

# My Action Plan for Heart Failure

Name \_\_\_\_\_ Date \_\_\_\_\_

Please bring this plan and a list of your medicines to each health provider or emergency room visit.

## Things I will do each day

- Weigh myself in the morning after I use the bathroom and before I eat or drink. Wear the same amount of clothes.
- Write down my weight and compare it to yesterday.
- Check for swelling in my hands, legs, ankles, feet and stomach.
- Be active and walk. Get up and do things.
- Take my medicine the way my health provider and I discussed, even when I feel good.
- Go to all of my health appointments.
- Eat heart healthy foods, low in sodium (salt), and not add salt to my food.
- Do not smoke and stay away from smoky places.

## I feel normal for me

- My weight did not go up 3 or more pounds since yesterday or 5 or more pounds in a week.
- I have the same or no swelling in my hands, legs, ankles, feet, or stomach.
- My breathing is normal for me.
- I do my normal things.
- My eating and sleeping are normal for me.
- My thoughts are clear.

## CAUTION – I need to take action

### I FEEL WORSE OR DIFFERENT → ACTION

- **My weight is up 3 or more pounds since yesterday or 5 or more pounds in a week.**
- I have new or worsening swelling in my hands, legs, ankles, feet, or stomach.
- My breathing is worse for me.
- I have trouble breathing when lying down.
- I have a cough that is getting worse.
- I have trouble eating or sleeping.
- I feel more tired or dizzy.
- I feel uneasy or as if something is wrong.

#### 1. Call my health care team:

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**2.** Then I will check to make sure I took all of my medicines.

**3.** Rest and do things that help me breathe.

**4.** Sit up and raise my feet.

## DANGER – I will take action immediately

### I FEEL MUCH WORSE → ACTION – I will CALL 911

- I feel like I cannot breathe.
- I have problems breathing when I rest.
- I have new or worsening chest pain.
- I feel very sleepy or I cannot think clearly.

**I will get help right away.**

**I WILL NOT** drive myself.

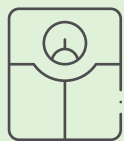


UnityPoint Health

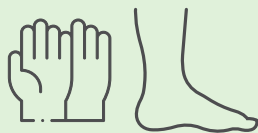


# My Action Plan for Heart Failure

## I feel normal for me



Weight did not go up 3 or more lbs since yesterday or 5 or more lbs in a week



No new swelling; hands, legs, ankles, feet, and stomach look normal to me



Physical activity level is normal for me



No new or worsening shortness of breath or chest pain



My eating and sleeping is normal for me

**GREAT!  
CONTINUE:**



Daily weight check



Meds as directed

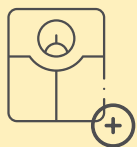


Heart healthy diet



Follow-up visits

## CAUTION – I need to take Action



Sudden weight gain of 3 or more lbs since yesterday or 5 or more lbs in a week



New or worsening swelling of hands, legs, ankles, feet, or stomach



My breathing is worse for me



Cough that is getting worse



Trouble eating, sleeping or lying flat.



I feel more tired or dizzy

**CHECK IN!**



Call my health care team if I have any of the above symptoms.



Check to make sure I took all of my medicines.

Call my health care team: \_\_\_\_\_

Name

Phone

## DANGER – I will take action immediately



I feel like I cannot breathe.



New or worsening chest pain



Shortness of breath at rest



I have no appetite



I feel very sleepy or dizzy. I cannot think clearly



**WARNING! Call 911.**

You NEED to be evaluated right away. Do not drive yourself!



UnityPoint Health