

HEART FAILURE ZONES

| | |
|--------------------|--|
| EVERY DAY | <p>EVERY DAY:</p> <ul style="list-style-type: none">▪ Weigh yourself in the morning before breakfast, write it down and compare it to yesterday's weight▪ Take your medicine as prescribed▪ Check for swelling in your feet, ankles, legs and stomach▪ Eat low salt food▪ Balance activity and rest periods <p>Which Heart Failure Zone are you today? GREEN, YELLOW or RED?</p> |
| GREEN ZONE | <p>ALL CLEAR - this is your goal. Your symptoms are under control. You have:</p> <ul style="list-style-type: none">▪ No shortness of breath▪ No weight gain more than 2 pounds (it may change 1-2 pounds some days)▪ No swelling in your feet, ankles, legs or stomach▪ No chest pain |
| YELLOW ZONE | <p>CAUTION - this zone is a warning. Doctor _____ Office # _____</p> <p>Call your doctor's office if:</p> <ul style="list-style-type: none">▪ You have a weight gain of 3 pounds in one day or a weight gain of 5 pounds or more in one week▪ More shortness of breath▪ More swelling of your feet, ankles, legs or stomach▪ Feeling more tired, no energy▪ Dry, hacky cough▪ Dizziness▪ Feeling uneasy, you know something is not right▪ It is harder for you to breathe when lying down. You need to sleep sitting up in a chair |
| RED ZONE | <p>EMERGENCY <i>Go to the Emergency Room or call 911 if you have any of the following:</i></p> <ul style="list-style-type: none">▪ Struggling to breathe. Unrelieved shortness of breath while sitting still.▪ Have chest pain▪ Have confusion or can't think clearly |



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BAY REGION

www.mclaren.org/bayregion

Daily Weight Record

Weigh every day at the same time, on the same scale, with the same amount of clothes on. Take this record to your next appointment.

My weight is ____ lbs.

| Week | Date | Today's weight | Time of day | Check AM - PM | | Comments/Diuretic I took |
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MEDICATION LIST

| Information about you | |
|-----------------------|-------|
| Name | |
| Address | |
| | |
| Pharmacy | Phone |
| Physician | Phone |
| Emergency Contact | Phone |

| Name | Dosage | Time to Take Medications | | | | | Purpose |
|------|--------|--------------------------|------|--------|---------|-------|---------|
| | | Breakfast | Noon | Dinner | Bedtime | Other | |
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Always refer to physician and pharmacist input and the detailed drug sheets provided with each medication for a complete list of potential side effects/danger signs/interactions. Whenever you see a doctor, including your primary care physician and any specialists, review and update this medication list. After any hospitalization, check with your doctor to review this medication list.

OVER-THE-COUNTER MEDICATION LIST

| | |
|-----------------------|-------|
| Information about you | |
| Name | |
| Address | |
| | |
| Pharmacy | Phone |
| Physician | Phone |
| Emergency Contact | Phone |

| Name | Dosage | Time to Take Medications | | | | | Purpose |
|------|--------|--------------------------|------|--------|---------|-------|---------|
| | | Breakfast | Noon | Dinner | Bedtime | Other | |
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A word about heart failure

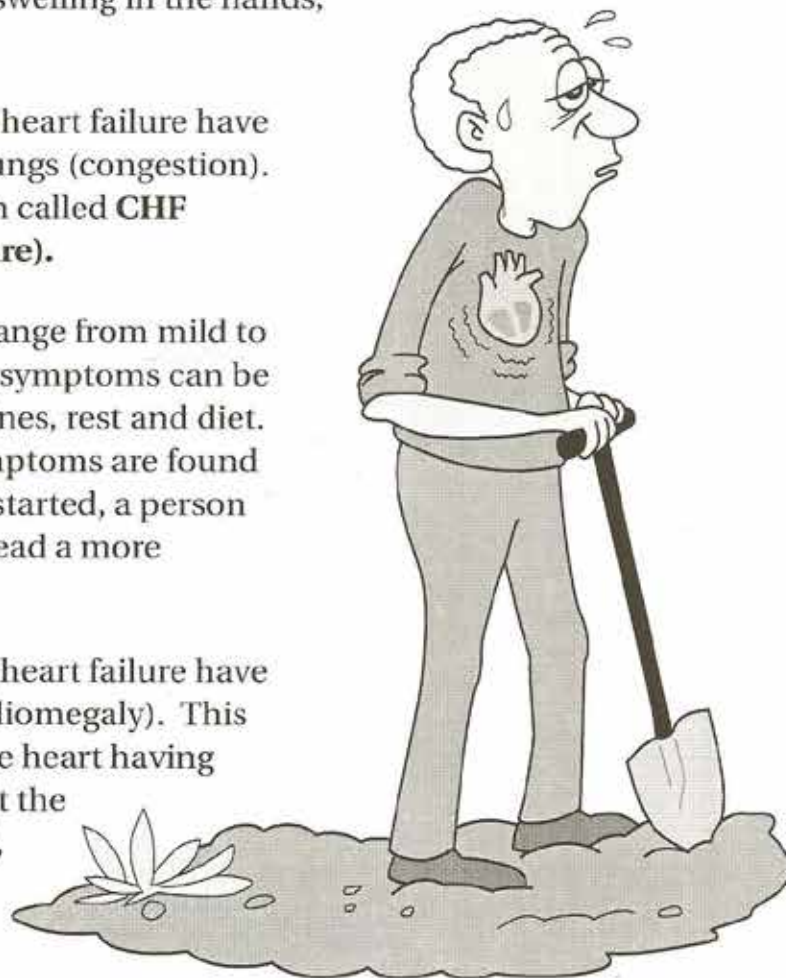
A healthy heart can pump blood to all parts of the body in a few seconds. When the heart can no longer do this, blood that should be pumped out of the heart backs up in the lungs and other parts of the body. When this happens, a person has symptoms of heart failure—shortness of breath or swelling in the hands, legs and feet.

Many people with heart failure have fluid buildup in their lungs (congestion). So, heart failure is often called **CHF (congestive heart failure)**.

Heart failure can range from mild to severe. Most often the symptoms can be controlled with medicines, rest and diet. When heart failure symptoms are found early and treatment is started, a person with heart failure can lead a more normal life.

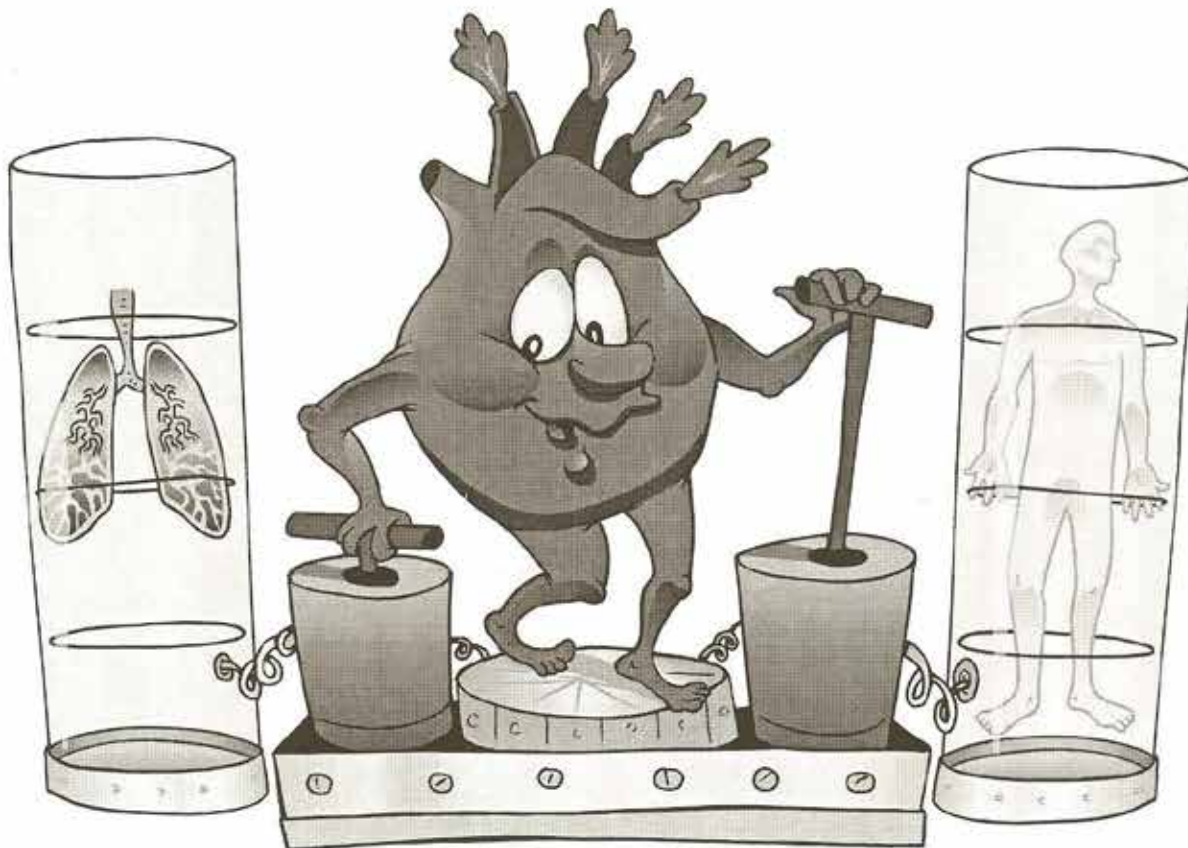
Many people with heart failure have an enlarged heart (cardiomegaly). This comes from years of the heart having to struggle to pump out the blood. With treatment, an enlarged heart can improve its pumping action.

For most, treatment includes daily medicines, rest, reducing stress, eating less salt and, often, limiting fluids.



a word about heart failure

When the heart is pumping as it should, blood returns from the veins to the right upper chamber (atrium). From there, it goes to the right lower chamber (ventricle) and is pumped to the lungs. The blood then returns from the lungs to the left upper chamber (atrium), and then to the lower left chamber (ventricle) and is pumped out through the main artery (aorta) to the body.

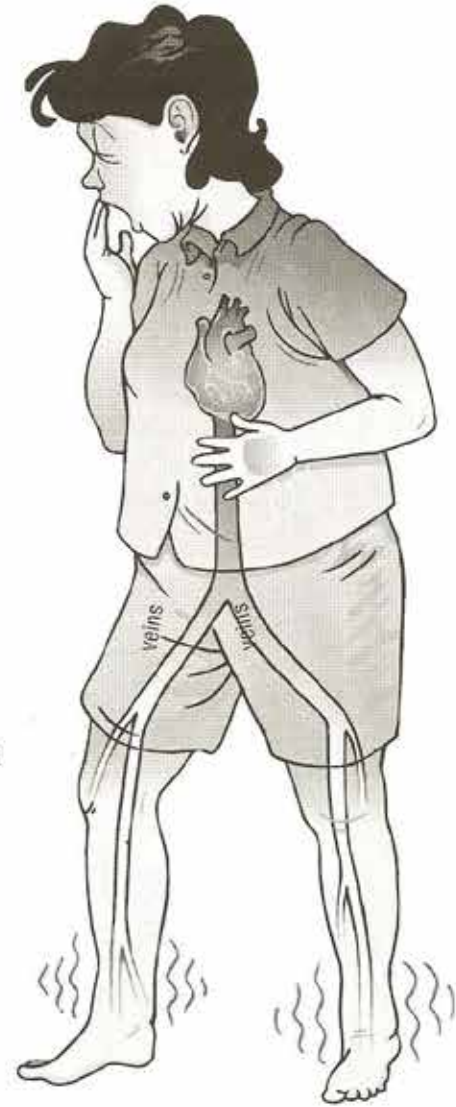


Right heart weakness

When the right lower chamber starts to have a pumping problem, blood backs up first in the veins. You may not notice it for awhile since veins can expand to hold extra blood. Some days or weeks later you may notice **swelling** in your legs and ankles. You may also notice **soreness or swelling** over the liver or in the upper right of your abdomen (belly). Other symptoms can be **fatigue** or **loss of appetite**.

