

Red flags: when to call, and when to go straight to hospital

A short list of symptoms that mean “don’t wait for the appointment” — and the difference between a call today and an emergency visit now.

The first two weeks at home

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

Red flags are the handful of symptoms your team wants to know about immediately — they mark the difference between “this will settle with rest” and “this needs attention now”, and every cardiac patient should have this list before they need it.

Here is the honest part: most symptoms in the first two weeks are normal and boring — aches, tiredness, swelling, strange sensations. Red flags are the exceptions: new, severe, or getting worse despite rest. The simple test most people find useful: if a symptom is new, severe, or won’t settle — don’t wait for the clinic appointment to ask about it.

Call for help if

Chest pain or pressure that is new, different from your usual wound ache, or doesn’t settle with rest or your prescribed plan; fainting, or almost fainting; sudden severe breathlessness at rest; coughing up blood; sudden weakness or numbness in your face, arm or leg, or trouble speaking — signs of a stroke, where time matters; or a racing or wildly irregular heartbeat that won’t settle after a few minutes of rest. For any of these, get urgent help now — don’t wait to be sure.

Call your team today if...

- Fever with redness, heat or ooze around your wound
- Your wound opens, or bleeds through the dressing

- Rapid weight gain — a few kilos over two or three days — especially with swelling and breathlessness
- Severe constipation with bloating or vomiting that won't ease
- A feeling that something is simply wrong, even if you can't name it — that instinct is worth a phone call

Nobody gets this list wrong by calling too often. Your team would rather hear from you ten times unnecessarily than once too late — and every one of these calls is a normal part of their job, not a bother.

Make it easy to act

Before you need it, save your team's number in your phone under a name you'll find in a panic, write it on the fridge, and ask which number to call outside working hours. Decide now who will drive you in an emergency — don't drive yourself. And if you're ever truly unsure between "call" and "go", go. Being checked and sent home is a good outcome, not a wasted trip.

"The nurse told me on discharge day: call us if you're worried, that's what we're for. I called about a fever on day six, they told me to come in, and it was nothing. But I never hesitated again after that."

Take it to your team

Before you leave hospital — or at your first check-up — ask: "Which symptoms should I call about, which mean coming straight in, and which number do I use after hours?" Write the answers down and keep them where you can see them.

This list is a guide to noticing problems early, not a diagnosis. What counts as urgent for you, personally, is a decision for your own team — when in doubt, ask them.

Questions to take to my team

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

☐ What number should I use after hours?

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.