

ADVICE FOR PATIENTS IF THEY EXPERIENCE CHEST PAIN

Stop what you are doing, **REST**
Try and stay calm

TAKE 1 - 2 PUFFS OF GTN SPRAY OR 1 GTN TABLET UNDER YOUR TONGUE

Wait 5 minutes

IF THE PAIN OR SYMPTOMS PERSIST AFTER THIS TAKE THE GTN AGAIN

Wait 5 minutes

IF THE PAIN OR SYMPTOMS PERSIST AFTER THIS TAKE THE GTN AGAIN

Wait 5 minutes

If the pain or symptoms continue after this
DIAL 999

Ask for an ambulance, stating that you think you are having a heart attack

DO NOT WAIT ANY LONGER

If at any time the pain becomes unbearable or is accompanied by any of the following:

Nausea/vomiting
Breathlessness
Palpitations
Sweating
Grey/blue skin colour

**DIAL 999 IMMEDIATELY
DO NOT DRIVE TO HOSPITAL**

NB. GTN sometimes causes a fall in blood pressure, which can make you feel dizzy. Therefore try and sit down for 10-20 minutes if you have taken more than 2 puffs of GTN – even if the chest pain has gone.

QUICK REFERENCE GUIDE

SECONDARY PREVENTION GUIDE

Lifestyle modification

Stop **smoking** – consider motivation to quit, referral to smoking cessation service, NRT, bupropion (see smoking within the “Lifestyle Management” Section)

Reduce **salt** (but caution re potassium in salt alternatives) and **saturated fat** intake, increase **fruit and vegetables**. Consider weight loss if BMI > 25. Avoid effervescent/soluble tablets and certain indigestion products – high in salt content (see nutrition within the “Lifestyle Management” Section)

Restrict **alcohol** ≤ 21 units/week (men) or ≤ 14 units/week (women) (see alcohol within the “Lifestyle Management” Section)

Recommend **regular physical activity** (see physical activity within the “Lifestyle Management” Section)

Risk factor management

Treat **hypertension** – maintain blood pressure below 140/85 mmHg (diabetics <130/80mmHg) (NSF 2001) (see the “Hypertension” Section). Please note targets differ in nGMS and NICE

Diabetes – meticulous control of blood glucose and blood pressure required (see the “Diabetes” Section, and refer to Diabetes ‘Toolkit’)

Lower total cholesterol concentrations to less than 4 mmol/l (LDL to below 2 mmol/l) – consider using a Statin (see the “High Cholesterol” section).

Drug Therapy

Soluble aspirin 75mg daily (no advantages to using plain or enteric coated aspirin) – unless contraindicated. N.B. Clopidogrel as alternative only if aspirin truly

Statins for people with total cholesterol >5mmol/l or LDL-cholesterol >3mmol/l (NSF 2001) (see statins in the “Medication” Section) Although statins produce benefits irrespective of initial cholesterol concentration, patients with total serum cholesterol >5mmol/l are likely to benefit the most

β -blockers (preferred choice **atenolol**) for people who also have had a myocardial infarction.

ACE inhibitor at maximum tolerated doses (see ACE inhibitors in the “Medication” Section)

Warfarin or **soluble aspirin** for people over 60 years old who also have atrial fibrillation (see the “Atrial Fibrillation” Section)

Not for commercial use.

Adapted from Scottish Intercollegiate Guidelines Network, NSF for Coronary Heart Disease and PRODIGY.

