



LIVING WITH HEART FAILURE

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HEART FAILURE QUICK REVIEW

- **Heart failure** is a set of symptoms that a person has when the heart does not pump as well as it should. There are many different causes for heart failure.

Heart Failure is a serious condition that does increase your chance of dying. Many patients however can survive for many years with good care of this condition. About 1 out of 4 patients in the hospital for heart failure ends up back in the hospital within 30 days. There are many things you can do to help. Knowing the right things to do will help you:

- feel better,
 - live longer, and
 - lower your chances of being back in the hospital.
- **Ejection fraction or EF:** The lower chamber of the left side of the heart is the left ventricle. EF is a % number that shows how hard your heart pumps out blood with each heart beat.
 - Normal EF is 55% to 75%. Your EF is _____%.
 - Some patients with heart failure have a normal EF%. Other patients with heart failure have a low EF%. Different treatments may be used for patients with low EF or normal EF forms of heart failure.
- **Heart failure causes your body to hold extra fluid** Symptoms of heart failure include:
 - shortness of breath with activity,
 - shortness of breath when lying down to sleep,
 - swelling of the abdomen, feet, legs, or hands, and
 - feeling weak or tired.
- **Make sure you know who you should call if you have significant weight gain, worsening swelling, or worsening shortness of breath.** Often medicine adjustments can be made that may keep you from going back in the hospital. Be sure to refer to the **Action Plan** on page 38 of this book to know who to call and what to do based on your symptoms .

- **Sodium is salt and sodium makes us retain fluid. Decreasing the amount of salt in your diet can help avoid fluid buildup in your body.** Choose foods and drinks with low or no sodium.
 - Read food labels to find out how much sodium is in what you eat or drink.
 - Avoid adding salt to food. 1 teaspoon of salt has 2300 mg of sodium.
 - Your daily goal for sodium (salt and foods/drinks that contain salt is _____mg.
- **Weigh every day,** on the same scale, at the same time, with the same amount of clothing. If your weight goes up, it could mean fluid build-up which can make your symptoms worse.
 - Your goal weight is _____ lbs (pounds).
 - Your dry weight is generally the weight that you feel your best and have the least amount of swelling. Your goal is to stay at your dry weight!
- **Take the heart failure medicines your doctor prescribes.** Your doctor prescribes heart failure medicines to protect your heart and to decrease fluid build-up. Your doctor may need to adjust medicine doses to help you feel your best.
 - Many heart failure patients are on a lot of different medicines. We strongly recommend that you use a pill box that has all _____ thedaysoftheweek.Fillthebox each week with your medicines. Because it is sometimes complicated, it often helps to have a family member help you put the medicines in the box each week.
 - If you need help getting your medicines, please talk with your doctor or heart failure nurse. If you think you are not able to afford your medicines, you may qualify for one of programs that can help reduce the cost of some medicines.
 - Talk with your doctor or nurse if you have questions about your medicines.
- **Be active each day.** Heart failure causes you to have shortness of breath with activity. You may not be able to do hard exercise but just walking some every day has been shown to help you feel better and live longer. Rest after periods of activity or exercise.
- **Keep appointments with your doctor and heart failure nurse.** It is important to regularly visit with your doctor and heart failure nurse to ensure you get the best possible care; this will lower your risk of going back to the hospital.

For all appointments, we ask you to bring:

 - all your medicine bottles and pill boxes that you use to organize medicines,
 - all supplements and over the counter medicine you take routinely, and
 - a daily record with your weight, blood pressure, and heart rate.
- **Report new or worsening symptoms to your doctor or heart failure nurse.**

WHAT IS HEART FAILURE?

Heart failure sounds scary! But it does not mean what it sounds like. It does not mean the heart is about to fail or stop beating.

- The heart is a pump with different chambers and valves.
- As the heart beats, it pumps blood out of the heart and around the body.
- When the heart does not pump as well as it should, a person can have heart failure symptoms.

Heart failure is not a single disease, it is a set of symptoms with many different causes. The main function of the heart is to pump blood. There are many different things that can affect the ability of the heart to pump blood around the body. Any one of these things that affects how the heart pumps can cause symptoms of heart failure.

When the heart does not pump as well as it should, the body tends to hold extra fluid. What happens to the body is a little like the plumbing in a house. If a pump does not pump well, and there is extra fluid in the pipes, the pressure in the pipes tends to back up. With the heart, the pressure backs up into the blood vessels in the lungs. When the pressure in the lung's blood vessels is high, fluid leaks into the tissue of the lungs and makes it harder to breathe. The main symptom of heart failure is shortness of breath. People find they are short of breath doing activities that used to be easy for them.

Heart failure symptoms can range from very mild to very severe.

- A person with **very mild heart failure** may say that they used to be able to walk a mile and are now short of breath at half a mile.
- A person with **a little more heart failure** may say that they become short of breath walking just a few blocks.
- A person with **more severe heart failure** may say that they become short of breath just walking to the mailbox or doing simple chores around the house.
- Finally, when a person has **very severe heart failure**, they may say that they feel short of breath even while resting.

In addition to shortness of breath with activity patients with Heart Failure may notice:

- shortness of breath when lying down to sleep;
- swelling in the abdomen, feet, legs, or hands; and
- feeling weak or tired.

Because there are many different causes of heart failure, there are also many different types of treatment depending on the type of heart failure. Talk with your doctor to make sure you understand what causes **your symptoms** of heart failure.

We often divide the different causes of heart failure into two groups:

1. Heart Failure with low EF (HFrEF): You might also here it called Systolic Heart Failure.

- The left lower chamber of the heart (left ventricle) is weakened and does not squeeze normally with each beat, causing a low EF percentage (%).
- Often in patients with low EF, the left ventricle is enlarged or dilated.

2. Heart Failure with preserved ejection fraction (HFpEF). In these patients, the heart becomes stiff and does not relax well between beats. The squeezing function of the heart is normal. You might hear this called Diastolic Heart Failure.

- The EF is normal.
- The left lower chamber of the heart and left ventricle do not relax normally, so it cannot fill with enough blood during the resting period between each beat.

WHAT CAUSES HEART FAILURE?

Heart failure has many different causes. The most common causes of heart failure are:

- high blood pressure
- heart attack
- diabetes
- narrowed or leaky heart valves
- blockage in the heart's arteries
- abnormal heart rhythm
- thyroid disease
- chemotherapy
- drug and alcohol abuse

Sometimes the cause for heart failure is unknown.

Heart failure is very common. This book will help you learn about heart failure and how to make lifestyle changes to treat heart failure symptoms. You can live with heart failure and have a full, enjoyable life.

What words might I hear when talking about heart failure?

