



UNDERSTANDING CONGESTIVE HEART FAILURE

AN INTERACTIVE PATIENT GUIDE





DISCLAIMER

Any advice in this handout is not meant to be a replacement for specific medical advice provided by your doctor. Always follow your doctor's medical recommendations.



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CHAPTER 1 — UNDERSTANDING HEART FAILURE

- What Is Heart Failure?
- Lifestyle Risk Factors for Heart Failure
- Conditions that May Lead to Heart Failure
- Signs and Symptoms of Heart Failure
- How Is Heart Failure Diagnosed?
- What Is Ejection Fraction?

WHAT IS HEART FAILURE?

The diagnosis of “heart failure” sounds scary, but it doesn’t really mean the heart is about to stop. It’s a sign the heart muscle has weakened and isn’t pumping blood as well as it should to meet the body’s need.

Heart failure usually develops after the heart muscle is damaged from disease or injury, such as a heart attack or a virus that attacks the heart. When the heart can’t pump enough oxygen-rich blood to your organs, you feel weak and tired.

Although it can be treated and managed, there is no cure for heart failure, so you must pay close attention to changes in symptoms.

LIFESTYLE RISK FACTORS FOR HEART FAILURE

Many things can increase your risk for developing heart failure; you may have multiple risk factors or just one. Here are some of the most common lifestyle risk factors for developing heart failure.

- Smoking
- Being overweight
- Eating food high in fat and cholesterol
- Not exercising
- Consuming a lot of alcohol
- Drug abuse, especially cocaine
- Having an irregular heartbeat (too fast or too slow)
- Unmanaged stress

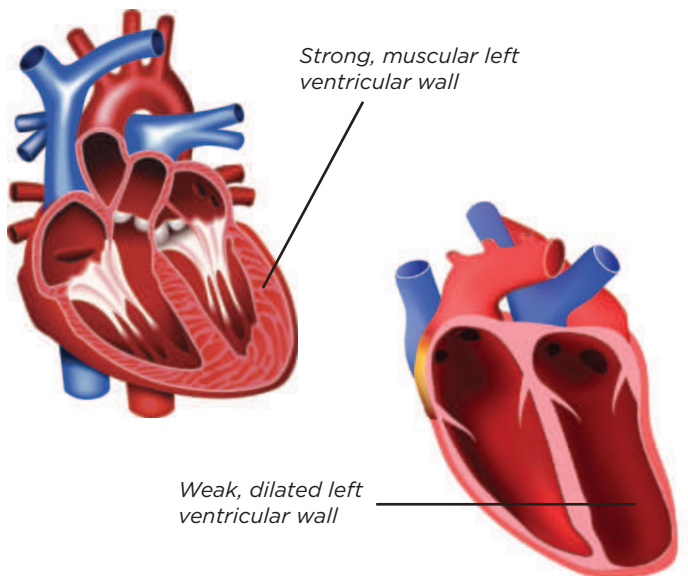


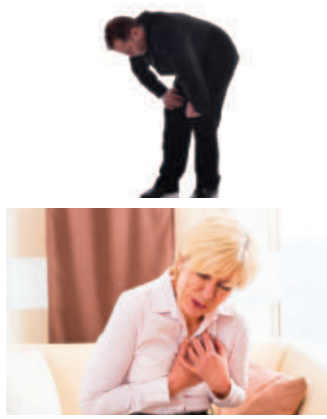
CONDITIONS LEADING TO HEART FAILURE

The natural process of aging and other conditions cause you to be at higher risk for developing heart failure. However, certain conditions can lead to heart failure. Here are some of the most common conditions that can lead to heart failure.

- Coronary artery disease (CAD)
- Diabetes
- Obesity
- Heart attack
- High blood pressure (hypertension)
- Abnormal heart valves
- Cardiomyopathy
- An infection or virus that damages the heart muscle
- Severe lung disease
- Kidney failure
- Anemia
- Family member who has heart failure
- Sleep apnea

It’s possible to still have heart failure with none of the above conditions. Make sure to talk with your doctor about why you’ve developed heart failure.





SIGNS AND SYMPTOMS OF HEART FAILURE

How Does Heart Failure Feel?

You may have many heart failure symptoms or only a few. Here are some of the most common signs and symptoms.