How to check for swelling

Press your thumb into the top of your foot and quickly remove it. Count how many seconds go by before your skin smooths back up. If the imprint of your thumb stays for more than 3 seconds, this means you are holding fluid. Check your weight, and call your nurse.



right heart weakness

How to relieve swelling

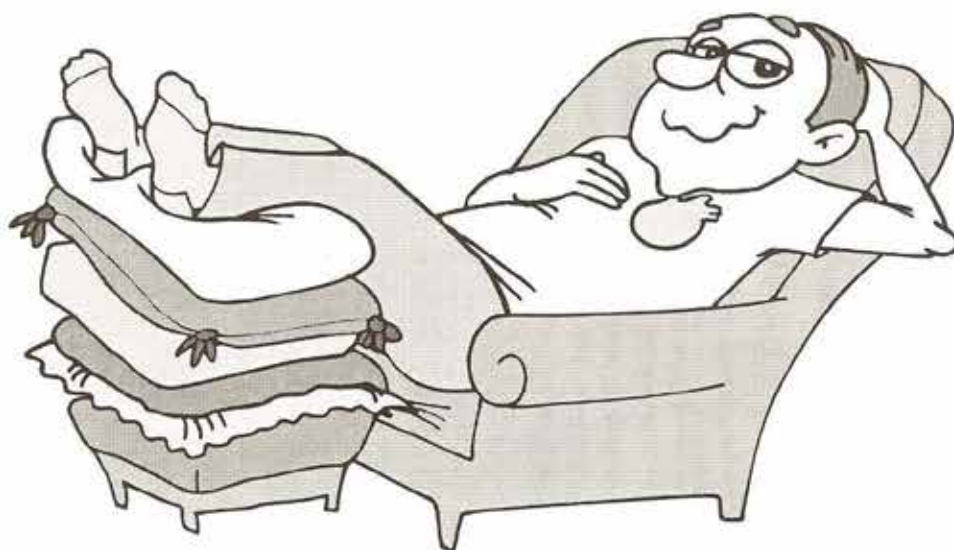
If you have swelling in your feet and legs:

- sit with your legs raised, so your feet are above the level of your heart
- don't stand for long periods
- ask your doctor or nurse if support stockings might be right for you ▲

Don't cross your legs when sitting. This puts pressure on the areas behind your knees and decreases blood flow in your legs.

CAUTION

Be careful not to rub or bump swollen feet or legs. This skin and tissue will damage easily.



Left heart failure

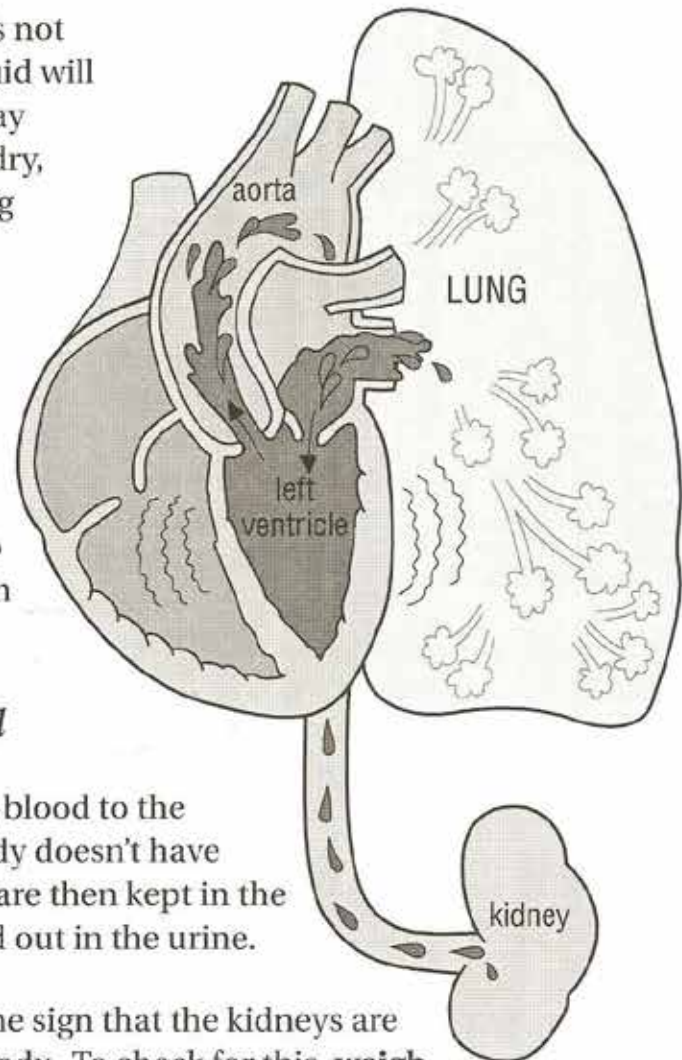
When the left lower chamber is not pumping as it should, some fluid will back up into the lungs. You may notice: shortness of breath, a dry, hacking cough, spells of waking up breathless at night or not being able to sleep unless propped up on pillows.

You may also notice that **your body holds fluid**. There is extra strain for the heart because now it must also pump the extra fluid along with the usual amount of blood.

Why your body holds fluid

When the heart sends less blood to the kidneys, they react as if the body doesn't have enough blood. Water and salt are then kept in the blood rather than being passed out in the urine.

A sudden weight gain is one sign that the kidneys are holding salt and water in the body. To check for this, **weigh each day** (on the same scale) at the same time (most often first thing in the morning). **Record your weight**. You may be given diuretics ("water pills") to help you get rid of the extra salt and water.



How you may feel

As heart failure develops, you may notice some or all of these:

- **sudden weight gain**
(3 to 4 lbs or more in 1 to 2 days or 2 lbs overnight)
- **swelling of the lower limbs** (legs or ankles)
- **swelling or pain in the belly**
- **trouble sleeping**, unless propped up on 2 or more pillows (could be from problems other than heart failure)
- **shortness of breath** (may be all of the time, with exertion or only when waking up breathless at night)
- **frequent, dry, hacking cough** (most often when lying down)
- **loss of appetite**

Getting very tired from hardly any effort can also be a symptom of heart failure.



Infections

Avoiding infections and staying healthy can keep your heart failure symptoms from getting worse. When you have a fever and your temperature goes up, your body metabolism increases. This causes your heart rate to go up.



Eat right and get plenty of rest to avoid getting sick. Ask your doctor or nurse if you need to increase your fluid intake, if you have a fever.

If you have flu-like symptoms, tell your doctor or nurse. He or she will most likely have you check your weight and will prescribe medicine.

Try not to be around people who have a cold or the flu, and ask your doctor or nurse if you can have an annual flu shot and a pneumonia shot every 6 to 10 years.



Medicines

For your medicines to work best, you must take them just as prescribed. Talk with your nurse or the pharmacist to learn these things about your medicine:

- the name(s) of your medicine(s)
- how to prepare them
- how and when to take (with food?)
- side effects to watch for and what to do if they occur
- what to do if you miss a dose
- how one medicine interacts with any others you are taking
- how certain foods affect your medicine(s)
Some foods may have a bad effect on your medicines. Talk with your doctor or nurse about your medicines and which foods or drinks you should avoid. Write them here:

Herbal supplements can interact with heart failure medicines. Ask your doctor or nurse before taking any herbal medicines.

NOTE:

A pill box may help to organize your medicines each week.



| Medicine | Foods/drinks to avoid |
|----------|-----------------------|
| | |
| | |
| | |
| | |
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| | |

medicines



Fill in your medicine chart, and post where it is easy for you to see.

(Ask your nurse for this.▲)

If you feel worse than usual and find your blood pressure is lower than normal, tell your doctor or nurse. Your medicine may need to be changed.

CAUTION

Do not quit taking your medicine—even if you feel better.



Taking your pulse

While you are taking some heart medicines, you need to check your pulse rate. Ask your nurse for information on how to take your pulse and how often.■

Tell your doctor or nurse if your pulse:

- is less than 50
- is greater than 120
- skips around (not regular)

ACE Inhibitors and other Vasodilators

Vasodilators are drugs that help your blood vessels relax. This allows more blood to flow out to all parts of your body. The most effective and most often used class of vasodilators is called **ACE Inhibitors**. Most likely, this is the first drug you are given to treat your heart failure.

ACE stands for Angiotensin-Converting Enzyme. Angiotensin is an enzyme (substance) your body makes that raises your blood pressure, tightens your blood vessels and makes your body hold fluid (salt and water). ACE inhibitors block the production of this enzyme. This helps your blood vessels relax and puts less strain on your heart.

Because these drugs lower your blood pressure, this can also be an adverse side effect if it goes too low. If you feel weak or dizzy when you start taking this drug, be sure to tell your nurse or doctor. The dosage may need to be changed. You can also help by making minor changes, like getting up very slowly (go from lying to sitting to standing).

A common side effect of ACE inhibitors is a cough that won't go away. They may also cause a build-up of too much potassium. Your nurse or doctor will monitor these side effects while you are on this drug.

Non-steroidal anti-inflammatory drugs like Advil[®], ibuprofen or naproxen can reduce the effect of ACE inhibitors. **Do not take any over-the-counter drugs without checking with your doctor first.**

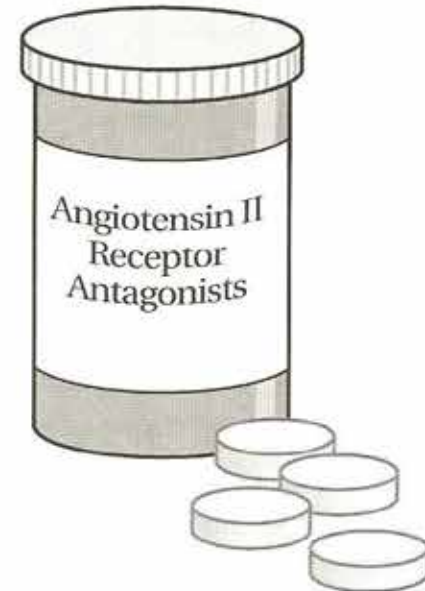


ACE inhibitors and other vasodilators

Another class of vasodilators is **Angiotensin II Receptor Antagonists**. This type of drug may be used if you can't take an ACE inhibitor due to side effects. These drugs may also be used with an ACE inhibitor to lower your blood pressure and relax your blood vessels more.

The other classes of vasodilators are **hydralazine** and **nitrates**. These two vasodilators are most commonly used together when you cannot take an ACE inhibitor.

Vasodilators improve symptoms and help keep your heart failure from getting worse. However, they improve heart failure over time, as in months or years – not quickly. They have proven to be very useful in improving mild to moderate heart failure. **No matter how well you feel, don't stop taking your medicine without your doctor's advice.**



The vasodilator I take is: _____

Dose: _____

How often: _____

Beta-Blockers

Beta-blockers affect the number of times your heart beats and the force of your heartbeat. These drugs block the effects of hormones, such as norepinephrine (adrenaline), that are often elevated when you have heart failure. This hormone causes your heart to beat more often and harder—like when you're scared and your heart is beating so hard and fast you can feel it.



Using beta-blockers helps your blood vessels relax and slows down the force of your heartbeat. Using them seems to slow down the progress of heart failure and may repair some of the damage to the heart that occurs with heart failure, as well.

You may notice side effects like dizziness, a slower heartbeat and your body holding fluid. Your dosage may have to be changed, if your symptoms worsen in the first few months. As a rule, however, these side effects often stop and will not prevent you from taking a beta-blocker. Your doctor or nurse will most likely check you every 2 to 4 weeks to see if you have any side effects or if your symptoms get better or worse.

Beta-blockers have proven to be very useful in improving mild to moderate heart failure. You may have to take a beta-blocker over time (months or years) to notice the improvement in your heart failure.

Digoxin

Digoxin (Lanoxin®) is the most commonly used form of digitalis. It strengthens the pumping action of the heart (the strength of each contraction). Most people take this drug even after they feel well and have gone back to normal activities. This keeps the heart working at its best.

Sometimes digoxin builds up in the body. This can cause one or more of these:

- loss of appetite, distaste for food or bad taste in the mouth
- nausea or vomiting
- skipped heartbeats, palpitations or rapid beating
(Ask your nurse how to check your pulse. ▲)
- slow pulse rate
- seeing blues or yellows in vision



If any of these occur, tell your doctor or nurse, so that a change in your dosage can be made. These symptoms do not mean that you are allergic to the drug.

Digoxin is often used to treat irregular heart rhythms. But, too much digoxin can cause heart rhythm problems. So, be sure to take it only as your doctor orders.

The digoxin (Lanoxin®) dose I take is:

How often: _____

Coumadin®

Coumadin (warfarin) is an **anticoagulant**, or “**blood thinner.**” It makes your blood take longer to make prothrombin, one of the things that makes blood clot.

Your doctor will decide how much Coumadin you need to take based on a blood test called a “PT” (prothrombin time). He or she may change your Coumadin dose after your blood test, if your blood takes too long to make prothrombin.

A number of things may affect your blood test results:

- other medicines
(Ask your pharmacist before taking any new medicines or supplements.)
- sickness
(flu, diarrhea, etc.)
- diet high in dark green vegetables



Your doctor may want to check your PT regularly.

Call your nurse or doctor if you have:

- different color urine or black stool
- unusual bruising
(black and blue marks on your skin)
- a headache after a big fall or hitting your head hard
- new pain or swelling in your joints
- fever or flu-like sickness
- more blood than usual when you brush your teeth or get a cut

Always wear identification (ID).

If you have an accident or pass out, an ID bracelet or necklace tells others that you are on a blood thinner. Ask your nurse how you can get an ID bracelet or necklace.



coumadin

Give the patient Coumadin at the same time every evening. This is so you can change the dose, if needed, on the days he has a blood test.

