARY ARTERY BYPASS GRAFT (CABG) SURGERY: Heart surgery that involves taking a blood vessel from the chest, leg or arm, and attaching ('grafting') it to each side of a blocked coronary artery. This lets blood go around (or 'bypass') a blockage. It is a type of open-heart surgery.

DIABETES: A condition that affects the way the body takes up and uses glucose (sugar), causing high blood sugar levels. This can harm the eyes, feet, kidneys and other parts of the body, including the heart. There are three types of diabetes – type 1, type 2 and gestational diabetes (which affects pregnant women).

ELECTROCARDIOGRAM (ECG): A test to read your heart's electrical signals. Small sticky dots with wire leads are put on your chest, arms and legs. These are attached to an ECG machine, which can show your heart rhythm and can detect if you are having a heart attack or angina.

HEALTH WORKER: A community health worker, Aboriginal health worker or Aboriginal health practitioner. Performs a wide range of roles and links people to community and health services.

HEART ATTACK: Usually happens when plaque builds up in a coronary artery and then ruptures, forming a blood clot. The clot blocks the artery, preventing the flow of blood and oxygen and causes damage to the heart muscle.

MYOCARDIAL INFARCTION (MI): Another name for a heart attack.

NITRATE MEDICINE: A medicine used to prevent and treat angina by improving blood flow to the heart.

NON-STEMI: Stands for non-ST elevation myocardial infarction. A type of heart attack described by the changes seen on an ECG test.

PLAQUE: A fatty substance that builds up inside arteries.

RISK FACTOR: Something that increases your chance of having a heart condition.

SPECIALIST: A doctor working in a particular area of medicine.

STEMI: Stands for ST elevation myocardial infarction. A type of heart attack described by the changes seen on an ECG test.

SYMPTOMS: Feelings caused by an illness. These can be physical or emotional.

THROMBOLYSIS: 'Clot-busting' medicines used to dissolve a blood clot that may be narrowing or blocking a coronary artery.

Where to find information & support



The Heart Foundation: Access a wide range of information and support about heart disease. heartfoundation.org.au

- Visit hrt.how/6steps to watch the Heart Foundation Six Steps to Cardiac Recovery videos (available with translated subtitles in 14 languages).



Beyond Blue: Access advice and support about depression and anxiety. **1300 22 46 36 – beyondblue.org.au**



Lifeline: 24 hour crisis support. **13 11 14 – lifeline.org.au**



Australian Centre for Heart Health: Access information about emotions and heart disease. australianhearthealth.org.au/cardiacblues



Quitline: Access advice and support about stopping smoking. **13 7848 – quit.org.au**



NPS MedicineWise: Access more information about your heart medicines. **1300 633 424 – nps.org.au**
Download the NPS MedicineWise app to help you keep track of your medicines and access important health information. nps.org.au/medicinewiseapp

For more information visit
heartfoundation.org.au
or call us on 13 11 12

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Will you recognise your heart attack?



Warning Signs Action Plan

Do you feel any

pain pressure heaviness tightness

In one or more of your

chest neck jaw arm/s back shoulder/s

You may also feel

nauseous a cold sweat dizzy short of breath

Yes

1 STOP and rest now

2 TALK tell someone how you feel

If you take angina medicine

- Take a dose of your medicine.
- Wait 5 minutes. Still have symptoms? Take another dose of your medicine.
- Wait 5 minutes. Symptoms won't go away?

Are your symptoms severe or getting worse?

or

Have your symptoms lasted 10 minutes?

Yes

3 CALL 000 and chew 300mg aspirin, unless you have an allergy to aspirin or your doctor has told you not to take it
Triple Zero

- Ask for an ambulance.
- Don't hang up.
- Wait for the operator's instructions.