- Shortness of breathing with activity or when lying flat
- Feeling that lungs are “full of fluid”
- Constant dry or moist cough or coughing up frothy sputum
- Swelling (edema) of your feet, ankles and abdomen
- Weight gain of more than 3 lb in one day or 5 lb in one week
- An increase in heart rate or an irregular heartbeat
- Chest pain that does not go away with nitroglycerin
- Using more pillows than usual to sleep at night, or needing to sleep in a recliner because of the shortness of breath
- Tiredness and weakness that keeps you from doing your normal daily activities (extreme fatigue)
- Confusion or trouble thinking
- Loss of appetite

HOW IS HEART FAILURE DIAGNOSED?

Besides the clinical signs of heart failure (breathlessness, fatigue and fluid retention), there are a few tests and procedures that can help your doctor determine if you have heart failure or if your heart failure is getting better or worse.

EKG

Shows the electrical activity of your heart.

Chest X-Ray

Checks for any build-up of fluid around your lungs and/or an enlarged or restrictive heart image.

Blood Tests

Blood can be drawn to check your heart’s condition (troponin level, BNP) and other body systems that can be affected by heart failure, including your kidneys (BUN, creatinine). Other blood tests can be done to check your electrolytes, including sodium and potassium.

Echocardiogram

Uses sound waves to look at the heart valves and see how well your heart muscle is functioning.

Stress Test

The doctor places your heart under “stress” and monitors you to see if your heart is getting enough blood when it’s under stress. This test can be done on a treadmill or with medication inserted into a vein.

Cardiac Catheterization

An invasive study in which a cardiologist checks to see if you have any blockages in the arteries that supply blood to your heart. If so, angioplasty and stenting can be done to open up the blockages and help with heart failure symptoms.



WHAT IS EJECTION FRACTION?

Your heart's ejection fraction (EF) is measured in a variety of ways, including echocardiogram, stress testing and cardiac catheterization, to help determine the severity of your heart failure. The ejection fraction represents the percent of blood that your heart pumps out with each heartbeat.

The lower your EF, the weaker your heart muscle. Your EF is not always the same.

NORMAL EF = 50-70%

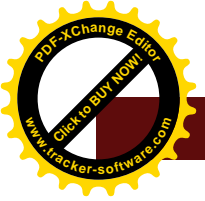
BORDERLINE EF = 41-49%

REDUCED EF = 40% OR LESS

It's also possible to have a diagnosis of heart failure, even with a normal EF.

See pg. 15 for personalized information about your ejection fraction





CHAPTER 2 — HOW IS HEART FAILURE MANAGED?

- Medications for Heart Failure
- Managing Your Heart Failure
- Palliative Care and Chronic Disease



MEDICATIONS FOR HEART FAILURE

Heart failure usually responds very well to medications that can be taken at home.

Many people with heart failure will take three or more medications on a daily basis. This might seem like a lot, but each medication works in a different way to help support your heart and keep you healthy at home.

Here are some of the most common ways medication can help your heart failure.

- Slow the rate at which your heart failure gets worse
- Remove extra fluid
- Keep your heart in a normal rhythm
- Improve your daily quality of life
- Relieve or control symptoms
- Reduce hospital stays
- Help prevent complications such as stroke or worsening coronary artery disease

TIPS FOR MEDICATION MANAGEMENT

- Make a list of all medications you take and keep one copy at home and one in your wallet.
- Create reminders for yourself to take your medications. Try using a calendar, medication board, smart phone app, sticky notes or digital watch.

MANAGING YOUR HEART FAILURE

If you also have a heart rhythm problem (arrhythmia), you may need a cardiac device to help your heart pump more effectively and/or help keep you in a normal rhythm.

Here are some of the most common types of cardiac devices:

- Pacemaker
- Implantable cardioverter-defibrillator (ICD)
- Biventricular pacemaker
- Left ventricular assist device (LVAD)

Ask your doctor for more information about these devices to determine if one would be helpful in managing your heart failure.

Having a good relationship with the doctor who manages your heart failure is important. Make sure to follow up with your doctor closely after each hospitalization and **keep all scheduled appointments.**

In some cases, your health care provider may recommend oxygen therapy to help reduce your shortness of breath and increase your activity level. It's important not to smoke while on oxygen.