While he is on Coumadin, don't give him aspirin or over-the-counter anti-inflammatory medicines unless his doctor has ordered it. Some doctors may order a specific dose of aspirin to be taken with Coumadin. Ask the doctor what he can take for minor aches or pains.



Check with your doctor or nurse before taking any over-the-counter drugs or herbal supplements.

Foods and Coumadin

Foods with vitamin K help your blood make prothrombin and **work against** Coumadin. Ask the nurse or dietitian to plan your diet so that you do not eat too much of foods high in vitamin K. Being consistent with the amount of Vitamin K you eat each day is what is important.

Some foods* high in vitamin K are:

| Serving size (1 cup) | Vitamin K per serving (in mcg) |
|----------------------------------|--------------------------------|
| Collards, frozen, boiled | 1059 |
| Spinach, frozen, boiled | 1027 |
| Turnip greens, frozen, boiled | 851 |
| Brussels sprouts, frozen, boiled | 299 |
| Onions, raw | 207 |
| Broccoli, frozen, boiled | 183 |
| Egg noodles | 161 |
| Sauerkraut, canned | 135 |

| The Average Daily Values for Vitamin K (in micrograms) are: | |
|---|--------|
| Men | 80 mcg |
| Women | 65 mcg |

*Adapted from USDA National Nutrient Database, Release 17. The complete list is available at www.nal.usda.gov.

Ask the nurse or dietitian about other foods that are high in vitamin K.

Diuretics

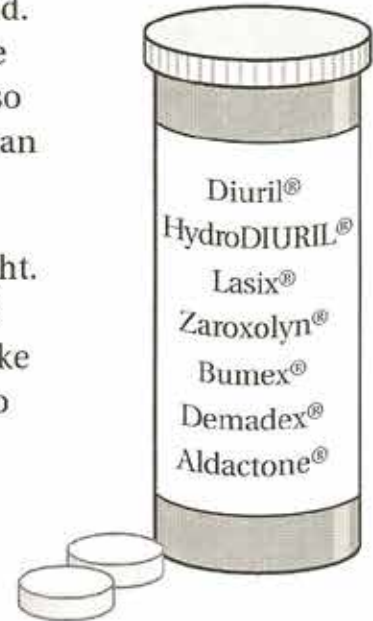
With heart failure, your body tends to hold onto fluid. A **diuretic** (“water pill”) can help your kidneys make more urine and get rid of this excess fluid. It can also decrease the amount of fluid in your lungs, so you can breathe better.

You may notice that you pass more urine at night. When you are lying down, more blood can go to the kidneys. This lets the kidneys make more urine. Take your diuretic in the morning, to keep from having to get up at night. If you take a diuretic twice a day, take the second dose in the late afternoon, instead of in the evening.

If you have dizziness, severe weakness, severe leg cramps or other symptoms, your doctor may need to change your medicine. Ask about a potassium supplement, or eat more foods with potassium, like white potatoes and bananas.

One diuretic, called spironolactone (Aldactone®), **saves** potassium as it gets rid of excess fluids. If you are taking spironolactone along with your regular diuretic, you may **not** need extra potassium. Ask your doctor or nurse about this.

Ask your nurse for a chart▲ to keep track of your weight and the amount of diuretic you take.



The diuretic I take: _____

Dose: _____

How often: _____

Potassium

Potassium is a substance your body must have. It helps control heart rhythm. Since most diuretics cause you to lose potassium as you pass more urine, extra potassium (a potassium supplement) is often needed. (Leg cramps are common when your potassium gets too low.)

Some people can get enough potassium in the pill form. But, others need the more concentrated powder or liquid. You must mix it in 3 to 4 ounces of fruit juice or water to avoid stomach upset. Don't let the salty, bitter taste of potassium keep you from taking it.

Kidney function can change over time when you have heart failure. This may cause you to need less potassium. So, your doctor may do blood tests to check your kidney function. And, some people with heart failure do not need any extra potassium and are told to avoid salt substitutes (often high in potassium).

A few people may need only a slight increase in foods rich in potassium to get good replacement. The foods listed on the next page are high in potassium and low in sodium.



High potassium foods

| | |
|---|--|
| dried fruits | raisins, prunes, apricots, dates |
| fresh fruits | bananas, strawberries, watermelon, cantaloupe, oranges |
| fresh vegetables | avocados, white potatoes, beets, greens, spinach, peas, tomatoes, mushrooms |
| dried vegetables | beans, peas |
| fresh meats | turkey, fish, beef |
| fresh juices | orange, grapefruit |
| canned juices | grapefruit, prune, apricot |
| salt substitutes (some have a lot of potassium) | <p><i>Note:</i> Some canned juices, like tomato and V-8®, contain salt. Read all labels for salt, sodium or sodium compounds (or NaCl, as salt is often written).</p> <p><i>Note:</i> Check with your doctor before using salt substitutes. In some people, too much potassium can be dangerous.</p> |



In most cases where diuretics are used, food alone can't give the amount of potassium needed. Do what your doctor or nurse tells you to keep your potassium levels normal.

Oxygen

Treat oxygen just like any other medicine you take. Don't change the amount, unless your doctor or nurse tells you to. Have your nurse or doctor fill in this chart. This will tell you what your liter flow should be when you rest, exercise and sleep.

The company that provides your oxygen equipment should fully explain its use and care. When your supply arrives, be sure to find out how to reorder. Plan, so that you do not run out in the middle of the night or over a weekend or holiday.

To use oxygen safely, do these:

- Store oxygen away from heat, direct sunlight or a pilot light.
- If using cylinders, secure them so that they cannot tip over.
- **No smoking** in the room where oxygen is used or stored.
- **Do not** increase liter flow without asking your doctor or nurse.
- **Do not** use oxygen near an open flame (such as a gas stove or fireplace).
- You can use electric appliances. But, be careful when using things that might spark (like an electric razor).
- Do not use any petroleum-based products (such as Vaseline[®], certain creams, etc.).

**Oxygen Company
Phone number:**

Liter flow at rest:

Liter flow with
exercise:

Liter flow asleep:

Hours and/or
time of day to use:



Ask your nurse about
other safety tips while
using oxygen. ▲

Traveling with oxygen

Don't think that being on oxygen means you have to stay home all the time. You can arrange to have oxygen when you travel, whether you go around the corner or around the world!

Short trips

Your home care agency or respiratory therapist can set you up for outings of up to 8 or 10 hours. The amount of time depends on tank size and on whether you use liquid or gas oxygen. If you use liquid, it can go in a pack that you carry on your shoulder. Travel oxygen in gas form comes in a small tank ("E" cylinder) that rolls on wheels or in a smaller tank that can be carried.



Longer trips

Ask your oxygen company or home care agency to arrange for your oxygen with a company in the town you plan to visit, or you may make the arrangements yourself.

Travel by air

For an extra fee, you can arrange through the airline to have oxygen while flying. The airline provides the oxygen because traveling with any type of tank filled with oxygen is unsafe. Just tell the airline your liter flow rate, and they will do the rest. If you have a liquid oxygen system, you may want to take your tank with you to use once you arrive. To do this, just drain the tank dry, and leave the valve on the top cracked open a little bit. To make plans, **talk to the airline in advance.**

traveling with oxygen

Tips for setting up oxygen for a trip

- Know your flow rate.
- If you use a liquid oxygen system, know its brand name. Make sure the company you will be using while you travel has the right size adapter to fill your tank.
- Because oxygen is a drug, always take a written prescription with you when you travel.
- Your oxygen supplier can help you with your travel arrangements.

For ANY trip, be sure you know:

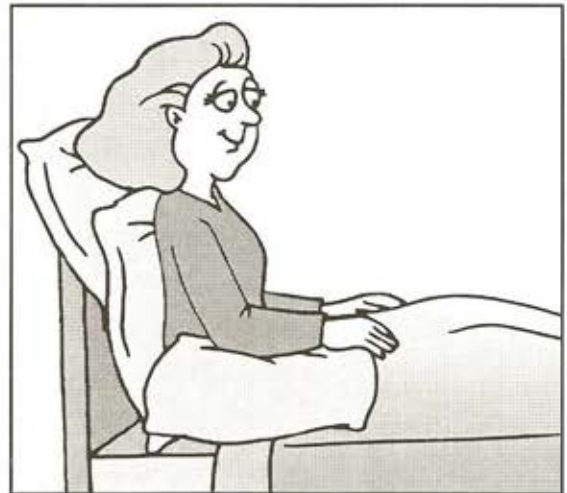
- how to change tanks when one is empty
- how to measure the amount of oxygen left in your tank
- how to refill your tank (if you have a liquid oxygen system)
- all of the safety measures for oxygen use



Comfort measures for better breathing

When you have trouble breathing, it is important to stay as comfortable as you can. This will help you breathe better and get more oxygen. With more oxygen, all the cells of your body work better and you will “feel better all over.” To increase comfort and improve breathing, do these:

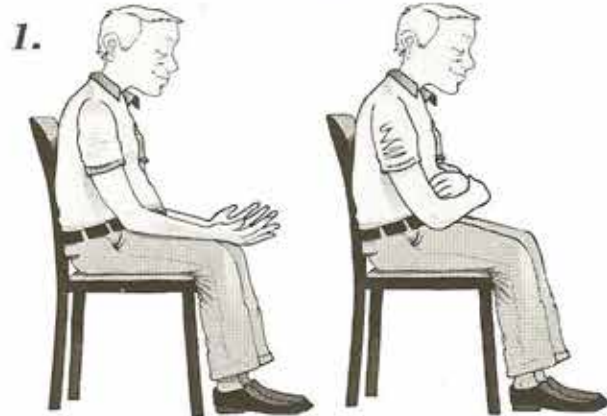
- Keep items you use often close at hand to avoid straining to reach them.
- When sitting or lying down, make sure all parts of your body are supported so you can fully relax.
- Sit upright or propped up on pillows. (This lets your lungs fully expand and take in more air.)
- Prop your arms up on pillows, to let your lungs expand even more.
- Prop head of bed up with blocks or books, or sit in a recliner. (This keeps fluid at base of lungs so you can breathe easier.)
- Avoid having room temperature too warm. (It is easier to breathe if air is cooler.)
- Do the things that help you relax. (Take a warm bath, listen to soothing music, etc.)



Ask your nurse or therapist about other comfort measures and write them here:

When you can't breathe

Many things can trigger shortness of breath. A short walk, getting out of the car or taking a bath can make breathing hard. **When you are short of breath, do not panic.** Choose one of the **breathing positions** below.



Sit with your feet on the floor and your back against the back of a chair. Roll your head forward, relax your shoulders and keep your knees rolled outward. Rest your arms and hands on your thighs, with your palms facing up **or** rest your hands on your stomach. (Do not lean on your hands.)



Stand with your back against a hard surface, such as a wall or pole. Stand with your feet slightly apart (away from the wall) and relax your head and shoulders.

3.



Pull a chair close to a table. **Sit** in the chair with your feet on the floor. Place your elbows and forearms on the table and bend your head slightly forward.

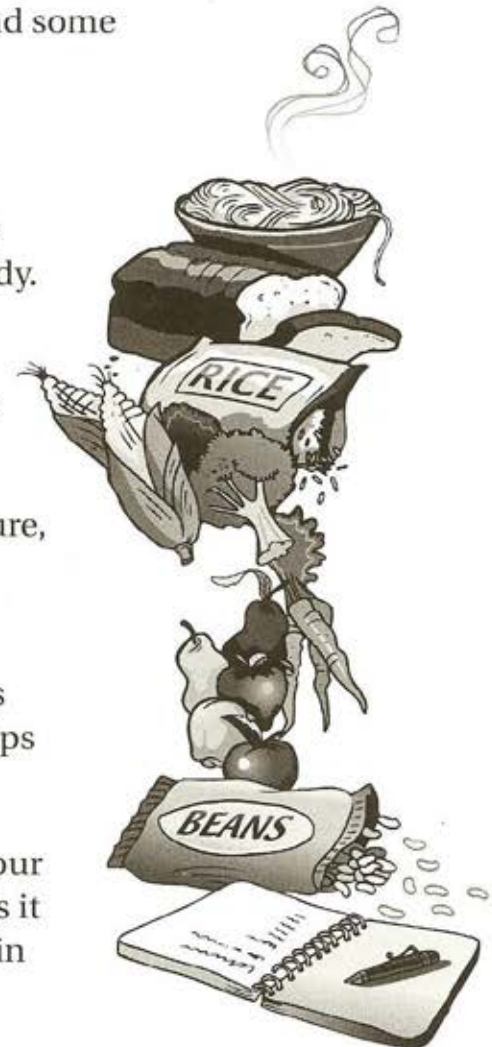
Breathe in through your mouth and out through your nose, which may slow your breathing down. The slower you breathe, the more oxygen you can get into your body. Stay in this position for another 5 minutes or until you can breathe comfortably again.

