
Worksheet 7. My Alert Plan

Decide now, while you're calm, what you'll do when an alert goes off (Chapters 4, 5, 10, 11). Tick the alerts you've switched on; the plan for each comes from its chapter.

☐ Alert	With symptoms	Without symptoms
☐ Irregular rhythm, atrial fibrillation	Chest pain, breathlessness, fainting: emergency	Record an ECG if you can; see a doctor within days (Ch. 5)
☐ High or low heart rate	Dizziness, chest pain, breathlessness, fainting: emergency	Sit, check the fit, count your pulse; see a doctor if it repeats (Ch. 4)
☐ Sleep apnea	Choking at night, severe daytime sleepiness: see a doctor soon	Book a visit; bring someone who has heard you snore (Ch. 10)
☐ High blood pressure	Severe headache, chest pain, weakness on one side: emergency	Cuff readings for 3–7 days; bring the average (Ch. 11)
☐ Low blood oxygen	Breathlessness, blue lips, confusion: emergency	Check the fit; see a doctor if it repeats with snoring (Ch. 10)

Emergency: _____ **Doctor:** _____ **Call first:** _____

Medicines: I won't change or stop any medicine because of an alert.
I'll ask my doctor.