PALLIATIVE CARE AND CHRONIC DISEASE

Heart failure is a type of chronic heart disease that can't be cured and generally gets worse over time. As heart failure progresses, patients go through stages categorized by disease severity. Disease severity is based on symptoms, level of cardiac dysfunction and your risk for conditions that could make your heart failure worse.

If you have advanced heart failure, causing increased symptoms and impairing your quality of life, palliative care services can help with education, goals of care and symptom management at any stage of heart failure.



Symptoms such as shortness of breath, anxiety, excess fluid (edema) and depression are common with advanced disease. Palliative care has been shown to help you and your family improve satisfaction with your care, as well as improve symptom management and quality of life.

As your disease progresses over time, which could be months to years, your symptoms will worsen, impairing your activities of daily living. It's important to follow your doctor's orders regarding medications, diet modifications and vaccinations to help manage symptoms, improve your quality of life and decrease your risk of being hospitalized.

OUR GOALS FOR YOU

Comfort

Palliative care specialists understand how to treat discomfort. By making the right arrangements and ordering the right medications, they can ease the unpleasant symptoms of disease, improve quality of life, and bring peace of mind.

Support

Our team includes doctors, nurses, social workers and spiritual professionals, here to support you and your family as you face chronic illness.

Dignity

We will listen to all of your concerns and help you and your family plan for your future both in the hospital and after you go home.

Hope

We will help you and your family see new possibilities and find insights that bring peace and a path to healing troubled relationships.

LOOKING BEYOND

- Are my heart failure symptoms well controlled?
- When should I start thinking about palliative care?
- Should I talk to my doctor about palliative care?



WHEN TO CHOOSE HOME CARE, PALLIATIVE CARE OR HOSPICE

	HOME CARE	PALLIATIVE CARE	HOSPICE CARE
DIAGNOSIS	Medical condition requires extra support at home. There is a skilled need for wounds, foley catheter, IV antibiotics, etc.	Any life-limiting chronic disease requiring assistance with goals of care and symptom management.	The terminal diagnosis is determined by the hospice team. Has prognosis of six months or less.
PHYSICIAN RESPONSIBILITY	Services must be ordered by a physician. Services must be medically necessary. Orders are reviewed every 60 days.	Physician referral is required. Services are coordinated with primary care physician.	Certification from two physicians that the patient is terminally ill. Hospice plan of care reviewed every 15 days. Hospice will re-certify the patient.
VISIT FREQUENCY	Coordinated with physician, patient and home care staff.	Based on patient needs, determined by palliative care team.	Determined by patient and hospice team.
HOSPITALIZATION	No restrictions	No restrictions	Must be coordinated by the hospice team
SERVICES COVERED	Skilled nurse, home health aide, social worker, therapy (OT, PT, ST). Services must be ordered by a physician. Must be homebound or require assistance or significant effort to leave the home.	Nurse practitioner or physician home visits. Office visits available if needed. May be used together with home health care.	Physician, skilled nurse, home health aide, social worker, therapy (OT, PT, ST), spiritual care, dietitian, volunteers, medical equipment/supplies, medications related to terminal illness, and bereavement services.
COST	Medicare A pays 100%. Benefits vary per policy on private insurances.	Nurse practitioner and physician billed to Medicare Part B, Medicaid or private insurance. Deductibles and copays/coinsurance do apply.	Covered 100% under Medicare Part A and Medicaid. Private insurance is on a per-policy basis and subject to deductible and co-pays.
STAFF AVAILABILITY	Available on call 24/7	Monday - Friday, 8:00 AM to 4:30 PM	Available on call 24/7

deaconess.com/palliativecare



CHAPTER 3 — MAINTAINING A LOW-SODIUM DIET

- **Why Is a Low-Sodium Diet Right for Me?**
- **What Foods Are Right for Me?**
- **Low-Sodium Guidelines**
- **Low-Sodium Dining Out Guide**
- **How Do I Manage a Fluid Restriction?**



WHY IS A LOW-SODIUM DIET RIGHT FOR ME?

What is sodium?

- Sodium is a mineral that your body needs in order to function.
- Sodium is the major ingredient in table salt.
- Many people use the words salt and sodium interchangeably.

Too much sodium can result in your body holding on to water, which may cause weight gain, shortness of breath and swelling. This may cause your heart failure symptoms to worsen.