The foods you eat

If you want a healthy diet but do not understand a lot of nutrition talk, this is for you. Nutrition involves what foods you eat and how much food you eat. You do not need to breakdown every food into its nutrients to have a healthy diet, but you do need to understand some facts about all foods.

Food items are made up of:

- **Carbohydrates** – Carbohydrates are the main sources of fuel for your body.
- **Proteins** - Your body uses protein to build muscles, organs, hormones and enzymes.
- **Fats** - Fats help control blood pressure, inflammation and blood clotting.
- **Fiber** - Fiber comes from plants. There are 2 types of fiber. One helps prevent constipation. The other helps lower cholesterol in your blood.
- **Water** - All the cells and organs in your body rely on water. Your body needs it for good health. A lot of the weight in foods is water.
- **Vitamins** - Vitamins help the body make new tissue—including teeth, bones and blood. They are needed to help regulate various functions within your cells.
- **Minerals** - Like vitamins, minerals help your body build bone, teeth and blood. Minerals help provide the right makeup of your bodily fluids and keep your nerve functions healthy.



About sodium

Table salt (sodium chloride) is what most of us think about when we hear sodium. But table salt is only about 40% sodium. There are many other forms of sodium added to foods when they are made. And many food items also contain sodium naturally.

About 75% of the salt you eat comes from processed foods and fast foods, not from your salt shaker. Makers of processed foods and fast foods may use other forms of sodium. So, look for these forms under “ingredients” at the bottom of a food label:

- baking powder
- brine
- baking soda
- garlic salt
- monosodium glutamate (MSG)
- kelp
- sodium citrate
- sodium nitrate
- onion salt
- sea salt
- sodium phosphate
- soy sauce
- sodium saccharin



The sooner one of these is listed in the ingredients, the more of it will be in the product, too

Eat less sodium

Sodium is an important substance. It helps your body balance the level of fluids inside and outside of the cells. To keep up this balance, the body needs little more than 200 mg of sodium a day. Yet, most of us eat 3,000 to 6,000 mg of sodium each day.

Most people with heart failure are asked to **eat less sodium**. Sodium attracts water and makes the body hold fluid. To pump the added fluid, the heart must work harder.



People with heart failure should limit their sodium. Some do well on 2,400–3,000 mg sodium per day, but many find that they must limit sodium to less than 2,000 mg a day to prevent fluid build-up. Follow your doctor's or nurse's advice about your sodium intake.

Our most common source of sodium is table salt. Table salt is **40% sodium** and **60% chloride**. Salt substitutes are available. Talk to your doctor or nurse before using one.



HINT

1 tsp salt = 2,300 mg sodium

Hints to lower sodium in your diet

- **Season foods** with fresh or dried herbs, vegetables, fruits or no-salt seasonings.
- **Do not cook with salt** or add salt to foods after they are on the table.
- **Make your own** breads, rolls, sauces, salad dressings, vegetable dishes and desserts when you can.
- **Eat fresh or frozen, unsalted vegetables.**
These have less sodium than most processed foods.
For example:*

INSTEAD OF:

1 cup of canned green beans:
320 mg of sodium

½ cup of Minute® Long Grain and Wild Rice:
570 mg of sodium

EAT:

1 cup of cooked, fresh green beans:
5 mg of sodium

½ cup of cooked rice:
1 mg of sodium

If you do eat canned foods, rinse them before cooking. This removes some of the sodium.



*Sodium contents of foods from USDA Handbook #456.

hints to lower sodium in your diet

- **Buy water-packed tuna and salmon.** Break up into a bowl of cold water, and let stand for 3 minutes. Rinse, drain and squeeze out water.
- **Bake, broil, boil, steam, roast or poach** foods without salt.
- **Don't buy convenience foods** such as prepared or skillet dinners, deli foods, cold cuts, hot dogs, frozen entrees or canned soups. These have lots of salt.
- **Read all labels for salt, sodium or sodium products** (such as sodium benzoate, MSG). Ingredients are listed in the order of amount used. **A low-sodium label means 140 mg or less/serving.** Try to buy products labeled low-sodium or no salt added. Eat only small amounts of a food that has 150–350 mg sodium/serving. **Do not eat products that have more sodium than this per serving.**
- When you eat out, order **baked, broiled, steamed or poached** foods without breading, butter or sauces. Also, ask that no salt be added. Go easy on the salad dressing. Most are high in salt.
- Stay away from “fast” foods. They are almost all high in salt.



NOTE:

Some over-the-counter medicines are high in sodium.

High-sodium foods— what NOT to buy

vegetables

salted canned vegetables
sauerkraut

bread, cereals, grains, starches

self-rising flour and corn meal
prepared mixes (waffle, pancake, muffin, cornbread, etc.)
instant cooked cereals

dairy products

buttermilk (store-bought)
canned milk (unless diluted and
used as regular milk)
egg substitute (limit to ½ cup/day)
eggnog (store-bought)
salted butter and margarine

soups

bouillon (all kinds)
canned broth
dry soup mixes
canned soups*

meats and meat substitutes

canned meats
canned fish (sardines,
unrinsed tuna and salmon)
cured meats (dried beef, bacon, corned beef, etc.)
all types sausage (beef, pork, chicken, turkey,
Polish sausage, hot dogs, knockwurst, etc.)
sandwich meats (bologna, salami, olive loaf, etc.)
peanut butter
salted nuts



*Even reduced sodium canned soups can be quite high in salt. Check the label.

high sodium foods—what not to buy

sweets

prepared mixes (pie, pudding, cake)
store-bought pies, cakes, muffins

cooking ingredients, seasonings, condiments, snacks

fermented miso
preseasoned mixes for tacos, spaghetti, chili, etc.
coating mixes
preseasoned convenience foods
tomato sauce (unless unsalted)

ketchup
chili sauce
barbeque sauce
mustard
salad dressing

use low-sodium
type or limit to
2 Tbsp/day

baking soda, baking powder
(use low-sodium type)
olives
pickles (dill, sour, sweet gherkins)
pretzels, chips, skins, etc.
soy sauce, teriyaki sauce
cooking wine
light salt, seasoning salt, sea salt,
meat tenderizer, garlic salt,
monosodium glutamate (MSG),
celery salt, onion salt,
lemon pepper

drinks

sports drinks (such as Gatorade®)
canned tomato or vegetable juice
(unless unsalted)



Low-sodium foods—what to buy

fruits

fresh, canned or frozen

vegetables

fresh or frozen (no sauce
or plastic pouches)
canned (unsalted)

drinks

fruit juices, fresh or frozen
canned low-sodium or no salt
added tomato & vegetable juice
instant breakfast* (all flavors but
eggnog)—limit to 1 cup/day
lemonade (frozen concentrate
or fresh)
tea, coffee

dairy choices*

liquid or dry milk (1% or skim)
homemade buttermilk
(made from powdered milk)

cottage cheese, dry curd
(low-sodium)

ricotta (made from
low-fat or skim milk)
farmer cheese, part-skim
mozzarella, neufchâtel

fats, oils*

canola, olive, corn, cottonseed,
peanut, safflower, soybean
and sunflower oil
salad dressing or mayonnaise
(low-sodium)
margarine (unsalted)

meats, poultry, fish

fish, fresh or frozen (not breaded);
canned tuna and salmon
(unsalted or rinsed)
chicken or turkey
lean cuts of: beef, veal, pork, lamb,
beef tongue

meat substitutes

dried beans, peas, lentils
(not canned)
nuts or seeds (unsalted,
dry roasted)*: sunflower seeds,
peanuts, almonds, walnuts
unsalted peanut butter*
tofu (soybean curd)

limit to
2–3 cups
per day

limit to
½ cup or
1 oz of one
of these
per day



*Contain fairly high amounts of fat and/or calories.
Use in small amounts.

low sodium foods—what to buy

bread, cereals, grains, starches

loaf bread and yeast rolls
(limit to 3 slices/day)
homemade breads
(with regular flour, not self-rising)
melba toast
matzo crackers
pita bread
taco shell
tortilla (corn)
cooked cereals like: corn grits,
farina (regular), oatmeal, oat
bran, cream of rice, cream of
wheat (avoid instant cereals)
puffed rice or wheat, shredded
wheat (or any cereal with 100–150
mg sodium)—limit to 1 cup/day
wheat germ
popcorn (no salt or fat added)
starchy vegetables: corn, potatoes,
green peas, etc. (not canned
unless salt free)
rice (enriched white or brown)
pasta



cooking ingredients, seasonings

corn starch, tapioca
corn meal (not self-rising)
fresh or dried herbs, salt-free
herb seasonings
flour, regular white or whole wheat
(not self-rising)
fresh fruits or vegetables
(lemons, limes, onions,
celery, etc.)
fresh garlic or ginger
Louisiana-type hot sauce
(limit to 1 tsp/day)
low-sodium baking powder
onion or garlic powder
tomato paste, unsalted tomatoes,
unsalted tomato sauce
vinegar
water chestnuts
yeast
butter substitute (such as Molly
McButter®)—limit to ½ tsp/day

sweets

carob powder, cocoa powder
flavored gelatins
fruits (fresh, canned, frozen)
frozen juice bars, fruit ice,
sorbet, sherbet
sugar, honey, molasses, syrup
(cane or maple)
jelly, jams, preserves, apple butter
graham and animal crackers,
fig bars, ginger snaps

Limit fluids

Many people with heart failure have trouble with their body holding fluid. Being very thirsty is also common. Even if you are thirsty, this does not mean that your body needs more fluid. You need to be careful **not** to replace the fluid that diuretics (“water pills”) have helped your body get rid of. Try using small amounts of sugar-free hard candy to help with a dry mouth.

Many doctors suggest that people with heart failure limit their total fluid to 8 cups per day. This includes fluids taken with medicines. Here are some examples of liquids and foods that count as part of your fluid total:

- water
- juice
- tea
- soda
- yogurt
- pudding
- ice cubes
- ice cream
- coffee
- milk
- soup
- Jell-O®
- juices in fruits
(1 orange or ½ grapefruit counts as 4 oz of fluid)



Melt a few of your ice cubes to see how much fluid they are. Most often, ice cubes melt to half their weight. That means 4 oz of cubes = 2 oz of fluid.

limit fluids

Ask your doctor or nurse what your total fluid intake per day should be limited to and how to balance out how much you drink during the day.

My daily fluid limit is: _____

I can drink: _____ by 2 pm

I can drink: _____ between 2 and 8 pm

I can drink: _____ during the night

TO HELP YOU MEASURE

1 cup = 8 oz = 240 cc*

4 cups = 32 oz = 1 qt = 1000 cc* = 1 liter

8 cups = 64 oz = 2 qts = 2000 cc* = 2 liters

1 ml = 1 cc*

1 oz = 30 cc*



* cc = cubic centimeters

Ask your nurse for a chart[▲] to keep track of how much fluid you have each day and how much your body puts out in urine. This can help you see if you are getting too much fluid. It can also help you see if your body is holding fluid, making you gain weight quickly.

Food labels

Nutrition Facts

Serving Size 1 cup 140g (140g)
 Servings Per Container 10

Amount Per Serving

Calories 221 Calories from Fat 11

% Daily Value*

| | |
|-------------------------------|------------|
| Total Fat 1g | 2% |
| Saturated Fat 0g | 0% |
| <i>Trans</i> Fat 0g | |
| Cholesterol 0mg | 0% |
| Sodium 1mg | 0% |
| Total Carbohydrate 43g | 14% |
| Dietary Fiber 3g | 10% |
| Sugars 1g | |

Protein 8g

| | | | | |
|-----------|----|---|-----------|-----|
| Vitamin A | 0% | • | Vitamin C | 0% |
| Calcium | 1% | • | Iron | 10% |

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:

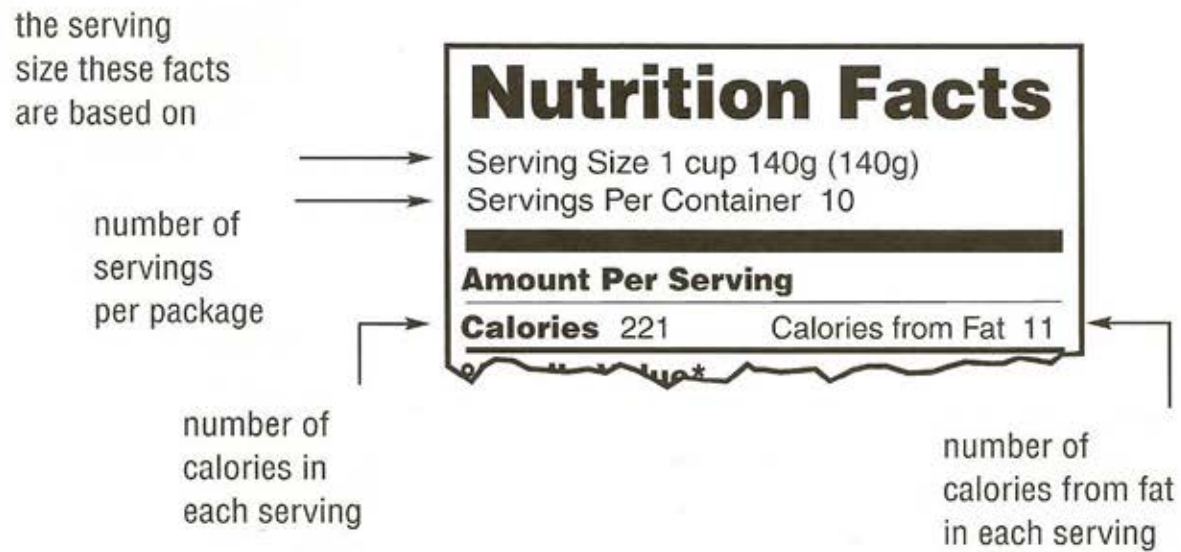
| | Calories | 2,000 | 2,500 |
|--------------------|-----------|---------|---------|
| Total Fat | Less than | 65g | 80g |
| Sat Fat | Less than | 20g | 25g |
| Cholesterol | Less than | 300mg | 300mg |
| Sodium | Less than | 2,400mg | 2,400mg |
| Total Carbohydrate | | 300g | 375g |
| Dietary Fiber | | 25g | 30g |

1g Fat = 9 calories
 1g Carbohydrates = 4 calories
 1 g Protein = 4 calories

food labels

Let's look at this food label in detail, a section at a time.