- **Cardiomyopathy** – This word means “**disease of the heart muscle**”. There are several different kinds of cardiomyopathy listed below:
- **Ischemic cardiomyopathy** – This term means weakened heart muscle caused by blockages in the arteries in the heart. Sometimes there has been a heart attack when an artery closed off completely. Even without a heart attack, severe blockages can weaken the heart muscle.
- **Alcoholic cardiomyopathy** – This term describes a weakened heart muscle that occurs due to too much alcohol use over a long period of time.
- **Idiopathic cardiomyopathy** – This means unexplained cardiomyopathy. Sometimes the heart muscle becomes weakened without a cause that we can find. In some of these cases, the weakening of a heart muscle could be a genetic problem. You may want to talk with your doctor about whether or not family members should be checked for cardiomyopathy as well.

MEDICINES TO HELP PATIENTS WITH HEART FAILURE!

Why is medicine so important?

- **Even if you feel well, you should always take medicines exactly as your doctor prescribes.**
- **Talk to your doctor, heart failure nurse, or pharmacist when you have questions or need more information about the medicines you take.**
 - Never stop taking prescribed medicine on your own.
 - Ask what to do if you miss a dose of medicine.
 - Ask before taking over the counter or herbal medicines.
- **Medicines prescribed for heart failure have many benefits.**

Medicines:

 - help you retain less fluid,
 - help you feel better with less shortness of breath,
 - improve heart muscle function , sometimes increasing the EF percentage,
 - lower your risk of being back in the hospital, and
 - improve your chances of living longer.
- **Because medicines have all of these benefits, you should keep taking them even if you feel better!**
 - If you are feeling well, it means your heart failure is responding well to the medicines.
 - Keep taking them!
 - Find ways to remember to take your medications: use a pillbox or reminders using your phone.
- **Heart failure medicines and blood pressure**
 - Many heart failure medicines lower blood pressure but that is not the only thing they do.
 - Many of these medicines have a direct effect on the heart. Keep taking even if your blood pressure is normal.



WHAT ABOUT MEDICINE SIDE EFFECTS?

- **Know what to expect from your medicines.**
 - Some heart failure medicines lower blood pressure.
 - Blood pressure may drop when you first stand up, causing you to feel light headed or dizzy
 - Feeling mildly light headed when you first stand up is ok.
 - Learn to go slowly when changing positions. Sit on the side of the bed for a moment before you try to stand. Stand for a moment before you start to walk.
 - If feeling severely dizzy or light headed, call your doctor. It may be necessary to lower the dose or change medicines.
- **Mild Side Effects:** If you experience these, don't be alarmed, these should get better over time. Call if these side effects continue or if they become worse.
- **Serious Side Effects:** These side effects are uncommon and may mean a serious problem. Seek medical attention immediately or call 911 if you have these symptoms.
 - Allergic reactions include wheezing, sudden itching and hives, chest tightness, or swelling of lips, throat or tongue.
 - Trouble breathing
 - Chest pain

WHAT MEDICINES ARE USED FOR HEART FAILURE?

- **The most important concept about the management of low EF Heart Failure in the last 40 years is Neurohormonal Blockade. This concept means:**
 - When the heart is not pumping well, the body produces different hormones to higher than normal levels. This is the body's way of trying to make the heart pump harder.
 - Although the higher level of hormones may help at first, over time they damage the heart muscle, making it get sicker and weaker. Many of the medicines that have proven to be most beneficial in heart failure, are medicines that block the effect of these high hormone levels on the heart.
 - The three important hormones to block are:
 - **Angiotensin,**
 - **Adrenaline,** and
 - **Aldosterone.**

WHAT MEDICINES ARE USED FOR HEART FAILURE?

The most common types of medicines used to treat heart failure are:

- **Angiotensin blockers** (one of the three listed below)
 - ___ ACE Inhibitors
 - ___ ARBs
 - ___ ARNI
- **Beta blockers (they block adrenaline)**
- **Aldosterone blockers**
- **SGLT-2 Inhibitors**
- Diuretics (commonly called 'water pills')
- Ivabradine (brand name Corlanor®)
- Potassium Chloride
- Vasodilators
- sGC Stimulators
- Digoxin
- Calcium Channel Blockers

What if I miss a dose of medicine?

Take a missed dose as soon as you think of it. Never take two doses at the same time.

Angiotensin Converting Enzyme Inhibitors - ACE Inhibitors

These medicines relax arteries, which lowers blood pressure and makes it easier for a weak heart to pump. These medicines can be used to treat blood pressure but are often used when blood pressure is normal. They have a direct effect to protect the heart muscle. They improve the chances of living longer.

In those with diabetes, this medicine may prevent or slow progression of kidney disease. Sometimes ACE Inhibitors are combined with a diuretic (water pill) in the same tablet.

Benazepril (Lotensin®)
Captopril (Capoten®)
Enalapril (Vasotec®)
Fosinopril (Monopril™)

Lisinopril (Prinivil® or Zestril®)
Moexipril (Univasc®)
Quinapril (Accupril®)
Ramipril (Altace®)

Mild Side Effects:

- Dizziness or light-headedness with standing
- Dry cough
- Headache
- Change in the way food tastes

Serious Side Effects:

- **Rash**
- **Swelling of the lips, eyes, or face**
- **Severe low blood pressure, dizziness or light-headedness with standing**

Angiotensin II Receptor Blockers (ARBs)

Closely related to ACE Inhibitors. They have the same affect on heart and blood pressure and they have the same affect to improve survival. In people that develop a cough with an ACE Inhibitor, a switch to an ARB may make the cough go away.

Irbesartan (Avapro®)
Losartan (Cozaar®)
Olmesartan (Benicar®)

Valsartan (Diovan®)
Telmisartan (Micardis®)

Mild Side Effects:

- Dizziness or light-headedness with standing
- Headache

Serious Side Effects:

- **Rash**
- **Swelling of the lips, eyes, or face**
- **Severe low blood pressure, dizziness or light-headedness with standing**

Angiotensin Receptor-Neprilysin Inhibitors (ARNI)

These are similar to ACE inhibitors and ARBs. They block the same hormone (Angiotensin) and have the same affects on the heart and blood pressure. ARNIs have a survival benefit that is a little bit better than ACE inhibitors or ARBs but unfortunately they are often more expensive. If you cannot afford the insurance co-pay for this medicine, ask about an assistance program.

Sacubitril Valsartan (Entresto™)

Mild Side Effects:

- Dizziness or light-headedness with standing
- Headache
- Cough

Serious Side Effects:

- **Rash**
- **Swelling of the lips, eyes, or face**
- **Severe low blood pressure, dizziness or light-headedness with standing**
- **Swelling of the mouth and tongue**

Other Considerations: You should not take an ACE Inhibitor or ARB when taking this medicine.

