Angie is a 46-year-old divorced mother of two school-aged children. One morning she was just not feeling her usual self, but wasn't able to articulate what was wrong. Undaunted, the busy mother went about her usual morning routine of getting her children ready and driving them to school, then on to her job. At work, her symptoms worsened. Angie felt hot and sweaty, but attributed that to the peri-menopausal symptoms that were now somewhat familiar. Over the course of the day, she felt a bit nauseated and lightheaded. A couple of times, Angie thought she might pass out so she stopped her work, sat down, and laid her head on the desk until the feeling passed. Angie's coworkers noticed that she looked unusually pale and advised her to go to the doctor's office. Hard working Angie declined, saying there was too much work to be completed that day. As the sole financial provider for her family, the young woman felt she could not afford to take time off. There were too many outstanding bills and her children needed her. Angie hoped she would soon start to feel better.

Her symptoms worsened over the next three to four days. Angie could barely take a couple of steps without having to stop and catch her breath. Desperate to sleep, her bed became a recliner in the living room since she could not breathe when lying flat on her bed. Angie's legs became so swollen she couldn't wear the shoes in her closet. Concern finally forced her to seek medical attention.

Angie went to the emergency room and was admitted to the intensive care unit right away. The attending staff told her that she was suffering from congestive heart failure likely a result of recent changes in her cardiac health, what doctors call a sub-acute heart attack. The time frame of her 'event' was probably several days prior. Because of ignoring symptoms for a few days and her late presentation to the emergency room, the chances that Angie would make a full recovery following aggressive invasive cardiac treatment were low. She had a long and complicated hospital