The first section shows you:



food labels

The next section shows you:

- (a) Total grams or milligrams in 1 serving for
- Total Fat
 - Saturated Fat
 - Trans Fat
 - Cholesterol
 - Sodium
 - Total Carbohydrate
 - Dietary Fiber
 - Sugars
 - Protein
- (b) And, based on eating 2,000 calories a day, the percentage that is of a whole day's worth of some nutrients

| (a) | | (b) |
|-------------------------------|--|------------|
| % Daily Value* | | |
| Total Fat 1g | | 2% |
| Saturated Fat 0g | | 0% |
| Trans Fat 0g | | |
| Cholesterol 0mg | | 0% |
| Sodium 1mg | | 0% |
| Total Carbohydrate 43g | | 14% |
| Dietary Fiber 3g | | 10% |
| Sugars 1g | | |
| Protein 8g | | |

food labels

The last section shows you the **percentage 1 serving of this product gives you:**

of your daily needs for vitamins A, C, Calcium and Iron

| | | | | |
|---|-----------|---------|-----------|-----|
| Vitamin A | 0% | • | Vitamin C | 0% |
| Calcium | 1% | • | Iron | 10% |
| * Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs: | | | | |
| | Calories | 2,000 | 2,500 | |
| Total Fat | Less than | 65g | 80g | |
| Sat Fat | Less than | 20g | 25g | |
| Cholesterol | Less than | 300mg | 300mg | |
| Sodium | Less than | 2,400mg | 2,400mg | |
| Total Carbohydrate | | 300g | 375g | |
| Dietary Fiber | | 25g | 30g | |
| 1g Fat = 9 calories 1g Carbohydrates = 4 calories 1g Protein = 4 calories | | | | |

the number of calories in one gram of fat, protein and carbohydrate

the daily values for most of the food nutrients, for both a 2,000 and 2,500 daily calorie diet

The right amount for you

If a 2,000 calorie a day diet is not right for you, then the “Percent Daily Value” on food labels is not right either. You may have to convert the percentages on food labels. But, that doesn’t mean you have to carry a calculator around with you when you go shopping.

Just keep in mind whether you need more or less than 2,000 calories. For example:

- If you need fewer calories a day (for example: 1,800 calories), you will need less of each nutrient.
- If you need more calories a day (for example: 2,200 calories), you will need more of each nutrient.

The lowest calorie diet recommended for women is 1,200 a day. For men, the lowest is 1,400 a day. The more active you are, the more calories you need.

% Daily values

Food labels express their contents as a percentage of the daily value for nutrients in one serving of that item.

A general rule of thumb is that 5% or less of Daily Value for a serving size is low and 20% or more is high. Keep in mind that on a food label this is based on 2,000 calories. The healthiest way to use food labels is to look for foods that are low in saturated and trans fats, cholesterol and sodium, and look for foods that are high in fiber, potassium, iron, calcium, Vitamin A and C.

Reading food labels

Food labels must show how much sodium is in a serving of the product. Almost all foods are labeled. However, statements on the product may be misleading if you don't know what they mean. Here are some facts about sodium:

| Label reads | What it means |
|-----------------|--|
| Sodium free | Less than 5 milligrams (mg) of sodium per serving |
| Very low sodium | Less than 35 mg per serving |
| Low sodium | Less than 140 mg per serving |
| Light in sodium | A serving has 50% less sodium than a regular product would |
| Reduced sodium | A serving has 25% less sodium than a regular product would |
| No salt added | Salt was not added as it was made (but it still may contain sodium) |



Nutrition tips for when you can't eat

At times, an illness or a procedure or treatment may make you feel like not eating. But, it's important that you eat enough to give your body the nutrients it needs to help you get well or recover. **Proteins help** boost your immune system to help **repair your body**. Not only will eating help you feel better, it will help you deal with your condition better, too.



Here are some tips that may help:

- Try eating smaller amounts more often.
- Eat a variety of foods to be sure you are getting the nutrients you need.
- Don't drink fluids right before or during a meal or snack. It may fill you up and you may not want any food.
- Eat when you are at your best. If you feel better in the mornings, eat more then. If you feel better in the evenings, eat more at that time of day. But if you never seem to want to eat, set up a fixed schedule and stick to it.
- If you can, do some light exercise. It may make you hungry.
- If food does not appeal to you at all, try drinking some nutrition supplements (such as: Ensure[®], Boost[®], Ensure Plus[®], etc.).

nutrition tips for when you can't eat

- If eating meats or dairy products is hard for you, you can try a protein supplement. You can buy these already made or make your own.
- Keep snacks handy, so when you do want something, it is right there. Choose high-protein, high-calorie snacks, such as peanut butter or cheese crackers.
- If you have to prepare your own meals, make them simple and easy.
- Sometimes, you lose your appetite because you are depressed. Talk with your doctor or nurse (to help you know if it is depression). Depression can be treated.



Exercise and Heart Failure

Unless your heart failure is severe, you will most likely be told to do some exercising. Exercise can be very helpful if you have heart failure. This may sound confusing, if you have been told you have to rest a lot and not get tired. The idea is to exercise to keep the body strong, but avoid overworking the heart.

Some moderate exercises you can do are:

- riding a stationary bicycle
- brisk walking
- swimming

If you are not used to exercising, you might start with 5 to 15 minutes of easy exercise. Resting as often as you need to, so you will not get tired or out of breath. A goal might be to build up to 30 minutes of moderate exercise 3 to 5 times a week. But, if you can't do this much, any amount of exercise is helpful. Ask your nurse to give you a plan.



Be sure your doctor or nurse has given you an exercise program. Do not begin exercising without talking with your doctor or nurse first.

exercise and heart failure

Tips for exercising safely

Follow these exercise tips:

- The best time to exercise is about 1 hour after eating or taking your medicines.
- You may want to involve your family or a friend in your exercising.
- It is important to warm up before you begin your exercises and cool down and stretch after you exercise.
- Stay away from strenuous exercises (these cause you to strain), and avoid lifting heavy things.
- You should not exercise in extreme heat or cold. It's best to exercise when the temperature is between 40° and 80° F/4.4° and 26.6° C with low humidity.
- Start slowly, and work up gradually.
- Set realistic goals.
- Note how tired you are each day. If you are too tired to get out of bed that day or the next day, you need to reduce the amount of exercise you do.



Stop the activity if you have any:

- chest pain or discomfort
- shortness of breath that is abnormal for you
- dizziness
- nausea

Call your nurse if the symptoms don't get better.

Exercise and your pulse rate

If your heart failure condition is stable and your doctor or nurse prescribes a moderate exercise program, he or she may also ask you to take your pulse during exercise.

You may be told to stay within a certain “target heart rate range,” so you will know if you are exercising too hard or not hard enough.

To check your pulse during and/or after exercise, do this:

1. As soon as you stop, find your pulse at your wrist with your first two fingers, as shown here.
2. Once you have located your pulse, count it for 15 seconds.
3. Multiply this number by 4. This is your 1-minute pulse rate.



Example:

Number of beats in 15 seconds = 20

Your 1-minute pulse rate $\begin{array}{r} \times 4 \\ \hline = 80 \end{array}$

NOTE: If you have an irregular heartbeat, count it for a full minute and don't multiply by 4.

CAUTION

Be sure you have an exercise prescription from your doctor or nurse before you exercise.

Avoid unnecessary demands on your heart

Your goal is to try to control health problems that make more work for your heart. Here are some tips to use:

- If you have high blood pressure (hypertension), ask your doctor or nurse what your blood pressure needs to be and how you can control it better.
- If you need to lose weight, find healthy ways to do it. The less you weigh, the easier it is for your heart to pump blood.
- If you are a diabetic, keep your blood sugar under control. The better control you have over your blood sugar (glucose) the fewer problems you may have with your heart and arteries.
- Do not smoke! Using tobacco products make your arteries tighten up (constrict), which makes your heart have to work harder to pump blood. If you need help with quitting, talk with your nurse about programs and other aids that might help with this.



avoid unnecessary demands on your heart

- Reduce your emotional stress. Talk about your feelings with family, friends or a professional. Find ways to deal with your stress in a healthy way.
- Avoid temperature extremes. When you are too hot or cold, your body has to work harder to keep a normal temperature.
- If you have high cholesterol levels, work with your doctor or nurse on ways to reduce them. A build-up of fatty tissue (called plaque) can block your arteries and make your heart have to pump harder to get blood through to your body.
- Stay away from sick people. If you know someone has a cold or the flu, try to not be around them. Ask your doctor or nurse if you need to take a flu shot each year or a pneumonia vaccine
- Avoid tight, binding clothes. Socks and hose that bind can slow blood flow to and from your arms and legs. This makes it easier for a blood clot to form.
- If your health provider says it's OK to drink alcohol, limit it to only 1 drink per day. Too much alcohol weakens your heart. With heart failure, your heart is already weak.



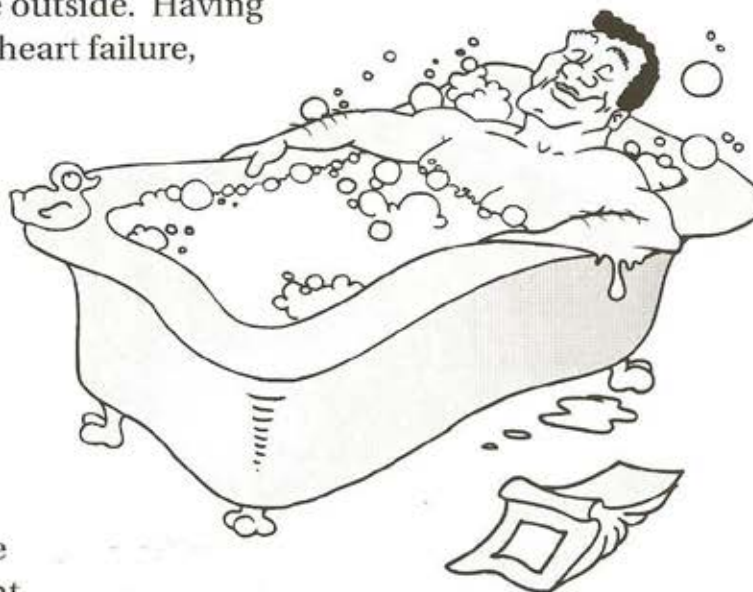
1 drink of alcohol =
1 oz of liquor
12 oz of beer
5 oz of wine

Manage stress

Stress is defined as feeling tense on the inside due to pressures from the outside. Having a chronic illness, such as heart failure, can be very stressful.

Since stress makes your heart work harder, try to find ways to manage or reduce the amount of stress you feel.

You may feel depressed or angry because you have heart failure. These feelings are normal, but it is important to learn to cope with them. It may help to talk about how you feel with your family and friends. When you accept that you have heart failure, you will be able to manage your stress level better.



Exercise

One way to manage your stress is with exercise. Although rest is needed when you have heart failure, low-level exercise can improve your heart symptoms and your stress level. Check with your doctor or nurse about a safe exercise program for you.

Saving energy

Using energy wisely can help you stay healthy. Using less energy with each daily task keeps you from getting tired easily and lets you do more things throughout the day.