Beta Blockers

They can lower blood pressure but are often used to treat heart failure even if blood pressure is normal. They can slow the heart rate (pulse). If heart rate gets too slow, we may have to lower the dose. Many patients with heart failure have high adrenaline levels. High adrenaline levels make the heart sicker. Beta Blockers block the bad effect of adrenaline on the heart. They may increase EF and do increase the chances of living longer.

Atenolol (Tenormin®)
Bisoprolol (Zebeta®)
Carvedilol (Coreg®)
Labetalol (Trandate®)

Metoprolol (Lopressor®, Toprol®)
Nadolol (Corgard®)
Nebivolol (Bystolic®)
Propranolol (Inderal®)

Mild Side Effects:

- Dizziness or light-headedness
- Slow heart rate
- Wheezing in patients with asthma or COPD

Serious Side Effects:

- **Very bad dizziness or passing out**
- **Problems sleeping**

Other Considerations: Doses are usually started low and gradually increased. If you feel a little worse after a dose increase, it may take your body time to adjust. If you feel a lot worse after a dose increase, please call your doctor. Rise slowly from a sitting or lying position. **Do not run out of this medicine.**

Calcium Channel Blockers

Used to lower high blood pressure and are sometimes beneficial in patients with heart failure and preserved EF. May also be used to slow the heart rate in patients with atrial fibrillation.

Amlodipine (Norvasc®)
Diltiazem (Cardizem®)
Felodipine (Plendil®)

Nifedipine (Procardia®)
Verapamil (Calan®, Verelan®)

Mild Side Effects:

- Dizziness or light-headedness
- Headache
- Weakness or feeling tired
- Constipation

Serious Side Effects:

- **Rash or skin reaction or itching**

Digoxin

This medicine is often used to slow the heart rate in patients with atrial fibrillation (AF) and may also help the heart squeeze a little harder in patients with low EF form of Heart Failure.

Digoxin

Mild Side Effects:

- Upset stomach or throwing up
- Loose stools or diarrhea
- Rash
- Headache

Serious Side Effects:

- **Vision changes - blurry or yellow colored vision**
- **Sudden loss of appetite, inability to eat**
- **Faster heart beats or palpitations**
- **Confusion**

Other Considerations: Take this medicine early in the morning. Take at the same time every day with or without food. Take a missed dose as soon as you think about it but **NEVER** take two doses at the same time. Your doctor may do a lab test to check the digoxin level in your blood.

Diuretics - commonly called water pills

Used to improve heart failure symptoms by getting rid of extra fluid in your body. Diuretics reduce swelling and decrease shortness of breath.

Furosemide (Lasix®)
Torsemide (Demadex®)
Bumetanide (Bumex®)

Hydrochlorothiazide (HCTZ)
Metolazone (Zaroxolyn®)

Mild Side Effects:

- Dizziness or light-headedness
- Muscle spasms or cramps

Serious Side Effects:

- **Severe muscle pain or cramps**
- **Rash or itching**
- **Very bad dizziness or passing out**

Other Considerations: You may need more than one type of diuretic. It is best to take diuretics in the morning or early afternoon to avoid frequent trips to the bathroom at night. You may need to take a potassium supplement while on a diuretic. These medicines may make your skin more sensitive to sunlight and you may sunburn more easily. Wear sunscreen or protective clothing when outdoors.

Your doctor may tell you a different dose on days your weight goes up.

Aldosterone Blockers

These medicines block the bad effect of aldosterone on the heart muscle. They usually do not lower blood pressure. They do tend to increase potassium levels. It is important to check potassium blood levels occasionally after starting these medicines.

Spironolactone (Aldactone®)

Eplerenone (Inspra®)

Mild Side Effects:

- Breast swelling or tenderness in men
- Itching or rash
- Change in periods for women

Serious Side Effects:

- **Severe rash**
- **Fainting or passing out**

Other Considerations: Take a missed dose as soon as you remember. **Never take two doses at the same time.**

Ivabradine

Some patients with low EF Heart Failure have a fast heart beat. If heart beat remains fast after using Beta Blockers, Ivabradine may be added. Persistent fast heart beat can further weaken the heart muscle

Ivabradine (Corlanor®)

Mild Side Effects:

- Rash or itching
- Changes in eyesight

Serious Side Effects:

- **Very bad dizziness or passing out**
- **Heart beat that is not normal**
- **Severe rash**

Other Considerations: Take with meals. Take a missed dose as soon as you remember. Do not take two doses of this medicine at the same time. It is not safe to become pregnant while taking this medicine. **Women who are or may become pregnant should not handle this medicine unless wearing gloves.**

Potassium chloride

Some diuretics reduce potassium levels. Low potassium levels increase the risk of dangerous heart rhythms. Potassium chloride is often prescribed to help your potassium levels stay normal.

Potassium Chloride (K-Tab®, Micro-K®, Klor-Con®, or KCl)

Mild Side Effects:

- Stomach pain
- Loose stools, diarrhea, or gas
- Upset stomach or throwing up

Serious Side Effects:

- **Very bad stomach or belly pain**

Other Considerations: Powder form of this medicine must be dissolved in 4 oz. of cold water before taking. The liquid form of this medicine should be taken with a glass of water. Some tablets may be split in half or dissolved in water. Do not chew tablets. Take a missed dose as soon as you remember.

Vasodilators

In African American patients with low EF Heart Failure we sometimes prescribe the combination of two medicines - hydralazine and isosorbide. These medicines dilate arteries and veins, making it easier for the heart to pump. The combination of these two medicines has been shown to further improve survival in African American patients.

Hydralazine (Apresoline®)
Isosorbide Dinitrate (Isordil®)

Isosorbide Mononitrate (Imdur®)

Mild Side Effects:

- Dizziness or light-headedness
- Headache
- Upset stomach
- Itching or rash

Serious Side Effects:

- **Severe dizziness, fainting, or passing out**
- **Abnormal or fast heart rate**

Other Considerations: Acetaminophen (Tylenol) may help relieve headache. Rise slowly from a sitting or lying position. If you are taking isosorbide, you should not take medicines for erectile dysfunction (Viagra family of medicines). There can be a dangerous drop in blood pressure when these two medicines are in your system at the same time.

SGLT2 Inhibitors

These medicines were originally developed to treat diabetes but were later found to be beneficial for patients with Heart Failure. They are now often prescribed for patients with heart failure who do not have diabetes. They have been shown to improve your chance of living longer and make patients less likely to be readmitted to the hospital.

They do slightly increase the chance of urinary tract infections and yeast infections in the groin areas. If you are taking these medicines, it is very important to keep the groins clean and dry.