FOOD FOR THOUGHT

- Foods with less than 140 mg per serving are considered “low-sodium.”
- 1 teaspoon of table salt has 2300 mg of sodium in it!
- The American Heart Association recommends consuming no more than 1500 mg of sodium per day.

WHAT FOODS ARE RIGHT FOR ME?

The average American consumes more than 3400 mg of sodium per day! That’s more than twice the daily amount recommended by the American Heart Association. Many foods and drinks have “hidden” salts in them that can make your heart failure symptoms worse. The average American gets more than 75% of their sodium from these “hidden” salts—that’s without adding any table salt!

GREAT CHOICES FOR A LOW-SODIUM DIET

- Fresh fruits and vegetables
- Fresh meat
- Water instead of soda
- Choose low-sodium varieties when available
- Try to limit packaged or processed goods (TV dinners, canned soup, canned vegetables, potato chips, pretzels, beer).

WHAT’S THE SKINNY ON FLAVORING?

Fresh herbs and spices (excluding garlic salt, celery salt, onion salt) and low-sodium flavorings, including Mrs. Dash, are great to experiment with as you start on your low-sodium journey.

Many salt substitutes exchange sodium chloride for potassium chloride and should be avoided for heart failure patients—and especially avoided if you have kidney problems. The extra potassium chloride can interact with some of your medications and cause a worsening of your symptoms.

LOOKING BACK

- Do my feet seem to swell after a salty meal?
- What foods are higher in sodium than others?



LOW-SODIUM GUIDELINES

FOODS TO AVOID	TRY THESE INSTEAD
Regular canned soup	Homemade soup Low-sodium/heart-healthy versions
Canned vegetables (unless they are salt-free or low-sodium)	Fresh vegetables Frozen vegetables (without added sauces, salt or sodium) Low-sodium versions
Salty snacks: pretzels, chips, nuts, crackers	Low-sodium versions Other snacks that have the same crunch: bell peppers, carrots, celery, grapes, cherry tomatoes
Cured/smoked meats: hot dogs, ham, bacon, sausage, corned beef, lunch meat	Fresh turkey, chicken or lean beef
Cheese	Low-sodium cheese varieties
Packaged/processed food	Homemade meals Low-sodium varieties
Sauces: Worcestershire, barbecue, steak, chili, soy, teriyaki, ketchup	Low-sodium versions Alternative flavorings
Fast food	Use menu to order low-sodium options

TIP AND TRICKS FOR CUTTING DOWN ON SODIUM

- Cook pasta, rice, and hot cereal without salt—you won't miss it!
- Drain and rinse canned goods to decrease the amount of sodium by 40%.
- Cook meat by baking, grilling, searing or roasting, rather than frying.



LOOKING BACK

A simple change to my diet will include:

LOW-SODIUM DINING OUT GUIDE

Just because you need to keep your sodium in check doesn't mean you can't enjoy meals outside your home. Here are some simple tips for ordering low-sodium meals and alternative food choices when dining out.

- ▶ Drink water with your meals
- ▶ Let your server know that you want your food to be cooked without salt.
- ▶ If the menu doesn't have a nutrition guide, ask your server what items are considered low-sodium.
- ▶ Remember that foods served fried, au gratin, crispy, scalloped, pan-fried, sautéed, buttered, creamed or stuffed are high in fat and calories. Instead, look for steamed, broiled, baked, grilled, poached or roasted foods.
- ▶ Select fresh fruit or salad as an appetizer.
- ▶ Avoid olives, pickles, croutons, cheese, bacon bits, mayonnaise and marinated or cream-based salads.
- ▶ Consider selecting fresh fruit, sherbet, gelatin, fruit salad or angel food cake for dessert.
- ▶ Avoid "jumbo," "double" and "supersize" items; they usually have much more sodium, fat and calories than smaller sized items.
- ▶ Ask that gravy, salad dressing and other sauces be placed on the side rather than on your dishes.



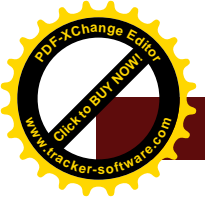
HOW DO I MANAGE A FLUID RESTRICTION?