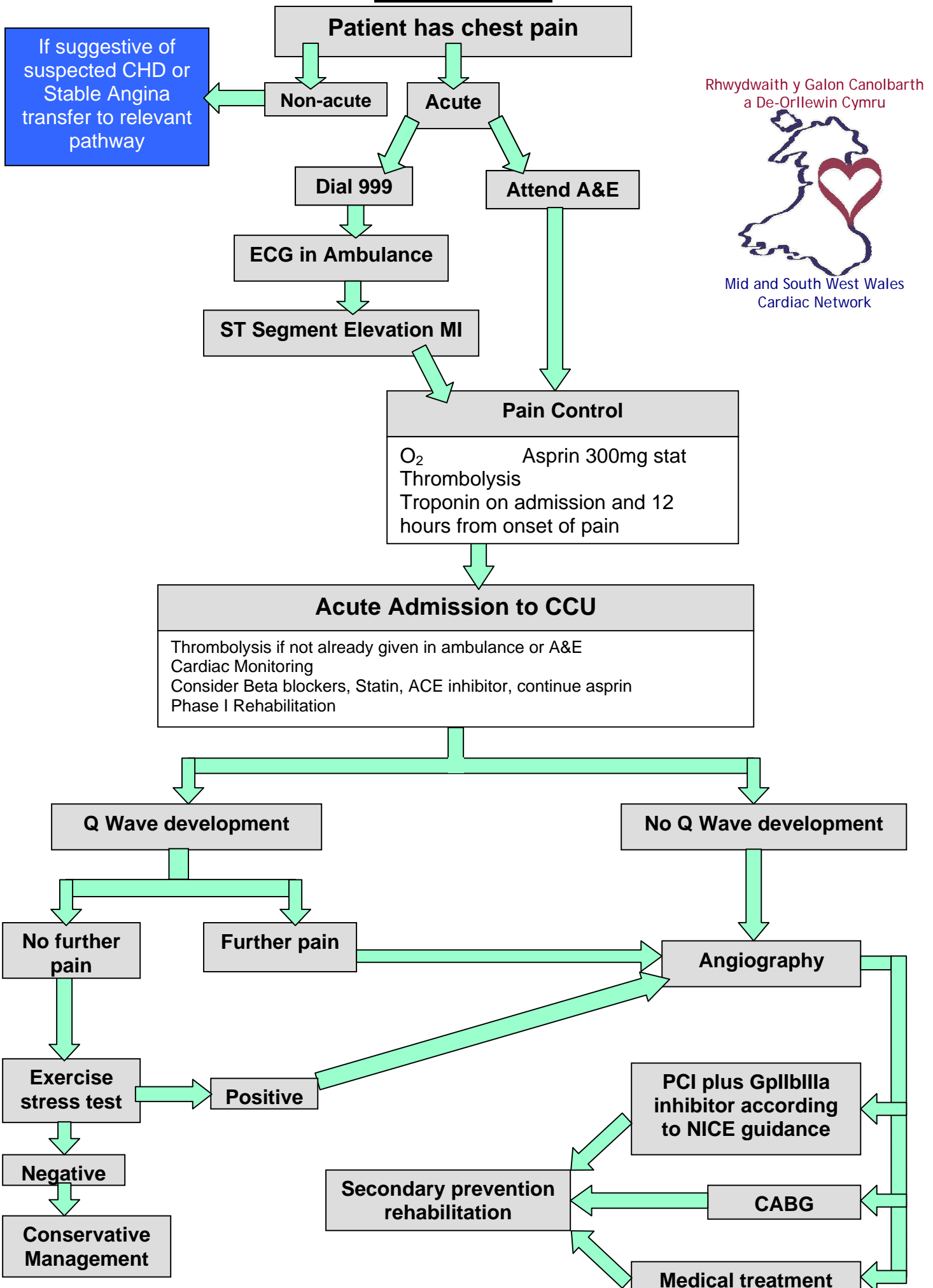
Acknowledgement to Carmarthenshire LHB and Swansea NHS Trust & LHB

Approved by Powys LHB Clinical Governance 2005.



