My Heart Failure Action Plan

What to do if your symptoms change

Doctor ____________________________
Phone ____________________________
Pharmacy Phone ____________________

For any questions, a nurse is available 24 hours a day (toll free) at 888-676-7812.

1. Green means go – I am meeting my goals for heart failure management.
   • Stay on your treatment plan.
   • Stay active.

2. Yellow means Caution – Be alert to changes.
   If you have any of the symptoms in the yellow circle:
   • Call your doctor within 24 hours – even on weekends and holidays.
   • Have your medicine list handy.
   • Have your pharmacy phone number handy.

   For weight gain:
   • Ask your doctor about taking medication (you may already have been told about this).
   • Limit activity.
   • Limit salt.
   • Raise legs on pillows or footrest when resting.

   If you have questions or are unsure of what to do, you may speak with a nurse 24 hours a day (toll free) at 888-676-7812.

3. Red means I need to Stop and get help.
   I should call and talk with my health care provider immediately.
   • Call your doctor right away. If you think this is an emergency, call 911.
My Heart Failure Action Plan for Every Day

My health care provider and I have developed this heart failure action plan to help me meet my health goals and live a healthier lifestyle. We have determined that the following actions are right for me at this time.

My goals are: ________________________________

Weight ________________________________

☐ I will use the green/yellow/red chart at home.
   The chart will help me see how I am doing, decide whether I need to make more changes and decide when I need to call my health care provider.

☐ Check my weight at home. My provider has asked me to take my weight at home and keep track of the readings. I have a chart to write my weights on. I will bring these weights to my next appointment. My instructions are to take my weight daily, in the morning before eating:
   Time of day: ________________________________

☐ I will come to the clinic and have my weight, labs and status checked by the staff.
   How often: ________________________________
   When: ________________________________

☐ I will take my heart failure medicine every day.
   It is important to take my heart failure medicines exactly as prescribed, so my heart failure stays in control. I will let my health care provider know if I am not able to get my medicine or am not taking it as prescribed. These are the names of my heart failure medications:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

☐ I will work on these lifestyle changes:
   ☐ Eat a healthy diet. Changes I should make: Cut ___ back on salt (sodium) in my diet. Amount per day: ________________________________
   ___ Cut back on saturated fats and cholesterol in my diet.
   ___ Follow the DASH diet.
   ___ Cut back or stop using alcohol.
   Drinks per day: ________________________________
   ☐ Stop using tobacco products.
   ☐ Cut down my tobacco use to: ________________
   ☐ Increase activity. I will try these activities/exercises: ________________________________
   ☐ Lose weight. My goal is to lose: ________________
   ☐ Other: ________________________________

☐ How sure am I that I can do this?
   (1 is not sure, 10 is very sure)

1 2 3 4 5 6 7 8 9 10

☐ I will learn more about heart failure. My doctor has given me the Heart Failure education packet. I will read these materials and use what I learn to help control my heart failure. The packet contains the basic information I need to plan my goals and make lifestyle changes.

☐ I will let my provider know if I have any questions or problems with making my lifestyle changes or taking my medications. Making changes can be hard and I can get help in other ways, such as meeting with a dietitian, finding ways to pay for medications I cannot afford, using quit-smoking programs, and attending community programs or classes. The health care team can help me find the help I need to make changes.