Here are some tips to make tasks easier and use less energy:

- Relax. Spread your activities throughout the day, and do them at your own pace.
- Plan ahead. Do the things that take more energy when you are at “your best.”
- Let people help you. Give some tasks to family and friends.
- Change positions slowly. For example, go from lying to sitting to standing.
- Avoid getting too hot or too cold.
- Rest in between activities.
- Work slowly, and don't feel bad if you can't finish a task. Finish it when you don't feel tired.
- Do not lift heavy objects. (Lift no more than 5-10 lbs.) Use a rolling table to move objects from one place to another.
- Use objects that assist you, such as a walker, shower chair or bedside commode.
- Work at a height that is easy to reach so you don't have to bend or stretch to reach things.

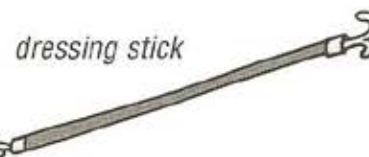
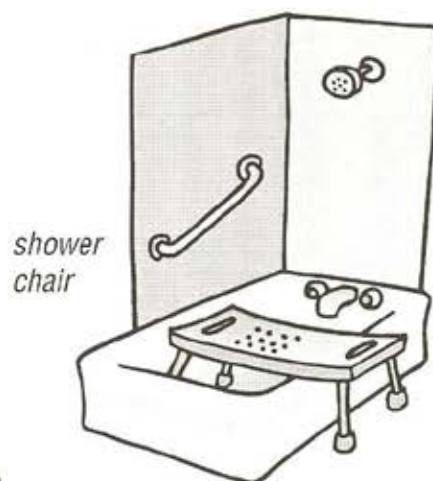


saving energy

- Get plenty of sleep. Avoid caffeine and any noise or light in your room.
- Avoid straining when having a bowel movement.

Bathing and dressing

- Use a shower chair when bathing.
- Use a hand-held shower head to wash your hair.
- Keep clothes near the tub, so you can get dressed while sitting down.
- Use special long-handled tools for dressing (dressing stick, shoe horn, sock donner, etc.).
- Wear clothes that have zippers and buttons in the front, so you don't have to reach behind you.
- Do all of your grooming (shaving, drying hair, etc.) while sitting.



saving energy

Laundry

- Always use a washing machine. Try not to hand wash anything.
- Avoid ironing or standing in one place for too long. If you do iron, sit down.
- Use a cart to carry your laundry to the washing machine.

Meals

- Use a stool when cooking and cleaning up.
- Make your kitchen user-friendly by putting the things you use most often close at hand.
- If possible, use electric appliances such as an electric can opener so you don't have to work by hand.
- When you cook, make extra food so you can freeze some for later and cook less often.

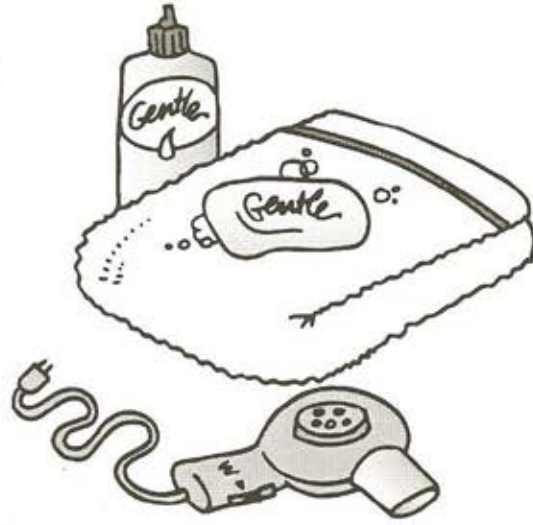


Hygiene

When your body holds a lot of fluid, your skin is more likely to break down. It is important to take good care of your skin.

Bathing

- Bathe often.
- Use warm water, a soft washcloth and a gentle soap.
- Wash slowly, and be gentle on your skin.
- Dry off with a soft towel.



Taking care of your skin and nails

- Avoid soaps and powders that dry your skin. Cornstarch (instead of bath powder) can relieve itching.
- Put lotion on dry skin.
- Don't use after-bath perfumes or colognes that have alcohol.
- Keep your nails clean and trimmed, and don't use nail polish. Cut and file nails straight across. To prevent infection, avoid professional manicures and pedicures.

Smoking

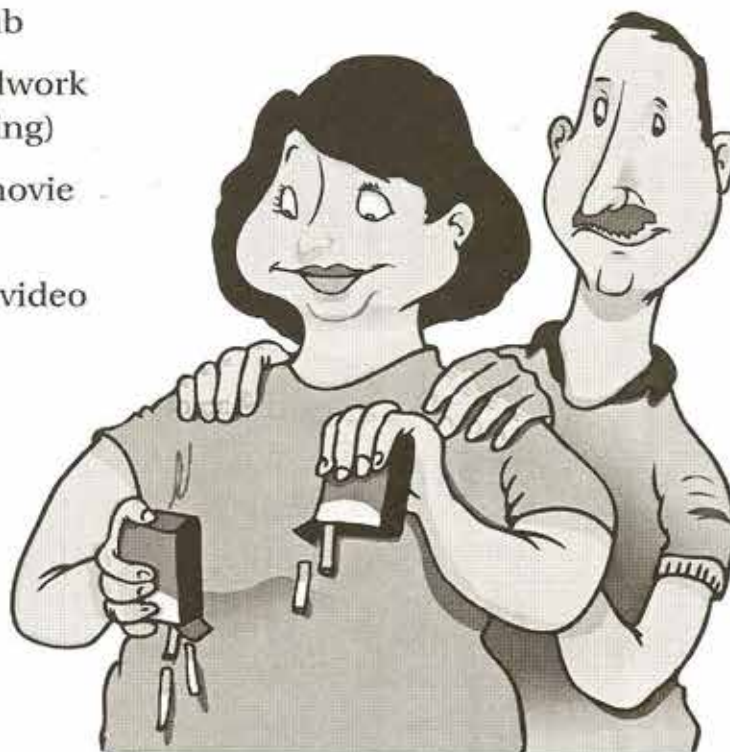
If you smoke, find some way to quit. Smoking makes blood vessels narrow and breathing hard. With every puff, you irritate and damage the lining of your lungs. If you stop smoking, you can slow down the serious damage you are doing to yourself.

No matter how long you have smoked, stopping now will help you breathe better. Some helpful hints to get you started are:

- **Keep your body and mind busy.**

Try one or more of these:

- if you can, take a short walk
- wash dishes
- read a good book
- join a card club
- do some handwork (such as knitting)
- go to a play, movie or concert
- watch a good video



smoking

- **Keep your hands busy.** Try “handling” these:

- pen, pencil
- sponge ball
- heavy coin
- rubber band
- paper clip



Changing your routines and patterns can also help.

A **stop-smoking program** may increase your chances of success. Some popular programs include:

- American Lung Association
(Freedom From Smoking)
- Smokeless[®]
- Smokers[®]
- American Cancer Society's Quitline[®]

Check with your health care provider or local hospital about other quit-smoking programs near you. When checking out programs, be sure to ask about cost, success rates, methods, instructors' training and handouts.

Depression and chronic disease

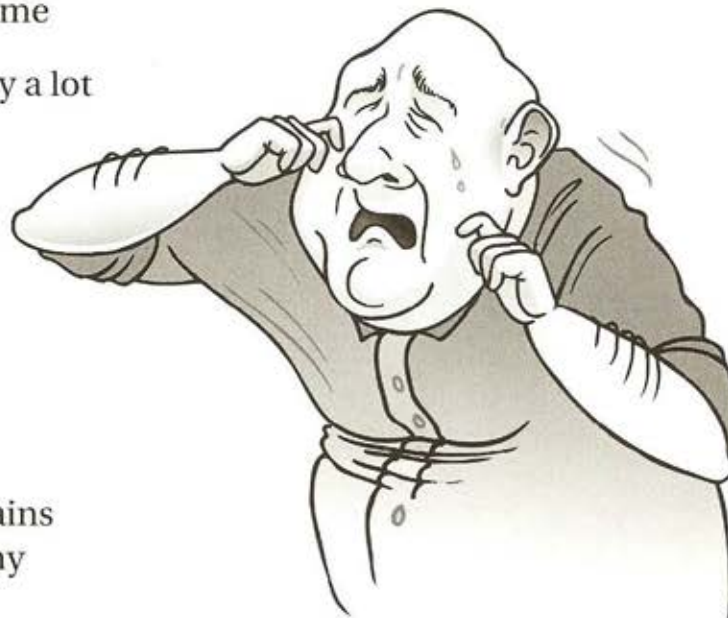
Depression worsens the course of a chronic illness. Recognizing that you are depressed is the first step towards getting proper treatment.

For some chronic diseases, depression may be one of the symptoms. But, for those diseases in which it is not a symptom, they may be a cause of depression. There is a link between the two.

When you have a chronic disease or debilitating illness, your energy needs to be used for management or recovery. Being depressed takes away from your ability to give your management plan 100% of your effort.

If you want better control of your disease or to recover sooner from your illness, think about how you feel. Are you feeling:

- sad quite often or empty
- tired most of the time
- like you want to cry a lot
- like you are in slow motion
- guilty, worthless or helpless
- irritable and don't know why
- more aches and pains and don't know why



depression and chronic disease

Have you:

- lost interest in or lack pleasure from activities you used to enjoy
- had trouble sleeping or find you want to sleep more
- lost your appetite or find yourself over-eating
- had trouble concentrating, remembering things or making decisions
- thought about dying or committing suicide

If you can check 5 or more of these feelings or thoughts, and they last for 2 or more weeks, you may be suffering from depression. The good news is that your depression can be treated.

Treating depression

The first step is to see your doctor. Find out if you have one disease or two. If depression is the diagnosis, antidepressant medicine and psychological therapy are most often prescribed.

Early diagnosis and treatment for depression can reduce the distress you are feeling, as well as complications with your chronic disease. When you get treatment for both depression and your chronic disease, you may:

- see an overall improvement in your medical condition
- have a better quality of life
- find that you are able to stick to your management plan better
- feel better about yourself

depression and chronic disease

Depression and a chronic disease or debilitating illness go round in a circle. Chronic disease can bring on depression, which can lead to a run-down condition that interferes with good disease management. This, in turn, makes your disease worse.

To cope with this “catch 22” situation, try to:

- Get help as soon as you start having signs of being depressed.
- Use your family and friends as a support system. Talk about your feelings.
- Talk with your healthcare providers about these feelings. Ask if depression may be the cause.
- Try to be positive and not let negative thoughts and feelings rob you of needed energy.
- Accept that you may need help. Don't be afraid to seek treatment. It does not mean that you are weak. Depression is an illness not a weakness.



Is it depression or illness?

Depression affects your mood, thoughts, body and behavior. When you have a chronic illness or other debilitating illness, the symptoms of depression may be misunderstood.

Some healthcare providers may think your feelings are due to your condition. Therefore, the signs of depression may be overlooked. In some cases, certain symptoms of depression and feelings associated with your medical condition may be the same. Depression may not be considered.

But, research shows that depression is clearly akin to slower recovery of illness and poor management of chronic disease. It requires management. Even if depression is suspected, the belief that anyone in that condition would be depressed can delay proper treatment.

Being depressed adds to the burden of living with a chronic disease or debilitating illness. But it is treatable. The first step is recognizing that it is depression.



Support for the caregiver

The person most often overlooked is the caregiver. Caring for a seriously ill patient can often lead to fatigue and depression. Do not neglect your own needs. Let others help. Ask for help from your family, friends or health care team. Hold a family meeting and draw up a plan to share the care.

Open communication and terminal support

It is important for all members of the family to talk about their feelings. Sharing thoughts of guilt, denial and anger will help you cope.

Speak openly with the patient. This may help you and your family accept and prepare for the loss of your loved one.

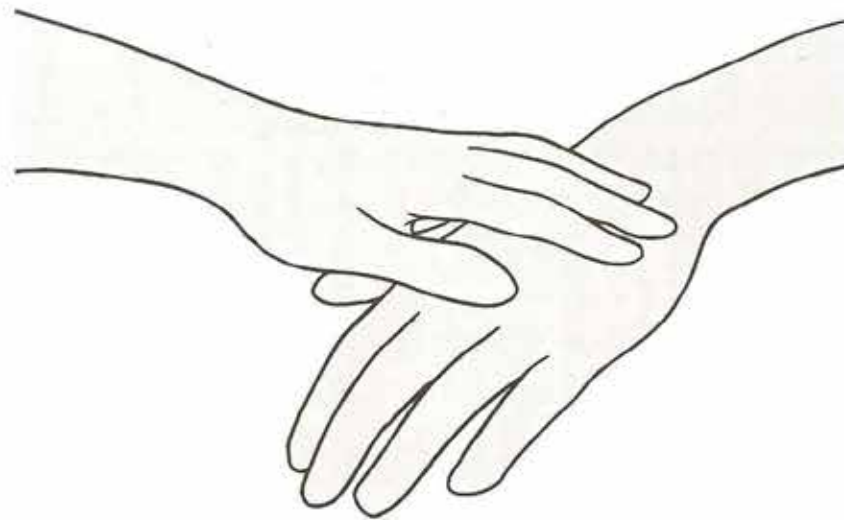
Don't worry about saying the wrong thing. Often patients and family are afraid to talk about death. Call upon a spiritual advisor to help prepare the patient and family for separation.



support for the caregiver

Other ways you can help the patient cope with death:

- Keep a positive attitude. Find pleasure and joy in the small activities of the day.
- Support the patient's right to make decisions. This gives the patient control and helps him/her to cope. Talk about ways he/she has dealt with losses before, and encourage him/her to use these coping skills now.
- Help the patient put affairs in order, including funeral arrangements and making plans for survivors. This helps the patient feel useful and in control.
- Ask your nurse for information about Hospice services.▲



Family support when someone is depressed

One of the most important things that a family member or friend might do for someone who is depressed is to **help that person recognize he or she is depressed**. The next is to encourage him or her to get help.