If you develop a red rash in the groin, stop this medicine, and contact your doctor. You may resume the medicine when the infection is clear.

If you are likely to be dehydrated for any reason, such as a period of nausea, vomiting, diarrhea, or poor oral intake, stop this medicine until the situation improves.

These medicines are sometimes more expensive than other medicines. If you cannot afford the insurance co-pay for this medicine, ask about an assistance program.

empagliflozin (Jardiance®)
dapagliflozin (Farxiga®)

canaglifoxin (Invokana®)

Mild Side Effects:

Dizziness
Feeling thirsty
Nausea

Serious Side Effects (continued)

Infection in the area of your genitals

Rash (red, swollen skin, blisters, or peeling skin)

Serious Side Effects:

Infection in your urinary tract (UTI) that causes blood in the urine

Burning or pain when passing urine, feeling the need to pass urine often

Fever

Too much acid in the blood (confusion, fast breathing, fast heartbeat, or stomach pain)

Signs of low blood sugar (dizziness, headache, fatigue, feeling weak, shaking, fast heartbeat, confusion, increased hunger, or sweating)

High levels of ketones in the blood (sweet or fruity smelling breath, feeling tired, trouble thinking clearly, passing lots of urine, feeling very thirsty, drinking lots, belly pain, and feeling like throwing up)

Other Considerations: This medicine should be taken in the morning. It may be taken with or without food. Take a missed dose as soon as you think of it. Never take two doses at the same time. Rise slowly from a sitting or lying position.

sGC Stimulator

Used for some patients with heart failure to lower the chance of having to go to the hospital and to lower the chance of death.

Vericiguat (Verquvo®)

Mild Side Effects:

- Low blood pressure
- Upset stomach

Serious Side Effects:

- **Very bad dizziness or passing out**
- **Pale skin**
- **Feeling very tired or weak**

Other Considerations: Take this medicine with food. Take a missed dose as soon as you think about it. Never take two doses on the same day. Rise slowly from a sitting or lying position. **It is not safe to become pregnant while taking this medicine.**

ARE THERE OTHER TREATMENTS FOR HEART FAILURE?

Technology offers a variety of options for advanced heart failure care. Some devices can support even very sick patients with truly failing hearts. Your doctor may help determine if advanced therapy is right for you and refer you to a heart doctor that specializes in these treatment options.

Electrical devices for heart failure include:

- **Pacemakers** are used to keep the heart rate normal if the rate is too slow. This is a small device that is implanted under the skin just below the collar bone. It has one or more wires that go through veins and attach inside the heart.
- **Implantable Cardioverter Defibrillator (ICD)** Some patients with Heart Failure may die from dangerous rapid heart rhythms called ventricular tachycardia and ventricular fibrillation. The risk of this is greatest in patients with low EF form of Heart Failure. An ICD is a device like a pacemaker that can detect ventricular tachycardia and ventricular fibrillation and deliver a shock to put the heart back in normal rhythm and prevent sudden death. If EF stays 35% or less despite several months of maximum medication therapy, then placement of an ICD should be discussed.
- **Cardiac resynchronization therapy (CRT)** In some patients with Heart Failure, the electrical system of the heart is damaged so that the two sides are not squeezing at the same time. A biventricular pacemaker or defibrillator is used to pace the right

and left side of the heart at the same time. This restores the normal squeezing function of both sides of the heart.

- **CardioMEMS® Heart Failure System** - This is a small wireless device placed in a blood vessel in the lungs, using a simple catheter procedure. It measures the pressure in the lung blood vessels that goes up in Heart Failure patients. The pressure numbers are transmitted to the doctors office. By monitoring these pressure numbers, we can adjust medicine when the pressures start to go up. This strategy can prevent episodes of worsening Heart Failure leading to hospital admissions.
- **Cardiac Contractility Modulation Therapy (CCM®)** - This device is like a pacemaker. It sends electrical signals to the heart but in a way that does not change the heart rate. It effects heart muscle cells in a way that increases how strong the heart squeezes with each beat. Use of this device can improve quality of life and decrease shortness of breath in some patients with low EF.

ADVANCED TREATMENTS FOR HEART FAILURE

Advanced treatments for heart failure include:

- **Left Ventricular Assist Device (LVAD)** is an artificial pump implanted to take over the pumping action of your heart. Should the need arise, your doctor would talk with you about referring you to be considered for an LVAD implant.
- **Heart transplantation** is using a donor heart to replace a failing heart. Should the need arise, your doctor would talk with you about referring you to be considered for a heart transplant.

As technology improves, there may be other options available to treat heart failure. Treatment is a specialized field by experts in heart failure care.

ALWAYS TALK TO YOUR DOCTOR, HEART FAILURE NURSE, OR PHARMACIST BEFORE TAKING THESE MEDICINES

NSAIDs (non-steroidal anti-inflammatory drugs)

These are very common medicines used for pain, discomfort, or fever. They may be an ingredients in medicine used to treat coughs, colds, or flu. NSAIDs are available over-the-counter and by prescription. They are sold under many different names. Review this type of medicine with your doctor, heart failure nurse, or pharmacist to be sure you are not taking NSAIDs.

If you have pain or fever, **acetaminophen** (Tylenol) is preferred. For cough, cold, or flu symptoms talk with your doctor about medicine you can take safely.

NSAID medicines include:

- ibuprofen (Advil[®], Motrin[®]),
- naproxen (Aleve[®], Naprosyn[®], Anaprox[®], Naprelan[®]),
- celecoxib (Celebrex[®]),
- diclofenac (Flector[®], Cambia[®], Zipsor[®]), and
- high dose aspirin.

Aspirin

If your doctor wants you to take aspirin:

- Your doctor should provide you with dosage information and directions on how to take the aspirin.
- You should read the label on the aspirin to make sure you buy and use the correct dose.
- You should avoid using any other over-the-counter medicines that contain additional aspirin. Aspirin may be an ingredient in medicine used to treat cough, colds, flu, headache, or arthritis.

HERBAL AND VITAMIN PRODUCTS

Often called “natural” supplements, herbal and vitamin products are available over-the-counter in stores. Review these types of medicines with your doctor, heart failure nurse, or pharmacist before taking.

Some herbal and vitamin supplements to avoid:

- **St. John’s Wort** (may affect digoxin and medicines for blood pressure).
- **Aloe** (may decrease potassium and interact with digoxin and diuretics).
- **Hawthorn** (may interact with blood pressure medicines and digoxin).
- **Black cohosh** (may interact with blood pressure medicines).
- **Licorice** (may cause sodium and water retention and decrease potassium).
- **Ginseng** (may interact with blood pressure medicines, diuretics, and warfarin (Coumadin®).)
- **Ginkgo biloba** (may increase bleeding if taken with warfarin (Coumadin®).)
- **Danshen and green tea** (may effect warfarin (Coumadin®).)
- **Wolf’s bone** (may effect both heart beat and heart rate).
- **Ephedra-like products (ma-huang)** (may affect blood pressure and heart rate).
- **Tetrandrine** (may affect blood pressure).
- **Yohimbine** (may affect blood pressure).

