



Adult Congenital Heart Program
Office: 601.984.4567
General Cardiology: 601.984.5678
Fax: 601.984.2FAX (2329)
Toll Free: 888.815.2005

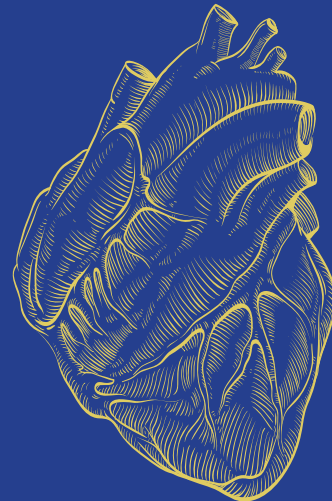


**Heart
Center**

Pediatric Congenital Heart Program
Office: 601.984.5250
Fax: 601.984.5283
Toll Free: 888.815.2005

University of Mississippi Medical Center
2500 North State Street
Jackson, Mississippi 39216

My Personal Heart PASSPORT



*University of Mississippi
Medical Center*

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STAPLE EKG STRIP HERE



Relationship: _____

Home Phone : _____ Work: _____

Other contacts: _____

If cardiac care is needed or for more information about my heart defect,
please contact the University of Mississippi Medical Center-

Adult Congenital Heart Program: 601.984.4567

Pediatric Congenital Heart Program: 601.984.5250

____ **I DO** / ____ **I DO NOT** have an advance healthcare directive.

It can be found at: _____

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STAPLE EKG STRIP HERE



Relationship: _____

Home Phone : _____ Work: _____

Other contacts: _____

If cardiac care is needed or for more information about my heart defect,
please contact the University of Mississippi Medical Center-

Adult Congenital Heart Program: 601.984.4567

Pediatric Congenital Heart Program: 601.984.5250

____ **I DO** / ____ **I DO NOT** have an advance healthcare directive.

It can be found at: _____

PATIENT INFORMATION

Name: _____

Date of Birth: _____ Phone: _____

DIAGNOSIS: _____

ALLERGIES: _____

EMERGENCY CONTACT INFORMATION

Name: _____

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IMPORTANT INFORMATION



ATTENTION—I HAVE A HEART CONDITION!

- History of rhythm abnormalities: _____
 - Implantable defibrillator
 - Pacemaker
 - Artificial heart valve(s): _____
 - I am on a blood thinner: _____
 - Risk of stroke
 - History of stroke
 - Risk of bacterial heart infection
 - History of heart infection
 - Fevers of unknown origin should be cultured
 - Abnormal blood flow to left arm right arm
- Blood pressure / pulse will be absent or diminished*
- Persistent right to left shunt. IV air filters recommended.
- Typical Hemoglobin / Hematocrit: _____ / _____
- Typical oxygen saturation at rest:

OTHER SPECIAL CONSIDERATIONS

- Pneumovax and flu shot recommended
- Avoid metal detectors: wands walk-through
- Supplemental oxygen for air travel recommended
- Avoid sustained elevations over: _____

OTHER MEDICAL CONDITIONS

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MY HEART – Surgeries / Procedures / Conditions

Date:

Type of Surgery / Procedure:

Hospital:

Doctor:



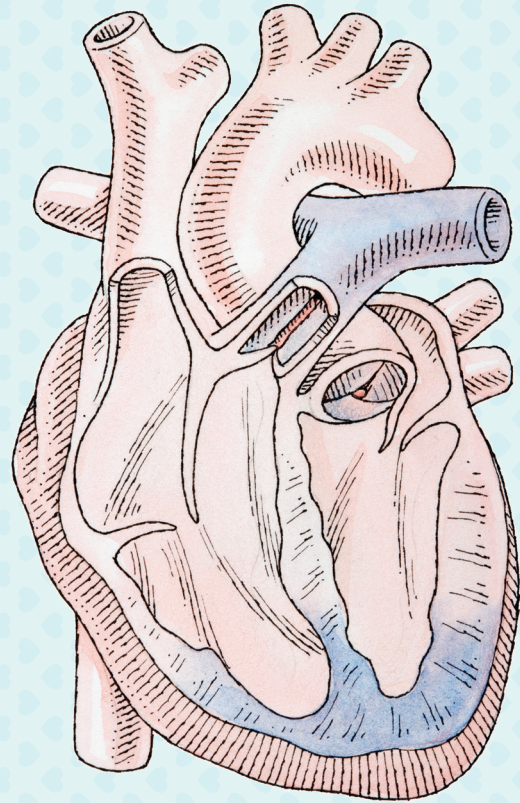
Date:

Type of Surgery / Procedure:

Hospital:

Doctor:

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MY HEART

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EXERCISE RECOMMENDATIONS

- Unrestricted
- Avoid competitive sports
- Avoid contact sports
- Avoid heavy lifting
- Gentle exercise only
- Other _____

REPRODUCTION

- Genetic counseling recommended

FEMALES

- Pregnancy not advised
- Planned pregnancy under supervision of ACHD center
- Planned pregnancy after consultation with ACHD specialists

CONTRACEPTION

- Progestin only
- Low dose estrogen / progestin
- Barrier method
- IUD
- Other _____

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MY HEART – Surgeries / Procedures / Conditions

Date:

Type of Surgery / Procedure:

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Doctor:



Date:

Type of Surgery / Procedure:

Hospital:

Doctor:

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MY HEART – Surgeries / Procedures / Conditions

Date:

Type of Surgery / Procedure:

Hospital:

Doctor:

Date:

Type of Surgery / Procedure:

Hospital:

Doctor:

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ENDOCARDITIS PROPHYLAXIS

- Considered high risk for bacterial endocarditis; will need antibiotics prior to some dental procedures
Please refer to current AHA SBE prophylaxis recommendations.

HEALTH TIPS / PRECAUTIONS

- Call your doctor if you develop fever without reason.
- Take care of your teeth and gums.
See a dentist regularly for check-ups and cleanings.
- Monitor your weight, diet, blood pressure and cholesterol to stay healthy.
- Maintain your ideal body weight of _____
- Stay active and get exercise daily using the recommendations on page 4.
- Don't smoke or use drugs.
- Don't use alcohol in excess.
- Follow up with your heart specialist regularly, as scheduled.

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MEDICATIONS

List all current medications

Primary Pharmacy: _____

Pharmacy Phone #: _____

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Date Reviewed

Medication	Dosage