

HEART ATTACK ACTION PLAN

If you experience any of the following:

- Chest Pain/Discomfort
- Back Pain
- Jaw Pain
- Cold Sweat
- Nausea
- Lightheadedness
- Shortness of Breath

CALL 911

CHEW AN ASPIRIN

REST

Keep this plan visible!

The information below could help emergency personal
save your life!

My name _____

Primary care physician

My preferred hospital

My current medications

Cardiologist

1 _____

2 _____

3 _____

4 _____

5 _____

Contact in case of emergency