As part of your heart failure treatment, your doctor may recommend that you limit the amount of fluid you drink every day. This is referred to as a "fluid restriction." In some cases of heart failure, drinking excess fluid can cause a worsening of heart failure symptoms.

TIPS AND TRICKS TO MANAGING A FLUID RESTRICTION

- Drink only when you're thirsty.
- Rinse your mouth with water, but don't swallow it.
- Suck on hard candies, ice or popsicles, or chew on gum to keep your mouth moist.
- Remember that fluids are liquids or anything that melts at room temperature, including soup, ice cream, salad dressing and liquid medicine.
- Chilled drinks are more refreshing and will quench thirst better than room-temperature drinks.
- Mark a container with your daily fluid limit. Each time you have something to drink, add water to your container. This will help you know when you've reached your daily limit.

See pg. 15 for personalized information about your fluid restriction



CHAPTER 4 — HEART FAILURE LIFESTYLE CHOICES

- Lifestyle Choices
- Daily Weights

LIFESTYLE CHOICES

Heart failure is a chronic disease that can lead to good days and bad days. However, you play an exceptionally important role in helping yourself live a healthy, active life and avoiding hospitalization. It's vital that you make good lifestyle choices to help manage your heart failure and slow down disease progression.

AVOID SMOKING

- Smoking and being exposed to second-hand smoke increases your risk of developing coronary artery disease and can worsen heart failure. Smoking makes heart failure very difficult to manage. It's important to quit.
 - Keep busy
 - Go to places where smoking is not allowed
 - Avoid people or situations that tempt you to smoke
 - Try hard candy
 - Tell family and friends you need their support
 - E-cigarettes and smokeless tobacco still contain nicotine
- Talk with your doctor or nurse for smoking cessation guidance.



LIMIT OR AVOID ALCOHOL

- Alcohol can gradually weaken your heart muscle to the point of heart failure. Ask your cardiologist if it's safe to drink any alcohol.
- Women should limit alcohol to one drink per day, and men should limit alcohol to two drinks per day.

MAINTAIN A HEALTHY WEIGHT

- Being overweight puts added strain on your heart and makes it more difficult to breathe.
- By maintaining a healthy weight, you can reduce heart failure symptoms.
- Ask your doctor or dietitian for advice on healthy weight loss solutions.

GET VACCINATED

- People with heart failure are considered high risk for death from respiratory illnesses such as the flu and pneumonia.
- Get the flu vaccine every year.
- Get the pneumonia vaccine as directed.

See pg. 15 for your personalized vaccination chart.

LOOKING BACK

What small changes can I make in my daily life to help manage my heart failure?

DAILY WEIGHTS

Weighing and recording your weight every day

is an easy way to keep track of your heart failure. Daily weights provide insight into how well you're responding to treatment or if your condition is worsening. It's important that you keep an eye on your weight and know what's normal for you and your body. If you do not routinely weigh yourself, you'll often gain weight without noticing it until your symptoms are severe enough that you need to be hospitalized



TIPS FOR DAILY WEIGHTS

- Weigh every day at the same time, wearing similar clothes, on the same scale.
- Make sure to go to the bathroom before you step on the scale.
- Keep a log book, calendar or weight chart next to your scale for easy recording.
- **Call your doctor if you gain more than 3 lb in one day or 5 lb in one week.**

See pg. 14 for a personalized daily weight chart

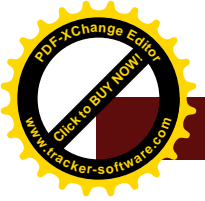
STAY ACTIVE

- Talk with your doctor before starting any new exercise program to determine if it's right for you and your degree of heart failure.
- Some people with heart failure benefit from a cardiac rehabilitation program. Ask your doctor if this is an option for you.
- Staying active will help reduce symptoms of heart failure.
- Walking, bicycling, swimming and many other types of physical activity can help manage not only your heart failure symptoms, but also your mood.
- Do not exercise in extreme weather (extreme heat, cold, humidity, pollution, etc.).
- If you become tired, back off to a lower level of exercise for a few days.
- Start with slow, short walks to begin your exercise program—5 minutes per day, 6-7 days per week. Slowly increase by adding 5 minutes each week.
- Avoid overexertion or activities that cause dizziness, moderate shortness of breath or chest discomfort.



