Act in Time to
Heart Attack Signs
Action Plan

Physician’s Name ____________________________________________

Patient’s Name ____________________________________________ Date __________

Heart disease is the top killer of men and women.

Learn the signs of a heart attack and the steps to take if one happens. You can save a life—maybe your own.

Heart Attack Warning Signs

▲ Chest Discomfort
Uncomfortable pressure, squeezing, fullness, or pain in the center of the chest that lasts more than a few minutes, or goes away and comes back.

▲ Discomfort in Other Areas of the Upper Body
Can include pain or discomfort in one or both arms, the back, neck, jaw, or stomach.

▲ Shortness of Breath
Often comes with or before chest discomfort.

▲ Other Signs
May include breaking out in a cold sweat, nausea, or light-headedness.

Treatment can stop a heart attack in its tracks.

Clot-busting drugs and other artery-opening treatments work best to stop a heart attack if given within 1 hour of the start of symptoms.

Minutes Matter

▲ If you or someone else is having heart attack warning signs:
  Call 9-1-1

▲ Don’t wait more than a few minutes—5 minutes at most—to call 9-1-1.

▲ If symptoms stop completely in less than 5 minutes, you should still call your health care provider.

Plan Ahead

▲ For your safety, fill in this action plan and keep it in a handy place.

▲ Learn the heart attack warning signs. Talk with family and friends about them and the need to call 9-1-1 quickly.

▲ Talk with your health care provider about your risk factors for heart attack—and how to reduce them.

Information To Share With Emergency Medical Personnel/Hospital Staff

Medicines you are taking: __________________________

Medicines you are allergic to: __________________________

If symptoms stop completely in less than 5 minutes, you should still call your health care provider.

Phone number during office hours: __________________________

Phone number after office hours: __________________________

Person You Would Like Contacted If You Go to the Hospital

Name: __________________________

Home phone number: __________________________

Work phone number: __________________________