**ACTIONS TO BE TAKEN IN THE EVENT**

**OF A SUSPECTED HEART ATTACK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version:** | **Review date:** | **Edited by:** | **Approved by:** | **Comments:** |
| v1 | 27/05/2024 | Sultan Mohamed | Munira Mohamed |  |
|  | June 2025 |  |  | Next review |
|  |  |  |  |  |
|  |  |  |  |  |

**ACTIONS TO BE TAKEN IN THE EVENT**

**OF A SUSPECTED HEART ATTACK**

**SHEERWATER HEALTH CENTRE**

If an individual calls the practice, stating that either they or a friend or relative has any of the following symptoms:

**CHEST PAIN – TIGHTNESS, HEAVINESS, BURNING**

**with possibly**

**PAIN WHICH RADIATES TO THE ARM, JAW, BACK OR STOMACH (MILD OR SEVERE)**

**and/or**

**FEELING LIGHT-HEADED, NAUSEOUS OR VOMITING, SHORTNESS OF BREATH**

**DO NOT DELAY – CALL 999 IMMEDIATELY**

Advise the caller that you will call 999, obtaining the patient’s name, age, address, postcode, telephone number, conscious level of patient.

Tell the caller to remain on the line whilst you call the ambulance. If the patient is unconscious, ask the ambulance service to telephone the caller to provide CPR guidance, then advise the caller that the ambulance service will call them.

If the patient isn’t allergic to aspirin and it is readily available, advise the caller to instruct the patient to chew and swallow a 300mg tablet whilst waiting for the ambulance to arrive.

Ensure the duty doctor is informed and the patient’s healthcare record annotated appropriately.