

# Post-Discharge Checklist

Guidelines of medical care issues to be addressed during discharge of interventional patients

## Post-PCI/ STEMI/ NSTEMI

### Appointments

- PMD, 1- 2 weeks
  - Cover letter/ records to be sent at discharge
- Interventional NP/ Cardiologist, 2- 6 weeks
  - Review of course, medication, long term care plan, and Plavix/ Effient duration
- Interventional or primary cardiologist, 3- 6 months and 12 months

### Labs/ Tests

- FLP, Liver Function 2-3 months
  - If new/ changed lipid lowering therapy (done @ either PCP or Cardiologist and faxed)
- Stress test, per interventionalist recommendation based on pt. related factors

### Staged Procedures (based on patient specific factors)

- Ex. may need to sort out Medicare issues if it goes to no payment for readmission within one month

### Plavix/ Effient Duration Guidelines (default of 1 year; note reason if different)

- BMS: desirable through end of restenosis window
- DES: when to continue > 12 months

### Cardiac Rehab

- Standard recommendation

### Smoking Cessation

- Formal f/u with PCP

Medications (comply with CMS guidelines: patient to be discharged on ASA, Plavix/ Effient, B-Blocker, ACE, or ARB, and Statin; must specify contraindication if not complying.)

- Aspirin dosage (81mg vs. 325mg)
- PPI: Okay to continue

## ASD/ PFO/ Valvuloplasty

### Appointments

- Interventional NP/ PCP, 1- 2 weeks (cath site check, a. fib assessment, first year care plan review, etc.)
- Interventional cardiologist, 1- 4 months with echo
- Interventional cardiologist/ NP, 6- 12 months- with echo
- Discharge from interventional clinic to primary cardiologist if stable and shunt remains resolved

### Labs/ Tests

- Pre-discharge echo
- 1-3 month echo bubble study
- 6- 12 month echo study sometime post plavix d/c

### Anti-platelet/ Anticoagulation

- Plavix 75mg 3-6 months; ASA 81mg 6-12 months
- Continue ASA 81mg indefinitely if PFO closure for CVI
  - Stop ASA at 6-9 months if ASD only