These medicines can:

- cause your heart failure medicines not to work and
- make heart failure symptoms worse.

Over the counter medicines high in sodium:

- | | |
|------------------------|-------------------|
| ▪ Gaviscon® | ▪ Dayquil™ |
| ▪ Alka-seltzer® | ▪ Nyquil™ |

An important note:

It is very important that your healthcare team knows all the medicines you take, including those medicines you only take on occasion. Tell your doctor and/or your heart failure nurse about all prescriptions, over-the-counter medicines, and dietary supplements (including vitamins and herbals) you take regularly and those you take only when you need them. Make sure your healthcare team has a complete list of all your medicines.

WHAT CAN I DO TO HELP MYSELF?

Be aware of your weight.

Know your “dry weight”.

- Remember, your “dry weight” is what you weigh without excessive fluid build up in your body. This is your true weight first thing in the morning, after going to the bathroom, and before eating or drinking.
- Your dry weight is generally the weight that you feel your best and have the least amount of swelling. Your goal is to stay at your dry weight!
- If you lose weight that is not fluid, your dry weight (goal weight) will also be less.

Make sure you:

- Empty your bladder before weighing.
- **Let your doctor or your heart failure nurse know if you gain 3 pounds in 48 hours or less, or if you gain 5 pounds or more in one week.**

It is important to weigh every day on the same scale, at the same time of day, and with the same amount of clothing on. Make sure to empty your bladder before weighing.

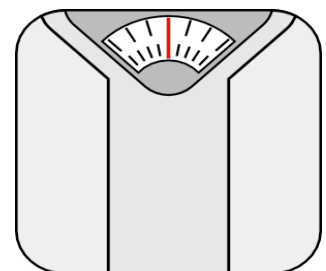
Write your daily weight down on a calendar, keep a log, or use the log included with this book. Make copies of the enclosed log to use at home or request a new log at your clinic visits.

Being Overweight is an Extra Burden to Your Heart

- Getting to a healthy body weight may help you manage symptoms of heart failure.
- It is best to lose weight slowly over a period of time.
- **Calories Count!** To lose about 1 to 2 pounds each week, decrease the amount of calories you eat and/or drink by about 500 calories a day.

Sudden Weight Loss

- Sudden weight loss of 5 pounds or more in one week may indicate another underlying problem.
- Talk with your doctor or heart failure nurse right away if you feel you are losing weight too quickly.



HEART FAILURE AND LOW SODIUM DIETS

Sodium is salt and water follows sodium.

- In patients with Heart Failure, the kidneys tend to retain sodium and water follows that sodium, causing fluid buildup. Fluid buildup causes shortness of breath (both with activity and lying down), swelling in your legs, and swelling in your abdomen.
- All patients with Heart Failure should follow a low sodium diet.
- Sodium is in your salt shaker but is also in many of the foods you buy in stores or restaurants.
- Most patients with Heart Failure can do well with moderate restriction of sodium in their diet. They do not need to count milligrams from food labels constantly if they follow these simple principles:
 - Avoid fast food and restaurant food.
 - If you do eat at a restaurant, ask for low salt.
 - Do not add salt at the table.
 - Use spices and salt substitute instead.
 - When cooking, use much less salt than the recipe calls for.
 - Avoid packaged and canned foods as much as possible. Use fresh meats, fruits, and vegetables.
- **Be aware of common foods high in sodium:**
 - ⊗ **Chinese, Italian, Mexican cuisine** including fried rice, pizza, chips, salsa, or marinated foods.
 - ⊗ **Condiments** - Soy and Teriyaki sauce; ketchup and other tomato-based products. These products are filled with sodium and could be called black and red salt with the amount of sodium in them!
 - ⊗ **Canned foods** like vegetables, soups, stew, and chili.
 - ⊗ **Packaged dry foods** like ramen noodles, macaroni and cheese, hamburger helper, soup, and dip mixes.

- **Be aware of common foods high in sodium: (continued)**

- ⊗ **Prepared frozen foods** like lasagna, fish sticks, breaded chicken, potpies, and many others. Choose those with less than 500 to 600 mg of sodium in one serving.
- ⊗ **Processed meats** like lunch meats, dried meats, bacon, sausage, hot dogs, ham, bologna, deli meats, and canned meats.
- ⊗ **Salty snacks** like chips, crackers, and salted nuts.
- ⊗ **Dairy products** like buttermilk, packaged cheeses, and cottage cheese.
- ⊗ **Canned or bottled drinks** like tomato juice, vegetable juice, V8 juice®, and sport drinks like Gatorade® and Powerade®.
- ⊗ **Foods preserved or packaged with salt or brine** like pickles, olives, sauerkraut, and jerky.

Choose fresh foods instead of processed or preserved foods.

Choose:

- fresh or frozen chicken, fish, pork, or beef,
- fresh or frozen fruits and vegetables, and
- freshly squeezed fruit or fresh vegetable juice.



Choose food and drinks low in sodium:

- Use frozen vegetables or fruits without added sauces or seasoning.
- Pick canned foods labeled “no salt added”.
- Use dried beans, peas, lentils, and rice.
- Know how much salt/sodium is in the things you drink. Bottled or canned drinks often have salt/sodium in them.

Use seasonings with no sodium in the ingredients:

- Do not add salt or seasonings with salt when cooking. Salted pork or bacon both have sodium. Liquid smoke does not have sodium.
- Read seasoning labels. Garlic salt, onion salt, celery salt and some other blended seasonings all have sodium. Mrs. Dash® does not have sodium.
- Use spices without sodium. Pepper, cayenne pepper, chili powder, garlic powder, onion powder do not have sodium.
- Use dried or fresh herbs. Oregano, basil, sage, parsley, thyme and other herbs are sodium-free and good choices for seasoning foods.
- Use fresh citrus juice or zest. Lemon and lime juice do not have sodium.
- Use vinegars as flavoring. White, apple cider, and other vinegars do not have sodium.

