

Heart Care Medications

				Dose Change	New Medicine
ACE Inhibitor _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
ARB _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Beta blocker _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Aldosterone antagonist _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin (Lanoxin)	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Diuretic _____ ("water pill")	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
For gain of _____ pounds in _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other Diuretic _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
For gain of _____ pounds in _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Potassium _____	_____ meq	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
For gain of _____ pounds in _____	_____ meq	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
"Statin" _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Warfarin (Coumadin)	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Nitroglycerin _____	_____ mg	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	_____ mg	_____ tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>

Avoid medications for arthritis and pain unless approved by your physician. Examples are Advil, Celebrex, ibuprofen, Motrin, Naprosyn, Nuprin, and Vioxx. (Tylenol or acetaminophen are OK.)

Other medicines to avoid _____

Plan your medication refills to avoid "running out". Keep a copy of your medication list in your purse or wallet.

Ask your health care provider if you have a question.

Name _____ Date _____