LOOKING BACK

- Do I have a reliable scale at home?
- How will I make weighing myself part of my daily routine?
- My baseline weight is: _____



CHAPTER 5 — MY HEART FAILURE

- My Heart Failure Action Plan
- My Medications for Heart Failure
- My Daily Weight Chart
- My Personalized Heart Failure Information
- Follow-Up Needs and Resources

MY HEART FAILURE ACTION PLAN EVERY DAY

- Weigh yourself in the morning before breakfast. Write it in your weight journal.
- Stay on a low-sodium diet.
- Check for swelling in feet, ankles and stomach.
- Take all your medications as prescribed.

<p>GREEN ZONE—GOOD TO GO</p> <ul style="list-style-type: none"> • No trouble breathing or no new shortness of breath • No new swelling of feet, legs, ankles, hands or abdomen • Weight is stable or at baseline • Able to complete activities of daily living • No chest pain 	<p>YOUR SYMPTOMS ARE UNDER CONTROL!</p> <ul style="list-style-type: none"> • Continue taking your medications as prescribed • Continue weighing yourself every day and recording your weights on a chart • Continue keeping scheduled follow-up visits with doctor
<p>YELLOW ZONE—CAUTION</p> <ul style="list-style-type: none"> • Need more pillows than usual to sleep at night or have to sleep in a recliner because of shortness of breath • Increased swelling in feet, legs, ankles, hands or abdomen • Have more coughing than usual • Worsening shortness of breath with activity • Able to complete some activities of daily living but not like usual • Gain 3 lb overnight or 5 lb in one week 	<p>YOUR HEART FAILURE SYMPTOMS ARE WORSENING!</p> <ul style="list-style-type: none"> • Call your doctor • Report your symptoms • Anticipate a change in medication or an office visit
<p>RED ZONE—DANGER</p> <ul style="list-style-type: none"> • Difficulty sleeping at night because of shortness of breath • Increased swelling in feet, legs, ankles or abdomen • Frequent moist cough with frothy or pink sputum • Shortness of breath at rest • Unable to complete activities of daily living • Gain 3 lbs. overnight or more than 5 lbs. in one week • New or worsening confusion, dizziness or forgetfulness • Loss of appetite • Your heart beat is very fast, very slow or irregular • You have chest pain that doesn't go away 	<p>YOUR HEART FAILURE SYMPTOMS NEED IMMEDIATE ATTENTION!</p> <ul style="list-style-type: none"> • Call your doctor to be seen right away <p>OR</p> <ul style="list-style-type: none"> • Call 911



MY MEDICATIONS FOR HEART FAILURE

ACE-inhibitor/ARB/ARNI

The name of your ACE-inhibitor/ARB/ARNI is _____

You should take it _____

How it works: ACE-inhibitors/ARBs/ARNIs work by relaxing blood vessels, lowering blood pressure, and preserving the strength of your heart muscles, making it easier for the heart to pump blood.

Side effects: low blood pressure, dizziness, high potassium, cough (with ACE-inhibitors), rash

Beta-Blockers

The name of your beta-blocker is _____

You should take it _____

How it works: Beta-blockers help keep your heart in a normal rhythm and keep your heart rate from going too fast. They also reduce the amount of work the heart has to do and can lower blood pressure.

Side effects: slow heart rate, low blood pressure, feeling tired (fatigue), dizziness, passing out (syncope), very slow heart rate (bradycardia)

Diuretics (water pill)

The name of your diuretic is _____

You should take it _____

How it works: Diuretics help your body get rid of extra salt and fluid. They pull fluid off your lungs and legs when they are swollen. They work best when combined with a low-sodium diet.

Side effects: increased urination, dehydration, low blood pressure, dizziness, low potassium, passing out (syncope), muscle cramps

YOUR DOCTOR MAY ALSO PRESCRIBE ONE OR MORE OF THESE MEDICATIONS

Spironolactone OR Eplerenone

You should take _____

How it works: This type of diuretic helps the body get rid of extra salt and fluid while holding on to potassium. It also helps to preserve the strength of your heart.

Side effects: increased urination, high potassium, dehydration, passing out (syncope), muscle cramps, confusion, blood in stool

Hydralazine Plus Nitrate

You should take _____

How it works: Can be a combination pill (two in one) or two separate pills that work together to relax and expand blood vessels. May be used in patients who cannot tolerate other heart failure medications or whose heart failure is not well-controlled.

