### Activities of daily living

- Discuss driving restrictions with CR participants and help them to find further information.
- Give participants an opportunity to discuss any concerns related to resuming sex after their cardiac event.
- If a CR participant is unable to drive, explore alternatives to assist with independence.
- Include vocational guidance to facilitate graded return to work and discuss any barriers an individual may face returning to work.
- Give CR participants an opportunity to discuss and/or train in cardiopulmonary resuscitation (CPR).

### Reassessment and completion

The post-program assessment should include, at a minimum:

- exercise capacity
- lifestyle risk factors (physical activity, diet, smoking, alcohol)
- psychosocial health (depression, anxiety)
- medications

If possible and applicable, reassess CR participants’:

- adiposity (waist circumference)
- medical risk factors (blood pressure, lipids, blood glucose)
- quality of life
- success in returning to activities of daily living.

Review CR participants’ goals at the completion of the program.

Give the participant and their general practitioner and cardiologist a discharge or summary letter.

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**Initial assessment**

Comprehensively assess the CR participant’s needs and develop an individualised care plan.

This initial assessment should include:

- socio-demographic information
- clinical history
- exercise capacity
- lifestyle risk factors (physical activity, diet, smoking, alcohol)
- psychosocial health (depression, anxiety)
- medications.

Desirable initial assessment features to consider:

- adiposity (waist circumference)
- medical risk factors (blood pressure, lipids, blood glucose)
- ability to return to activities of daily living
- quality of life.

Following the initial assessment, encourage and support participants to set achievable goals.
### Heart education and self-management
- Educate CR participants about self-management strategies.
  - Give CR participants education (tailored to their condition, if possible) about:
    - the anatomy and physiology of the heart
    - how to return to activities of daily living
    - risk factors modification for secondary prevention in heart disease
    - chest pain management or a heart failure management plan.

### Medication education and review
- Give CR participants medication education that includes basic indications and benefits of commonly prescribed medication therapy.
- Encourage and support participants to adopt strategies that lead to medication adherence.
- CR staff (including a pharmacist, if possible) should ensure CR participants are receiving optimal cardio-protective medications.

### Managing medical risk factors
- Equip CR participants with the skills to self-manage or prevent hypertension.
- Equip participants with the skills to self-manage or prevent dyslipidaemia.
- Equip participants with the skills to self-manage or prevent diabetes.

### Exercise and physical activity
- Give CR participants a tailored, progressive and supervised exercise training program.
- Educate participants about strategies to increase general physical activity and reduce sedentary behaviour.

### Healthy eating & weight management
- Focus advice on making healthy dietary choices to reduce total cardiovascular risk.
- If resources allow, offer individualised consultation with a trained health professional to discuss diet. The goals are to understand the CR participant’s current eating habits, and give personalised advice that is sensitive to culture, needs, socio-economic status, and capabilities.
- An Accredited Practising Dietitian should assess and manage CR participants with complex dietary requirements due to co-morbidities.
- Provide education and advice on the importance of maintaining a healthy weight for heart health. For participants who are overweight or obese, develop an individualised, achievable plan working towards an initial goal of losing 5–10% of body weight and a longer-term goal of achieving a body mass index (BMI) below 25.
- Consider referring participants requiring assistance with weight management to weight loss programs delivered by experts.

### Tobacco cessation and alcohol reduction
- Give CR participants who smoke a brief intervention for smoking cessation, using the Ask, Advice and Help model.
- Encourage participants who continue to smoke to use a combination of nicotine replacement products (patch plus gum or spray or lozenge or inhalator) and/or to visit their doctor to discuss other ‘stop smoking medications’ to assist quitting.
- Offer participants who are excessive drinkers brief advice/counselling to encourage reduction of alcohol intake.
- Consider referring alcohol-dependent CR participants to specialised services and notify their general practitioner.

### Psychosocial wellbeing
- Screen CR participants for depression and anxiety at the beginning and end of the CR program using a validated tool.
- Give participants an opportunity to discuss the typical emotional response to a heart event.
- Educate participants about the signs and symptoms of depression and other mood disorders.
- Assist participants to respond appropriately to ongoing psychological symptoms including when to seek help.
- Assess the social support available to CR participants and determine their social support needs.
- Discuss the importance of social support to heart health recovery, and encourage participants to reflect on how they can enhance or better utilise their social support networks.
- Consider how social networks can be enhanced for participants who report low levels of social support.
- Consider the contributions family members and carers can make to participants’ recovery.
- Consider encouraging partners or carers to join specific carer support groups to help them to cope with their family member’s cardiac condition.

### Cardiac rehabilitation

Cardiac rehabilitation can reduce unplanned cardiac readmissions by up to 18%.


Patients are >2x as likely to participate in cardiac rehabilitation if a health professional discusses it with them before they leave hospital.

Source: Heart Foundation Heart Attack Survivor Survey, June 2018

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**NEARLY 1 in 3 heart attacks ARE REPEAT EVENTS**