

When to overrule them and call for help

Patients often play down their symptoms — your job is to know the red flags and act on them, even when they say it is nothing.

Caregivers and family

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

Most heart patients recover without drama. And most heart patients, at some point, will say “it's nothing” about something that is not nothing. This page gives you permission to do the hardest useful thing you will do all recovery: overrule them and call.

Why patients say “it's nothing”

It is rarely denial alone. It is fear — if I call, it might be real. It is pride — I do not want to be a burden. And it is kindness — I do not want to worry you. All of it is love, aimed the wrong way. Your job is to be the person who is not fooled by politeness.

The teams we work with are clear on this: they would rather answer ten worried calls than miss one real emergency. Nobody on a cardiac team has ever complained about the call that turned out to be nothing. The person who “wastes” a call gets a check-up. The person who stays silent takes a risk.

The red flags — know them before you need them

These are the ones that matter, in plain words. Write them where you can both see them. The list for your specific situation always wins — ask the team for it, and add anything they mention.

Call for help if

Any of these appear: severe chest pain, pressure or tightness that does not settle with rest — especially spreading to the arm, jaw or back, or with sweating and nausea; severe breathlessness that comes on at rest; fainting, collapse, or feeling about to pass out;

sudden confusion, trouble speaking, or weakness on one side; a fever, or a wound that becomes hot, red, swollen or oozing; or rapid weight gain of several kilos over a day or two, with swelling of the legs or ankles and breathlessness. When in doubt, call — a call that turns out to be nothing is a good call.

How to overrule without a war

- Decide together, in advance: “if you show any of these, I call — you do not have to agree with me at the moment.” Agreed beforehand, it is teamwork, not betrayal.
- Keep the numbers by the phone, on paper, always.
- When in doubt, make the call and let the phone decide. You do not need certainty; the team is paid to have it.
- Expect their anger. They may be furious that you called. That is fine. Anger passes. A missed heart attack does not.

“He told me it was just indigestion for three hours. I called because the sweating and the jaw felt wrong. They found a blocked artery that evening. He has never once said I overreacted since.”

What to ask your team

- Which symptoms mean call the clinic, and which mean call emergency services?
- If they refuse to let me call, what do you want me to do?
- Is there anything about our situation that changes these signs?

Take it to your team

Go through the discharge sheet with the team and ask for the red-flag list in writing, in your language. Ask directly: “if I am unsure, do you want me to call?” The answer will almost always be yes. Keep that answer.

You are not the medical team, and you never have to guess alone. The decisions about their care belong to them and their own team — but the decision to make the call, when the signs are there, is yours. Make it. It is the most loving thing you will do.

Questions to take to my team

- ☐ Which symptoms mean call the clinic, and which mean call emergency services?

- ☐ If they refuse to let me call, what do you want me to do?

- ☐ Is there anything about our situation that changes these signs?

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.