

MY HEART FAILURE SUMMARY

Name _____

Date Issued _____

My Diagnosis is:

Heart Failure Preserved EF (HFpEF)

Heart Failure Reduced EF (HFrEF)

Last EF _____ Date _____

Last BNP _____ Date _____

Primary Care Doctor _____

Phone _____

Cardiologist _____

Phone _____

My support person who helps manage my care is:

Name _____

Phone _____

Relationship _____

I have a device Yes No

Type of device:

Pacemaker Defibrillator

Company who makes device _____

My Allergies: _____

My Prescribed Diet is: _____

My Treatment Plan is:

- Take all medications as prescribed and do not run out of refills. Manage co-morbidities.
- Follow your prescribed diet. Remember to limit salt intake.
- Self-monitor for early signs and symptoms of a change in condition and know who to call.
- Make and always attend appointments. Get answers you understand.

If you note a change in condition, call your homecare nurse first if you have services, or call your doctor or cardiologist. You can also call the CHF Navigator at (810) 989-3581 (Monday thru Friday, 7:00 a.m. - 4:00 p.m.) for assistance with questions, appointments or a change in condition.

HEART FAILURE PASSPORT

YOUR TICKET TO CONSISTENT CARE NO MATTER WHERE YOU ARE IN THE HEALTH CARE WORLD



McLaren Port Huron
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Port Huron, MI 48060
(810) 987-5000



PORT HURON

mclaren.org/ph



PORT HURON

HEART FAILURE (HF)

Primary Physician _____

Physician Phone _____

**EVERY
DAY**

- Weigh yourself in the morning before breakfast, write it down, and compare 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

WHICH HEART FAILURE ZONE ARE YOU TODAY? GREEN, YELLOW OR RED?

GREEN ZONE

GREEN ZONE = "ALL CLEAR"

- No shortness of breath
- No swelling
- No weight gain
- No chest pain
- No decrease in your ability to maintain your activity level

GREEN ZONE MEANS:

- Your symptoms are under control
- Continue taking your medications as ordered
- Continue daily weights
- Follow a low-salt diet
- Keep all physician appointments

YELLOW ZONE

YELLOW ZONE = "CAUTION"

If you have any of the following signs and symptoms:

- Weight gain of 3 lbs. in 24 hours and/or 3-5 lbs. in a week
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity
- Increase in the number of pillows needed
- Anything else unusual that bothers you to maintain your activity level

YELLOW ZONE MEANS:

- Your symptoms may indicate that you may need an adjustment of your medication
- Call your physician
- Call your homecare nurse first if you have services.

RED ZONE

RED ZONE = "MEDICAL ALERT"

- Unrelieved shortness of breath
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or loss of more than 5 lbs.
- Confusion
- Chest pain or pain that worsens when you breathe or cough

RED ZONE MEANS:

- You need to be evaluated by a physician right away
- Call your physician or call 9-1-1

**Call your physician immediately
if you are going into the red zone!**

DIET AND NUTRITION

- Sodium makes your body retain fluid.
- I will keep my sodium intake to no more than _____ mg per day, as ordered by my doctor.
- Too many fluids can increase your weight and make your heart work harder.
- I will limit my fluids to _____ as ordered by my doctor.

ACTIVITY AND EXERCISE

- Regular exercise will not reverse heart failure, but can strengthen your muscles and make you feel better.
- Walking is a great form of exercise that your doctor may recommend.
- Stop exercising if you notice increased shortness of breath, chest pain, weakness, or dizziness.

MANAGING MY HEART FAILURE

- It is important to monitor symptoms daily and report any changes immediately to _____
- I will weigh myself each morning before eating or drinking.
- Report a weight change of 3 pounds in one day or _____ pounds in 1 week.
- I will write my weight down on a calendar.
- I will check for swelling in my ankles, feet, legs, and belly daily.
- I will take my medications.
- I will follow a low sodium diet.