Simplified Management Pathway –ST Segment

Elevation MI

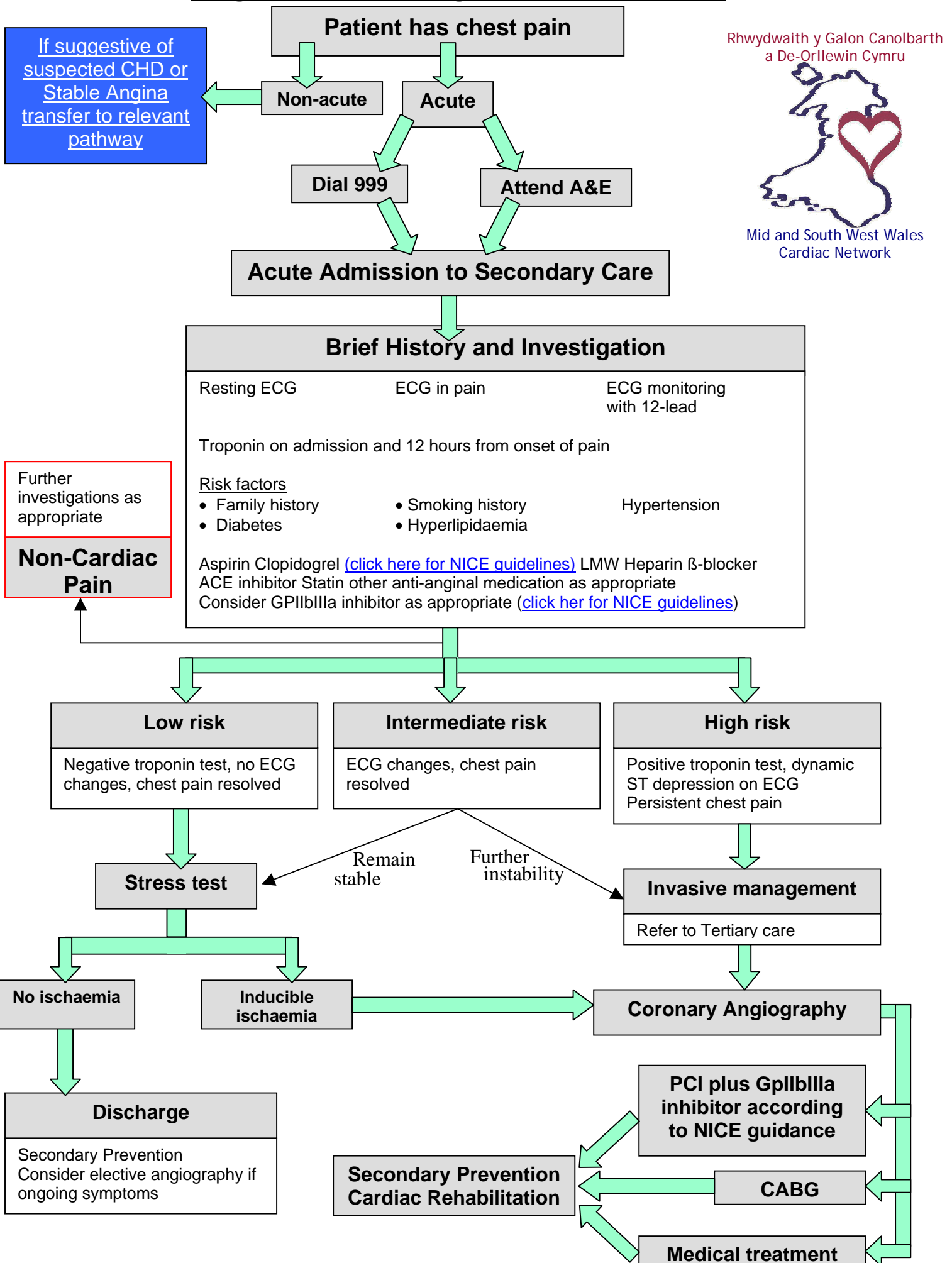


Rhwydwaith y Galon Canolbarth
a De-Orllewin Cymru



Mid and South West Wales
Cardiac Network

Simplified Management Pathway – Unstable Angina/non-ST Segment Elevation MI



Rhwydwaith y Galon Canolbarth
a De-Orllewin Cymru



Mid and South West Wales
Cardiac Network