Choose snacks low in sodium:

- Fresh fruits and vegetables,
- Yogurt,
- Popcorn that is prepared without salt, and
- Crackers or pretzels that are labeled low sodium. ***Caution, these are not sodium-free, so eat only small portions.**

HEART FAILURE AND LOW SODIUM DIETS (continued)

Some of our patients with severe Heart Failure need a strict low sodium diet, less than 2 grams sodium per day. These are often patients with frequent hospitalizations or who are retaining fluid despite high doses of water pills. These patients may need to pay very close attention to food labels and do some simple math to keep track of how many milligrams of sodium they are taking in each day.

- **Read food labels**

Food labels tell you how much sodium is in a serving of food or drink. If your food or drink has more than one serving in a package or container, look at how much of a serving you had to figure out how much sodium was in your food. Example: If you eat two servings out of a can of green beans, and each serving has 800 mg of sodium, you have just had 1600 mg of sodium (800 mg x 2 servings).

- **Take a look at the labels below:**

Bag of Bagels

Nutrition Facts		
Serving Size 1 bagel (71g)		
Servings Per Container 5		
Amount Per Serving		
Calories	200	Calories from Fat 10
%Daily Value*		
Total Fat	1g	2 %
Saturated Fat	0g	0 %
Cholesterol	0mg	0 %
Sodium	380mg	16 %
Total Carbohydrate	38g	13 %
Dietary Fiber	2g	7 %
Sugars	2g	
Protein	7g	
Vitamin A	0%	Vitamin C 0%
Calcium	6%	Iron 15%
* Percent Daily Values are based on a 2,000 calorie diet.		

↓
↓
LOW=5% or less
HIGH=20% or more
↑
↑

Bunch of Bananas

Nutrition Facts		
Serving Size 1 banana (118g)		
Servings Per Container 6		
Amount Per Serving		
Calories	110	Calories from Fat 5
%Daily Value*		
Total Fat	0.5g	1 %
Saturated Fat	0g	0 %
Cholesterol	0mg	0 %
Sodium	0mg	0 %
Total Carbohydrate	28g	9 %
Dietary Fiber	3g	11 %
Sugars	18g	
Protein	1g	
Vitamin A	0%	Vitamin C 20%
Calcium	0%	Iron 2%
* Percent Daily Values are based on a 2,000 calorie diet.		

↓
↓
LOW=5% or less
HIGH=20% or more
↑
↑

- If you eat two bagels, you have had 760 mg of sodium (380 mg x 2 servings).
- If you eat two bananas, you have not had any sodium (there is no sodium in bananas - so zero mg x 2 servings = zero mg).

WHAT ABOUT WATER?

Most patients with Heart Failure do not need to measure or restrict their water intake. Because water follows sodium, we can limit fluid build-up by staying on a low salt diet. For most patients, it is okay to drink what you are thirsty for, as you would normally.

In a few patients with severe Heart Failure, the sodium water balance is affected. They hold on to water more than matching their sodium intake. This extra water dilutes the sodium in the body, causing a low sodium concentration in the blood. This is called hyponatremia. When patients have hyponatremia, the doctor may recommend restricting total fluid intake. If you are one of these patients, the following information may be helpful.

Consider all fluids you take in:

- water for drinking or taking medicines;
- ice cubes and ice chips(
- coffee, tea, and sodas;
- milk, cream, or liquid creamer;
- juices, both fruit and vegetable;
- soups;
- ice cream, sherbets, sorbets, and popsicles;
- gelatin (Jell-O); and
- alcoholic beverages,

Drink only when you are thirsty:

- Use a small glass or cup.
- Take medicines with your mealtime liquids.

Use this chart to help you measure the amount of fluid you have each day:

Fluid Measurements					
		1/2 fl oz =	1 tbsp =	3 tsp =	15 ml
	1/8 cup =	1 fl oz =	2 tbsp =	6 tsp =	30 ml
	1/4 cup =	2 fl oz =	4 tbsp =	12 tsp =	60 ml
	1/2 cup =	1/2 cup =	8 tbsp =	24 tsp =	120 ml
	1/4 qt =	1/4 qt =	1 cup =	8 fl oz =	240 ml
	1/2 qt =	1/2 qt =	2 cups =	16 fl oz =	480 ml
1/4 gal =	1 qt =	1 qt =	4 cups =	32 fl oz =	960 ml
1/2 gal =	2 qt =	2 qt =	8 cups =	64 fl oz =	1920 ml
1 gal =	4 qt =	4 qt =	16 cups =	128 fl oz =	3840 ml

STAY ACTIVE OR EXERCISE EVERYDAY!

Why is it important to stay active?

People with heart failure that stay active each day report they are able to do more and feel better.

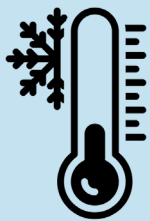
Develop a habit of being active or exercising every day. You can break it up into segments during your day, instead of all at one time.

- Begin slowly and gradually develop activities that are comfortable for you.
 - Alternate activity with rest.
 - Look for ways to conserve your energy.
 - Spread tasks throughout the day rather than doing all at once.
 - Ask others to help with heavy work.
- You should limit or avoid exertion if you have:
 - a sudden weight gain,
 - any new symptoms you are unsure of, or
 - an acute illness such as cold or flu or if accompanied by a fever

Talk to your doctor or heart failure nurse about enrolling in Cardiac Rehab:

Cardiac Rehab is a monitored exercise and education program to help you develop a safe and effective exercise routine. Registered nurses, registered dietitians, licensed counselors, and pharmacists will help you learn to live with heart failure.

WILL OUTDOOR TEMPERATURES IMPACT MY SYMPTOMS?



Created by Rahmat Hiday

Outdoor exercise guidelines for cold weather

- Exercise outdoors only if wind-chill is above 40°F
 - Cold air can trigger a reflex spasm (temporary narrowing) of the arteries that feed the heart. This can lead to chest pain or a potentially dangerous heart rhythm.
- Layer clothing for extra insulation.
 - Wear a hat, gloves and scarf if necessary.
- Wear proper footwear.
- Spend more time warming up before starting to exercise.
 - Cold air makes muscles and joints tighter. This can increase the risk of injury.



Created by Rahmat Hiday

Outdoor exercise guidelines for hot weather

- Exercise outdoors when heat index is no more than 85°F.
 - People with chronic diseases such as heart disease are more susceptible to heat illness.
- Drink water even if you do not feel thirsty.
 - Be aware of any fluid restrictions your doctor places you on.
- Exercise at the coolest times of the day.
- Wear loose-fitting, light colored clothing.
- Wear sunscreen.
- Listen to your body!
 - Signs of overheating are feeling light headed, nauseated, disoriented, and having muscle cramps.
 - If any of these occur, go indoors and cool off!
 - Seek medical help if symptoms continue or get worse.

WHEN CAN I RESUME SEXUAL ACTIVITY?

