

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

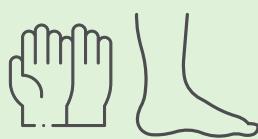
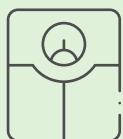
- I feel like I cannot breathe.
- I have problems breathing when I rest.
- I have new or worsening chest pain.
- I feel very sleepy or I cannot think clearly.

I will get help right away.

I WILL NOT drive myself.

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

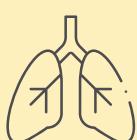
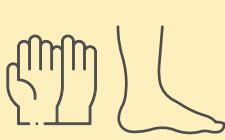
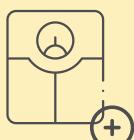


Heart healthy diet



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