With treatment for depression, it may take several weeks for symptoms to change. Some people can become discouraged and feel that treatment is not working for them. You can continue to support the need for him or her to stay with treatment. And, if after giving enough time for treatment to work, it does not seem to be working, encourage him or her to seek a different treatment.

This support and encouragement may require you to:

- make the appointment and go with him or her to see the doctor
- monitor his/her use of the medicines prescribed
- gracefully discourage the use of alcohol while on medication
- listen attentively to him/her and provoke conversation
- offer hope and point out realities
- invite him/her out for walks, trips to the mall or some other activity he/she used to enjoy
- encourage him/her to get back into hobbies, sports or religious or cultural events



family support when someone is depressed

The next thing you can do is to offer emotional support. This involves understanding, affection or love and patience. Putting too many demands on him/her can increase his/her feelings of failure.

Do not accuse your loved one of being lazy or expect him/her to just snap out of it. And, keep in mind that your loved one is not faking it. The depression is very real. And, most likely, your loved one is beating himself/herself up over the way he/she is feeling.

Remember that, with time, your feelings and mental state will improve. And, keep reminding your loved one about this too. Change is not easy, even when you are willing to change. Your patience and love can make a huge difference.



Care for the caregiver

Those closest to someone suffering with depression also suffer along side of him/her. Living with or caring about someone who is depressed is a difficult job. It's exhausting and often frustrating to handle the day-to-day negative feelings. And it's upsetting to see your loved one in the mental state he/she is in.

You may need therapy too. There are support groups for people who face these same challenges. Being able to talk with others, who are dealing with the same things you are, can be very helpful. Just being able to get it out in the open can be therapeutic at times.

Ask the nurse or doctor about a support group in your area. These groups can also provide you with information on the most up-to-date treatments, as well as help you learn more about depression.

Take time to care for yourself. If you don't, you won't be able to take care of your loved one.



End-of-life decisions for patients

Today, we have many ways of keeping people alive. But extra medical care may not always be the best choice. If you have a medical crisis, you and your family need to decide beforehand: “Is being kept alive what I would want?” or “When should extraordinary medical treatment be withheld or stopped?” It will be much easier for you and your family if your wishes about life support are known in advance.

Note

Advanced directives only apply to those who have reached the age of a legal adult in a state. If you have not reached the legal age in your state, your parent or legal guardian will make end-of-life decisions. Advance directive forms will not be filled out and signed. Instead, the nurse or social worker will discuss these decisions, note the wishes of the parents and you (if old enough), and record them in your home care record. These wishes will be discussed with the doctor. If you have any questions, talk to your doctor, nurse or social worker.



end-of-life decisions (for patients)

Instructions about medical treatment when you are ill and not able to speak for yourself are called **advance directives**. These are **written instructions** drawn up and signed by you which express your future healthcare wishes. It is a legal document. Some examples are:

- **a Living Will** (a document that states your wishes about treatment if there is no hope of cure and you can't speak for yourself)
- **a Durable Power of Attorney for Health Care** or a healthcare proxy (a document in which you name someone to make medical decisions for you if you can't speak for yourself)
- **a DNR–Do Not Resuscitate** (a document that states your wish to not be revived if you stop breathing or your heart stops beating)



end-of-life decisions (for patients)

These tips can help you think about what questions to ask yourself when you start to write advance directives:

- 1. Decide how you feel about being kept alive by extraordinary means** when there is little hope for a “good life” as you want it. If you have trouble with this decision, talk to your doctor, nurse or therapist. He or she can refer you to someone who can help you sort out your feelings.

Think about how you would define a “good life” for yourself. Complete this statement:

I would not want anything done to keep me alive if I could not:



A large rectangular box containing ten horizontal lines for writing. The lines are evenly spaced and extend across most of the width of the box, leaving a small margin on the right side.

end-of-life decisions (for patients)

If you are having trouble completing this statement, consider these points.

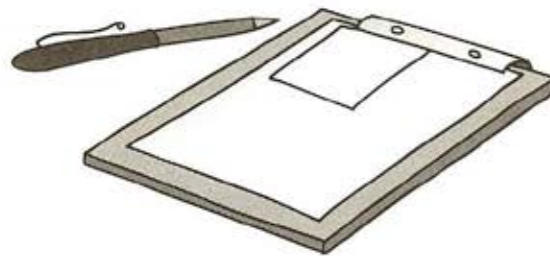
If there was no medical hope of your returning to what you think is a “good life,” would you want to have any of these?

- CPR (cardiopulmonary resuscitation)
- kidney machine
- breathing machine
- artificial nutrition (tube feeding)
- artificial hydration (IV fluids)
- chemotherapy or radiation
- frequent blood transfusions
- treatment for the relief of pain or discomfort even if it shortens your life

If you were in a coma or had severe dementia (lost the ability to think and reason) and had no chance to recover, would you want treatment to help you survive a serious infection or other complication?

- yes no

2. Let your doctor, nurse and those close to you know your wishes.



end-of-life decisions (for patients)

- 3. Put something in writing** (a Living Will, Durable Power of Attorney for Health Care or other advance directive). You can get these forms for your state from: a local hospital; your doctor's office; your lawyer; your home care agency; Hospice; or your state Hospital, Bar or Medical Association. Or contact:

National Hospice and Palliative
Care Organization/Caring Connections
1700 Diagonal Road, Suite 625
Alexandria, VA 22314
(800) 658-8898
www.nhpco.org

- 4. Give a copy of your papers to the home health agency or hospice. Take a copy of your papers when you are admitted to a hospital or under the care of another doctor.** Also, make sure a lawyer, family member or someone else close to you has a copy of your papers.
- 5. As you are able, talk often with those treating you.** Make sure that your family or the person acting for you knows what to do for you if you are not able to talk or make your wishes known. If they don't agree with your decision, name another person to speak for you.

End-of-life decisions can be hard for you and your family. A minister, rabbi, priest, counselor or close friend may be very helpful. They can help you and your family sort out feelings during difficult times.

If you have more questions about advance directives or making end-of-life decisions, ask the nurse where you can get more information.

Pacemakers and other implantable devices

Normally, the heart beats in a regular and coordinated way like a clock. However, many people with heart failure may have a heart that beats irregularly and/or too fast or too slow. In some patients with a heart rhythm problem, an implantable device can be used to automatically monitor and correct the rhythm. The device corrects the rhythm using either small painless electrical impulses or a defibrillation shock as needed.

Pacemaker

A pacemaker is used primarily to treat a very slow heart rate. This device monitors the patient's heart rate and sends small and painless electrical impulses to start each heart beat as needed. Pacemakers today are small, about the size of a small pocket watch. The device contains the computer circuitry and a battery. Lead wires connect the devices to the heart.

Implantable Cardioverter Defibrillator (ICD)

An ICD is a device that is used to treat very fast heart rates. It is inserted in the body with lead wires in a similar way to a pacemaker. An ICD can stop heart rates that are too fast and restore a normal rhythm by delivering painless pacing impulses or a more noticeable shock. ICDs are used in people considered at higher risk for having serious rhythm problems in the lower chambers of their heart such as ventricular tachycardia and/or ventricular fibrillation.

Other Heart Failure Devices

In some people with heart failure, conduction through the heart is slowed, and the electrical impulse that signals one or both of the heart's lower chambers (ventricles) to beat may be delayed. As a result, the heart may beat in an uncoordinated way. A new type of pacemaker can help coordinate the heart's pumping action. This type of therapy may be called biventricular pacing or cardiac resynchronization therapy (CRT). These new pacemakers send impulses to the right and left side of the heart muscle. Some of these heart failure pacemakers also contain an ICD.

Ambulance/EMS
9-1-1



mclaren.org/bayregion

BAY REGION

Hospitals

McLaren-Bay Region

404 LICENSED BEDS
1900 Columbus Ave. * Bay City 48708
(989) 894-3000

McLaren-Bay Special Care

31 LICENSED BEDS
West Campus
3250 E. Midland Rd. * Bay City 48706
(989) 667-6802

Physicians and Clinics

V. ANNAPURNA, MD

Obstetrics and Gynecology
714 Trumbull Ave.
Bay City, MI 48708
(989) 895-6484

BAY DIAGNOSTIC CENTER

Breast Health/Bone Densitometry
RANDAL CROSHAW, MD, Breast Surgery
West Campus
3175 W. Professional Dr. * Bay City 48706
(989) 667-6349

AUBURN CLINIC (PT/LAB)

312 Midland Road * Auburn 48611
(989) 662-6387 – Physical Therapy
(989) 662-6362 – Lab

BAY HEART & VASCULAR

West Campus
3250 E. Midland Rd. * Bay City 48706
(989) 894-3278

BAY REGIONAL NEUROSCIENCES

West Side Medical Mall
4175 Euclid Avenue * Bay City 48706
(989) 667-3410

BAY NEUROSURGERY ASSOCIATES

West Side Medical Mall
4175 Euclid Avenue * Bay City 48706
(989) 667-3400

BAY INTERNAL MEDICINE

3720 Katalin Court * Bay City, 48706
(989) 893-9705

BAY REGIONAL PEDIATRICS

Medical Mall East
1456 W. Center Rd. * Essexville 48732
(989) 895-4840

JEPPESEN RADIATION ONCOLOGY CENTER

West Campus
3180 W. Professional Dr. * Bay City 48706
(989) 667-6670

DARREL STUART, MD * Infectious Diseases

West Side Medical Mall
4175 N. Euclid Avenue, Ste. 8 * Bay City 48706
(989) 667-3185

SUE TOBIN, DO * Oncology

3175 W. Professional Dr. * Bay City 48706
(989) 667-6349

FAMILY AND CHILD HEALTH CLINIC

Medical Mall East
1454 W. Center Rd. * Essexville 48732
(989) 895-4625

PRIMARY CARE

10 Sites Serving Ogemaw
and Roscommon Counties
(989) 345-0945

WOODLAND HEALTHCARE

Evergreen Clinic
611 Court St. * West Branch, MI 48661
(989) 345-7000

Court Street Clinic

621 Court St. * West Branch, MI 48661
(989) 345-0100

HELEN M. NICKLESS VOLUNTEER CLINIC

FREE PRIMARY CARE
Wednesdays at 5:00 p.m.
Medical Mall East
1454 W. Center Road * Essexville 48732
(989) 895-4830

Home Health

McLaren HomeCare Group

3140 W. Campus Drive - BRMC West Campus
Bay City, MI 48706
Skilled Nursing; Hospice Care; Therapy; Cardiac Rehabilitation;
989-667-2320

McLaren Home Medical – Med Mall East

1454 W. Center Rd. - Essexville, MI 48732
Durable Medical Equipment; Home Medical Supplies
(989) 895-4500

For a complete list of sites, call toll free
1-800-840-3147, or log onto mclarenathome.com

Laboratory Services

McLaren-Bay Region

1900 Columbus Avenue * Bay City 48708
(989) 894-3753

Allen Medical Building

200 S. Wenona * Bay City 48706
(989) 667-6255

Auburn Clinic

312 E. Midland Rd. * Auburn 48611
(989) 662-6362

Katalin Court

3720 Katalin Ct. * Bay City 48706
(989) 684-4520

Medical Mall Lab—East

1456 W. Center Rd. * Essexville 48732
(989) 895-4811

Pinconning

4293 N. Huron Rd. * Pinconning, MI 48650
(989) 879-1593

Riverview Medical Associates

901 S. Henry * Bay City 48706
(989) 894-5861

Tuscola Medical Building

714 S. Trumbull * Bay City 48708
(989) 891-8800

West Side Medical Mall

4175 Euclid Avenue * Bay City 48706
(989) 667-3655

Women's Health Pavilion

West Campus
3175 W. Professional Dr. * Bay City, 48706
(989) 667-6351

Other Services

Sleep Center

(989) 895-4825

Childbirth Education Classes

(989) 894-9517

Diabetes Education

(989) 894-9528

Behavioral Health Center

(989) 894-3911

Other services, cont.

