

# What you'll actually need to do in the first two weeks

The first two weeks at home are a job with a job description. Here is the list — so you are not improvising at midnight.

Caregivers and family

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Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

The hospital hands you a person and a pile of paper, and then the door closes. The first two weeks at home are the most intense part of the whole recovery, and most caregivers say the same thing: nobody gave them the job description. This is it — the real tasks, in plain order.

## Your real job

Your job is not to be a doctor. The medical decisions stay with the team. Your job is the system around the medicine: the reminders, the records, the phone calls, the calm. Get the system right, and the clinical work has room to do itself.

## The daily list

1. Medications: build one routine. Same times every day, a pill box or a simple chart, and a note of anything missed so you can mention it honestly. Never change doses, never skip on your own judgement, never add anything — that is the team's call, and they need to know about every miss.
2. Weighing: most people coming home from heart surgery are told to weigh daily and write it down. Keep the scale in one place and record the number — the trend over days matters, not the wobble from morning to morning.
3. Wound check: once a day, look at the chest wound in good light. You are looking, not poking. Know what the team told you to report, and report it the moment it appears.
4. Walking: short walks, several times a day, with rest in between. Your job is company and pacing, not cheerleading.

5. Food and fluids: small, regular meals and plenty to drink. If everything tastes strange, that is common in the first days and usually temporary.
6. The phone: team numbers stay by the phone, on paper, day and night. The discharge sheet is your map — keep it where you can both see it.

## What the days actually look like

Honest ranges: for the first few days they will sleep a lot, move slowly and need help with almost everything. By the end of two weeks, most people are doing more for themselves — but slowly, in fits and starts. Expect good days and bad days, and expect the bad ones to feel worse than they are.

Visitors are the hidden job. Everyone wants to see them, and everyone wants to help. Short visits, no crowds, and let people help with errands instead of bedside conversation.

## What to ask your team

- Which numbers do we call for what — and what counts as an emergency?
- What exactly should we record every day, and how do we report it?
- When is the first follow-up appointment, and what should we bring?
- What do we do if they refuse something — food, walking, a pill?

### Take it to your team

Take the discharge sheet to the first follow-up and walk through it line by line. Ask for the red-flag list for your situation in writing, and stick it on the fridge. Written beats remembered.

### Call for help if

Severe chest pain or pressure that does not settle with rest; severe breathlessness; fainting or collapse; sudden confusion or trouble speaking; a fever; a wound that becomes hot, red, swollen or oozing; or rapid weight gain of several kilos over a day or two, especially with swelling and breathlessness. When in doubt, call — a call that turns out to be nothing is a good call.

The first two weeks are hard, and they end. Keep the system simple, keep the numbers close, and remember: the decisions about their care belong to them and their own team — you make those weeks survivable, they make the calls.

## Questions to take to my team

- ☐ Which numbers do we call for what — and what counts as an emergency?

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For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.