Sexual activity can be resumed once your heart failure symptoms are under control. How you tolerate exercise can help determine when you are ready. Talk with your partner about any concerns. If unsure when you should resume sexual activity, talk with your heart failure nurse or doctor.

Tips on sexual activity:

- Be well rested and relaxed:
 - Avoid if you are ill or tired.
 - Allow for plenty of time.
- Choose a comfortable position:
 - one that does not restrict breathing and
 - one that does not require prolonged support on the arms and chest.
- Never engage in sexual activity after a big meal or too much alcohol.
- Some medicines may have side effects that affect sexual function.
 - Talk with your doctor about this or about symptoms that occur.
 - **Caution:** Some medicines for impotence can cause dangerous side effects when taken with heart medicines. Be sure to talk with your doctor before taking.

WHEN CAN I RETURN TO WORK?

If your work requires a lot of physical effort, talk with your doctor about any restrictions and recommendations before you return to work. There may be ways to alter your workload or make tasks easier for you.

RESOURCES TO HELP ME QUIT SMOKING

Smoking is an addiction. It is hard to quit smoking. Most try 2 to 3 times before they quit for good. Each time you try you are more likely to succeed. Be prepared for challenges, especially in the first 2 to 3 weeks.

Resources for help to quit tobacco:

Oklahoma Tobacco Helpline

1-800-QuitNow (1-800-784-8669)
okhelpline.com

National Cancer Institute

1-877-448-7848
Smokefree.gov

American Lung Association Helpline

800-LUNGUSA (800-586-4872)

Freedom From Smoking

freedomfromsmoking.org

Centers for Disease Control and Prevention

Free QuitGuide Mobile App
Cdc.gov/tips

American Cancer Society

1-866-QUIT-4-LIFE
(866-784-8454)

US Department of Defense Quit-Tobacco

UCanQuit2.org



WHAT CAN I DO TO HELP MANAGE MY FEELINGS AND EMOTIONS?

Why is it important to manage my feelings?

Feeling sad and afraid is common after a diagnosis of heart failure. If these feelings are strong and continuing however, you may have significant depression. Depression contributes to worse outcomes, including higher risk of death in Heart Failure patients. Depression can often be treated effectively.

Besides feeling sad or afraid, people with a new diagnosis of heart failure may feel

- anxious,
- angry,
- uncertain, and
- out of control.

Learning how to improve your heart failure and manage your lifestyle can help decrease some of these negative feelings and emotions. If you continue to have negative feelings and emotions over a longer period of time talk to your doctor.

What are some common symptoms people might feel if they are depressed over a period of time?

- decreased ability to concentrate,
- loss of interest,
- feeling blue or down,
- withdrawal from family and friends,
- sleeping more than normal,
- feeling worthless,
- hopeless,
- loss of interest in sex,
- suicidal feelings, and
- thoughts of death.

Anxiety is also a common emotion when learning you have heart failure.

Anxiety lasting more than two weeks can cause many symptoms. Like depression, excessive anxiety increases adrenalin levels and can worsen outcomes in people with Heart Failure. Talk to your doctor if you have continuing symptoms such as:

- fear,
- tension,
- excessive worry,
- restlessness,
- feeling on edge, and
- feeling shaky.

It is important you talk about how you feel and the emotions you have.

- Talk to family and friends.
 - Share your feelings and emotions.
- Become an active participant in your care.
 - Get more involved with regular exercise and
 - Try some new activities.
- Find a local support group.
- Talk to your doctor or heart failure nurse to find local resources to help manage your depression and the symptoms you are struggling with.
 - Seek professional help.

Visit the **Heart Failure Society of America's** website at www.hfsa.org for additional information and video programs on managing your Heart Failure.

WHEN HELP IS NEEDED FOR HEART FAILURE CARE

Health care needs may vary as your condition changes or symptoms worsen. Options are available to get the help you need. Please talk to your doctor, your heart failure nurse, and family to help with these decisions.

- **Saint Francis Heart Failure Transitional Clinic**
- **Cardiac Rehab** offers a program of monitored exercise, education, and individual counseling for people diagnosed with heart failure.
- **Senior Care Services** offer a variety of services for home care to provide assistance with daily tasks such as fall prevention, medication and fluid reminders, light housekeeping, grooming or bathing assistance, and running errands.
- **Home Health** offers medical professional services to patients in their home. Care options include nursing visits, medical social worker visits, physical therapy, occupational therapy, speech therapy, wound care, and 24 hour on call nurses.
- **Skilled Nursing or Rehab Facilities** offer customized care from licensed nurses and assistants to help with bathing, meals, medication, pain management, and therapy for those that require additional recovery time before returning home.
- **Long Term Care Facilities** offer a range of services to care for those that need help with personal tasks of everyday life. Facilities offer independent living, assisted living, and nursing home.
- **Hospice Agencies** provide care for those with chronic illness such as heart failure, kidney disease, and lung disease. Services include doctor care, nursing care, medical equipment and supplies, as well as prescription medicine for symptom control and pain relief.

TRUSTED RESOURCES FOR MORE INFORMATION ON HEART FAILURE

Local Resources:

Saint Francis Heart Failure Program

Heart Failure Transitional Clinic

918-494-8500

Saint Francis Home Health

918-488-6888

Cardiac Rehab Heart Recovery and Healthy Lifestyle Program

918-494-6470

Saint Francis Hospital Pulmonary Rehab

918-502-4050

Saint Francis Nutrition Services

918-494-7201

Saint Francis Pharmacy, Drug Information

918-494-6339

Warren Clinic Diabetes Center

918-499-4700

National Resources:

The Patient Channel - www.thepatientchannel.com

(Hospital ID 02534). Offers videos to watch about Heart Failure

The American Heart Association

1-800-242-8721

www.americanheart.org Tulsa Chapter 918-747-8254

National Heart, Lung, and Blood Institute

301-592-8573

www.nhlbi.nih.gov

Centers for Disease Control and Prevention

www.cdc.gov

Medline Plus - U.S. National Library of Medicine

www.medlineplus.gov

Heart Failure Society of America

1-651-642-1633

www.hfsa.org

* Education materials from the Heart Failure Society of America can be found online using the QR code below:



BLOOD PRESSURE AND PULSE

Blood pressure is the force of blood pushing against the walls of the arteries as the heart pumps out blood. If this pressure rises and stays high over time, it can damage the body in many ways.

- Blood vessels can be weakened and increased risk for heart attack and stroke can occur.
- Heart valves and heart muscle can be stressed over time and lower the ability of the heart to work properly.

A diagnosis of high blood pressure is called **hypertension**.

Blood pressure numbers include systolic and diastolic readings.