Graduate Medical Education

(989) 894-3960

Nursing Recruitment

(989) 894-9618

Pain Management Center

(989) 667-3350

Rehabilitation Services

Center for Rehabilitation * Inpatient

West Campus
3250 E. Midland Rd. * Bay City 48706
(989) 667-6789

Outpatient

West Campus
3190 E. Midland Rd. * Bay City 48706
(989) 667-6600

Dow Bay Area Family Y

225 Washington * Bay City * 48708
(989) 895-8596

Physical Therapy Walk-In Center

Medical Mall - East
1454 W. Center * Essexville 48732
(989) 895-4640

Pinconning Rehabilitation Center

4293 Huron Road * Pinconning 48650
(989) 879-5500

Auburn Rehabilitation Center

312 Midland Road * Auburn 48611
(989) 662-6387

West Side Medical Mall

4175 Euclid Avenue * Bay City 48706
(989) 667-3646

McLaren Pharmacy

Allen Medical Building

200 S. Wenona * Bay City 48706
(989) 892-2561

McLaren-Bay Region

1900 Columbus * Bay City 48708
(989) 894-3744

Medical Mall East

1454 W. Center Rd. * Essexville 48732
(989) 895-4570

Vassar

181 West Huron * Vassar
(989) 823-9200

West Side Medical Mall

4175 Euclid Avenue * Bay City 48706
(989) 667-2940

Fund Raising

Bay Medical Foundation

Medical Mall East
1460 Center Avenue * Essexville, MI 48732
(989) 895-4725

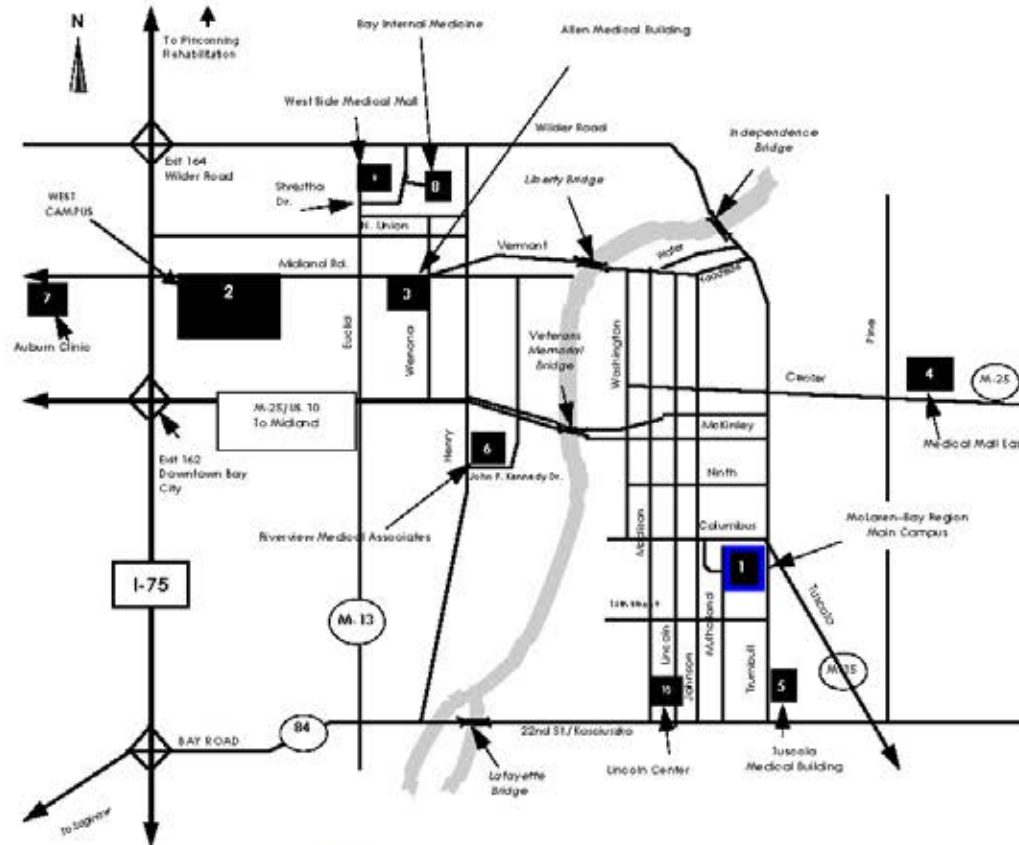
McLaren-Bay Region Auxiliary

1900 Columbus Avenue * Bay City 48706
(989) 894-6520

Cont, next column

Updated March 2012. For copies or information, contact Julie Kukla at (989) 894-3827. For a more complete listing of services, log onto mclaren.org/bayregion

McLaren-Bay Region Service Locations



Revised
2/12—NOT TO SCALE

For service descriptions and site maps of other McLaren-Bay Region locations, go to mclaren.org/bayregion

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| <p>1. Main Campus—Acute Care Services 1900 Columbus Avenue <i>Family BirthPlace</i></p> <p>2. West Campus 3250 E. Midland Road <i>Bay Special Care</i> <i>Jeppesen Radiation Oncology Center</i> <i>Center for Rehabilitation</i> <i>Inpatient Rehab Unit</i> <i>Bay Diagnostic Center</i> <i>Randal Croshaw, MD—Breast Surgery</i> <i>Susan Tobin, DO—Oncology</i> <i>Cardiac Rehab</i> <i>McLaren Home Health and Hospice</i> <i>Brian's House</i> <i>Bay Heart & Vascular</i> <i>HDI OB/GYN Services</i> <i>Michel Hurtubise, MD—Oncology</i> <i>Daniel Danso, MD—Oncology</i> <i>Janet Sutton, DO—Family Practice</i> <i>Charlotte Yang, MD—Family Practice</i> <i>Bay Valley Internal Medicine</i></p> | <p>3. Allen Medical Building 200 South Wenona <i>Laboratory</i> <i>McLaren Medical Supplies</i> <i>McLaren Pharmacy</i> <i>X-ray</i></p> <p>4. Medical Mall East 1456 W. Center Road—Essexville <i>Bay Medical Foundation</i> <i>Bay Regional Pediatrics</i> <i>McLaren—Bay Region Sleep Center</i> <i>Family and Child Health Clinic</i> <i>Helen M. Nickless Volunteer Clinic</i> <i>Lab/X-Ray</i> <i>McLaren Home Medical</i> <i>McLaren Pharmacy</i> <i>Physical Therapy</i></p> <p>5. Tuscola Medical Building 714 Trumbull <i>Lab/X-Ray</i></p> <p>6. Riverview Medical Associates 901 S. Henry <i>Lab/X-Ray</i></p> | <p>7. Auburn Clinic 312 E. Midland Road <i>Lab/X-Ray/Physical Therapy</i></p> <p>8. Bay Internal Medicine 3720 Katalin Court <i>Lab/X-Ray</i></p> <p>9. West Side Medical Mall 4175 N. Euclid <i>Baker ENT (Scott Baker, MD)</i> <i>Bay Neurosurgery Associates</i> <i>McLaren-Bay Region Neurology</i> <i>Darrell Stuart, MD—Infectious Diseases</i> <i>Laboratory</i> <i>X-Ray, CT, MRI, Ultrasound</i> <i>Anticoagulation Clinic</i> <i>RediMed Walk In Care</i> <i>Physical Therapy</i> <i>McLaren Pharmacy</i> <i>Pain Management Center</i></p> <p>10. Lincoln Center 820 S. Lincoln <i>Financial Services</i> <i>Conference Facilities</i></p> |
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Heart Failure Resources

American Heart Association

National Center
7272 Greenville Avenue
Dallas, TX 75231
(800) 242-8721
www.americanheart.org

Heart Failure Society of America

Executive Director
Court International
Suite 240 S
2550 University Avenue West
Saint Paul, MN 55114
www.hfsa.org

Cardiac Rehab

Cardiac Rehabilitation at McLaren-Bay Region is a medically-supervised program for individuals with cardiovascular disease. The primary goal of Cardiac Rehabilitation is to enable the individual to achieve their optimal level of physical, psychological, and social well-being. McLaren-Bay Region - West Campus; 3190 E. Midland Road, Bay City. For details, call (989) 667-6641.

McLaren-Bay Region Support Group Information

Caring for Others Support Group

The person who provides care for another has undertaken a great responsibility and often receives little outlet for feelings of frustration, fatigue, and discouragement. Often the caregiver's health suffers. This group provides an opportunity for people who take care of others to come together. Participants share resources, coping strategies, and generally support each other. Meets monthly. Call 989.667.6636 for more information.

Type 2 Diabetes Support Group

Exchange information with other individuals and families learning to live with diabetes. Each month a new education topic will be discussed with an expert speaker. Meets monthly. Call 989.894.9528 for more information.



EXCELLENCE IN CARDIOVASCULAR CARE.

At McLaren Bay Region, you can always expect more because that's what we offer - more quality health care services, more advanced technologies, and above all, more distinguished doctors, including heart and vascular experts.

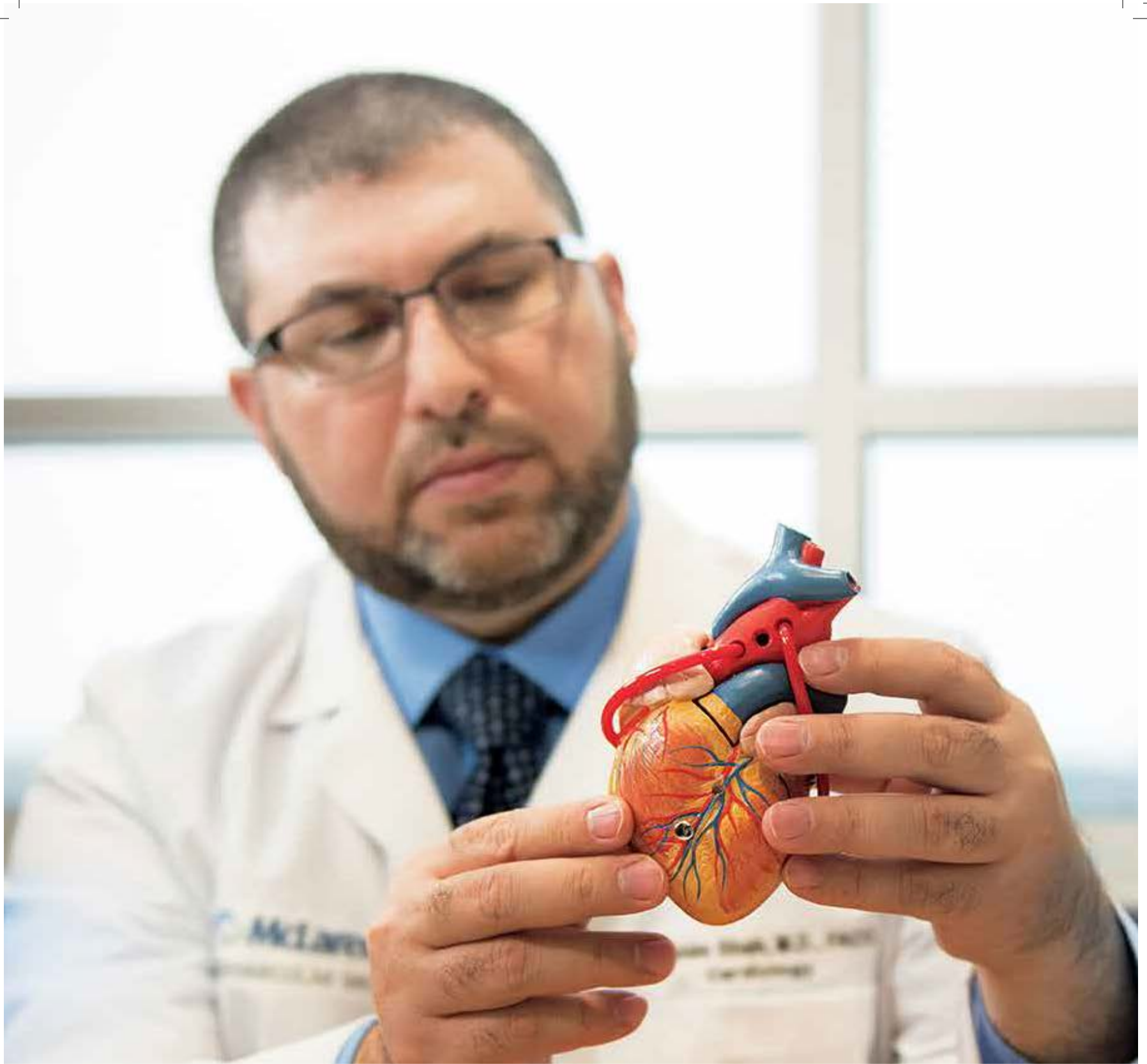
Our heart and vascular physicians are part of the region's most experienced heart team, bringing you the most comprehensive cardiovascular care in the area. From prevention to diagnosis, to surgery and rehabilitation, you can count on McLaren Bay Region to provide a level of care you can take to heart.

To learn more about our physicians, visit mclaren.org/bayregion or call toll free (989) 894-3278.



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