Side effects: headache; low blood pressure; dizziness; stomach upset; numbness, tingling or burning in hands, arms or feet; joint pain; rash; fever; chest pain; fast or pounding heartbeat

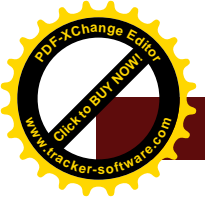
Digoxin

You should take _____

How it works: Helps the heart pump with more force. Can help reduce symptoms of heart failure, improve exercise tolerance and reduce hospitalizations.

Side effects: headache, dizziness, nausea, vomiting, low heart rate, passing out (syncope), vision changes, confusion

If you have any questions about your medications, ask your doctor or pharmacist.



MY DAILY WEIGHT CHART

My Doctor's Phone Number: _____

Month: _____

My Baseline Weight: _____

SYMPTOM LEGEND (write the letters of your symptoms in the boxes below)

- A. LOSS OF APPETITE OR NAUSEA
- B. TIRED (FATIGUE)
- C. COUGH OR CHEST CONGESTION
- D. RESTLESSNESS
- E. SWELLING IN LEGS, FEET, HANDS, ABDOMEN
- F. INCREASED SHORTNESS OF BREATH WITH ACTIVITY
- G. SLEEPING WITH MORE PILLOWS THAN USUAL
- H. DIZZY OR LIGHTEADED
- I. FAST HEART BEAT
- J. BUBBLY SPUTUM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DATE: WT.: SYMPTOM:	DATE: WT.: SYMPTOM:	DATE: WT.: SYMPTOM:	DATE: WT.: SYMPTOM:	DATE: WT.: SYMPTOM:	DATE: WT.: SYMPTOM:	DATE: WT.: SYMPTOM:
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REMEMBER: Weigh yourself at the same time each day in similar clothing, using the same scale. Notify your doctor if you have sudden weight gain of 3 lb in one day or more than 5 lb in one week. Take this sheet with you to your doctor's appointments.



MY HEART FAILURE INFORMATION

MY EJECTION FRACTION

My EF is _____ on _____
This was measured during my _____

MY FLUID RESTRICTION

My fluid restriction is _____ ml
in 24 hours.
1 fluid ounce=30 ml

MY VACCINE RECORD

TYPE	DATE	DATE	DATE	DATE	DATE
FLU					
PNEUMONIA					
OTHER					

FOLLOW-UP NEEDS



RESOURCES

American Heart Association

The American Heart Association has information about different diseases, how they are treated and personal stories from other patients. Visit their website at www.heart.org to learn more.

Deaconess Medication Therapy Management (MTM) Clinic

A service provided by Deaconess Pharmacy in which a pharmacist will meet with you and provide education about your disease states and medications. He or she may also make recommendations to your doctor about some of your medications to maximize therapy, decrease cost or simplify your medication regimen. MTM may be contacted at 812-450-4MTM (4626).

Medication Assistance Program

A community program offered by Deaconess that works with your insurance, drug companies and federal and private foundations to minimize your medication copays. There is no cost to join and no cost to your doctor. Your doctor, a social worker or a case manager can help arrange a call to the program, or you can call yourself at 812-450-2319.

Deaconess Palliative Care Services

A type of specialized care that's focused on providing relief from the symptoms, pain and stress of a chronic illness—whatever your diagnosis. The goal is to improve quality of life for both you and your family. Palliative care is provided by a team of doctors, nurses and other specialists who work with your other health care providers to provide an extra layer of support. Ask your doctor, nurse or social worker today to get more information about palliative care. Deaconess Palliative Care may be reached at 812-450-3201 or 812-450-3241.

The Heart Hospital Cardiac Rehab

A symptom- and risk-management program that focuses on lifestyle management. Their staff will design an individualized program that incorporates exercise as well as education on nutrition, medication, stress and other risk factors. Patients typically attend the cardiac rehab program for 36 visits over the course of 12 to 18 weeks. The primary goal of the program is to help you return to an active, productive lifestyle. The program is covered by most insurance companies, including Medicare. Cardiac rehab staff will discuss your specific insurance coverage for the program before you begin. For more information, please call 812-842-2345.



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