- Systolic is the top number.
 - Measured when the heart contracts to pump blood into the body.
- Diastolic is the bottom number.
 - Measured when the heart is at rest between beats.
- Blood pressure is measured in millimeters of mercury and recorded as 130/80.

Pulse is the number of heart beats counted in one minute. Normal pulse range is considered 60 to 100. Medicines can affect your pulse and lower it below 60. It is helpful to be familiar with your normal pulse rate at rest. Count by feeling the pulsation close to the bend of your wrist, along the thumb line, as shown.



Your blood pressure and pulse can fluctuate minute to minute:

- going up with activity or excitement and
- going down during rest.

There may be no warning signs that your blood pressure is too high. It is important for all people to have their blood pressure checked at least yearly. People with high blood pressure or heart failure should monitor their blood pressure daily. If your blood pressure is elevated, make an appointment with your doctor to evaluate your need for treatment. If you have been diagnosed with high blood pressure (hypertension), treatment goals may vary based on other conditions you may have such as heart failure, diabetes, or kidney disease.

BLOOD PRESSURE AND PULSE MONITORING

It is important that you know how to take your blood pressure and pulse. Monitor these daily to look for signs of change. Changes could indicate worsening heart failure symptoms.

- Before checking your blood pressure and pulse, avoid:
 - drinks containing caffeine or alcohol,
 - eating,
 - smoking, or
 - exercising.
- Sit quietly for five minutes before beginning a blood pressure and pulse check.
- Check your blood pressure and pulse again a couple of hours after taking your morning medicines to look for signs of change.
- Use the provided log or a note pad to write down your results. Some blood pressure equipment stores the readings so you can review with your doctor or heart failure nurse.
- **Talk to your doctor or heart failure nurse about selecting equipment needed to monitor your blood pressure and pulse.**

**Your target
blood pressure is: _____ / _____**

If you feel you need to repeat the reading, wait 2-3 minutes, then repeat.

An example of a blood pressure reading is "120 over 80" (or 120/80).

HOW WILL I KNOW ABOUT MY FOLLOW-UP APPOINTMENTS ?

Your nurse will discuss your follow-up appointments at discharge.

- **Discharge Summary:** You will receive written instructions to take home with you at discharge. These discharge instructions include when to return to your doctor's office after discharge.
- If you have a **MyChart** account, you can view your follow-up appointments under the Visit tab in MyChart.
- **Heart Failure Transitional Clinic:** you may be referred to the Heart Failure Clinic for additional follow-up with the Heart Failure Nurse. Refer to your discharge instructions to schedule/confirm your visit.

DAILY RECORD:

Make copies and put this in a place you will use every day.

Day of Month	Today's Weight	Blood Pressure	Pulse (beats per min)	Note
1	lbs.	/		
2	lbs.	/		
3	lbs.	/		
4	lbs.	/		
5	lbs.	/		
6	lbs.	/		
7	lbs.	/		
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26	lbs.	/		
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28	lbs.	/		
29	lbs.	/		
30	lbs.	/		
31	lbs.	/		

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26	lbs.	/		
27	lbs.	/		
28	lbs.	/		
29	lbs.	/		
30	lbs.	/		
31	lbs.	/		

My Heart Failure (HF) Action Plan

NAME _____ DOCTOR _____

DATE _____ DOCTOR'S PHONE NUMBER _____

Keep a daily log of your weight, blood pressure, and heart rate

Which Zone Am I In Today?

GREEN ZONE All Clear - Try To Stay In This Zone



My Symptoms Are Under Control!

- NO shortness of breath
- NO chest discomfort, pressure, or pain
- NO weight gain of more than 2-3 lbs in two days or 5 lbs in a week
- NO swelling or increase in swelling of hands, ankles/feet, legs, face, stomach

My Action Plan:

- Weigh myself in the morning before breakfast and write it down
- Take my medicines as directed by my doctor
- Eat food low in salt and limit my fluids to as ordered.
- Check for swelling in my hands, ankles/feet, legs, face, stomach

Additional Tips

- Increase my activity level and try to exercise for 20-30 minutes a day, several days a week
- If you smoke, one of the best things you can do for your heart is to QUIT SMOKING
- Keep all follow-up visits with my doctor(s) and the Heart Failure Transitional Clinic at Saint Francis

YELLOW ZONE Caution - Know when to call your doctor's office

I Am Not Feeling So Well



Call your doctor's office if you have any of the following:

- I gained 3 lbs in two days or 5 or more lbs in a week.
- I have new or increased shortness of breath
- I notice more swelling in my hands, ankles/feet, legs, face, stomach
- I have a dry, hacking cough

- I have dizziness
- I feel really tired or uneasy; I know something is not quite right
- It is hard for me to breathe when I lay down

My Action Plan:

- I need to call my doctor's office TODAY at _____

RED ZONE Medical Emergency - Seek Help Now!!

I Need Urgent Medical Care

I will call 911 or have someone take me to the nearest emergency room if:

- I am struggling to breathe or short of breath when sitting still
- I have to sleep sitting up to breathe better
- I have chest pain



- I am having confusion or I cannot think clearly
- I almost passed out, fainted, or fallen

My Action Plan:

- **Call 911 or have someone take me to the nearest emergency room!**

BEFORE I LEAVE THE HOSPITAL, I NEED TO KNOW

Topic	Page Number	Topic Requires More Learning	Date of Successful Teach back	<u>RN</u> Initials When Complete
Weight Monitoring	p. 19			
Blood Pressure and Heart Rate Monitoring	p. 34-35			
Heart Failure Nutrition Information	p. 20-23			
Heart Failure Medicines	p. 7-15			
Signs and Symptoms of Worsening Heart Failure (Zones & Action Plans)	p. 38			
Follow-up Appointments	P. 35			

The greatest risk for additional hospital stays within 30 days of leaving the hospital are due to patients and caregivers not understanding these six points:

- Weight Monitoring
- Blood Pressure and Heart Rate Monitoring
- Heart Failure Diet
- My Prescribed Heart Failure Medicines
- Signs and Symptoms of Worsening Heart Failure
- Follow-up Appointments

Please let your nurse or doctor know if you have any questions.

Place your **My Heart Failure Action Plan** where you can see it daily when you get home.

Mission

To extend the presence and healing ministry of Christ in all we do

Vision

Lighting the way to a healthier tomorrow

Values

Excellence

Promoting high standards of service and performance

Dignity

Respecting each person as an inherently valuable member of the human community and as a unique expression of life

Justice

Advocating for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons

Integrity

Encouraging honesty, consistency and predictability in all relationships

Stewardship

Ensuring prudent use of talents and resources in a collaborative manner



This information is not meant to replace the advice of your Healthcare Professional.
Be sure to ask questions and discuss your medical condition or any medical treatments with your doctor.