



## Watching My Symptoms— How Do I Take Charge?

Taking your medicines the right way is one of the most important things you can do for your health. Ask your doctor to help you fill out your plan. A plan can be very helpful, especially when your symptoms get worse.

Date: \_\_\_/\_\_\_/\_\_\_ Doctor/Phone: \_\_\_\_\_ Emergency number: \_\_\_\_\_

Target weight: \_\_\_\_\_ Target blood pressure: \_\_\_\_\_

### Action:

- Take medicines as directed by doctor.
- Check your weight every day and write it down.
- Follow a low-salt diet and avoid alcohol.
- Get regular physical activity if your doctor approves.
- Check blood pressure if instructed.
- If you smoke, quit.

### Call your doctor if you notice ANY of the following:

- Weight gain of 2 or more pounds in a day or 4 pounds in a week
- Increased swelling in ankles, legs, or belly
- Increased shortness of breath, especially when lying flat (eg, you may have to sleep sitting up)
- Extreme tiredness
- A cough that won't go away; or coughing up pink mucus
- Heartbeat is very fast
- You feel your heart is skipping beats
- Feeling restless, dizzy, or woozy
- Nausea or lack of appetite

### Go to the emergency room (or call 911) immediately if:

- You have pain or discomfort in your chest, neck, arm, jaw or shoulder that does not go away when you rest or take nitroglycerin
- You have any other medical problems, including:
  - Severe shortness of breath
  - Unexplained sweating or weakness
  - Light-headedness, dizziness, or fainting
- You have difficulty with speech, sudden weakness in your arms or legs, or other symptoms of stroke
- You have a fainting spell or lose consciousness



# Heart failure action plan



## How this handout can help you and your family

Heart failure may cause a number of symptoms (changes in how you feel). Some are more serious than others. Catching and treating symptoms early can help keep you out of the hospital. Share this handout with your family and close friends. It shows what actions you or those you live with need to take.

### Medical alert

#### Call 911 right away if you:

- Have severe shortness of breath
- Have chest pain or discomfort that does not go away when you rest or take nitroglycerin
- See that the person has passed out



### Caution

#### Call your doctor if you have:

- Trouble breathing or feel short of breath much of the time
- Awakened suddenly with trouble breathing
- To sleep sitting up or propped up with more pillows than usual
- A racing heartbeat or you feel like you might pass out
- Coughed up pink or frothy (bubbly) mucus
- Gained or lost 2 or more pounds in 1 day or 4 or more pounds in 1 week
- Swelling in your feet, legs, hands, or belly
- A cough that won't go away. Or your chest feels congested (clogged up)
- Felt more tired than usual or have trouble doing everyday activities
- Lost your appetite or you feel like you might throw up
- A belly that feels full or bloated
- Felt dizzy or woozy
- Been urinating more often at night



### Keep up the good work!

#### Keep doing what you are doing if you are:

- Taking your medicines every day as directed
- Weighing yourself every day and writing down your weight
- Following your low-salt diet
- Keeping track of your symptoms each day
- Being active
- Avoiding too much alcohol
- Quitting smoking



Talk to your doctor about your heart failure action plan.

This material was developed by GlaxoSmithKline.





# My Heart Failure Goals— What Are They?

You are the most important person in managing your heart failure. Talk with your doctor to help you choose one or more goals you are ready to work on now.

## Goal 1



### Weight

- I will weigh myself every day at the same time, using the same scale.
- I will try to reach and/or stay at my goal body weight of \_\_\_\_\_.
- I will call my doctor if I gain weight for \_\_\_ straight days or gain more than \_\_\_ pounds in a day.

## Goal 2



### Symptoms

- I will check my feet and ankles every day for signs of swelling.
- I will call my doctor if any of my symptoms get worse.

## Goal 3



### Medicines

- I will take my medicine(s) as directed by my doctor.
- I will call my doctor if I have any problems.

## Goal 4



### Rest

- I will get enough rest at night and take breaks during the day if I need them.
- If I have trouble sleeping, I will call my doctor.

## Goal 5



### Smoking

- I will talk to my doctor about ways to quit smoking.

## Goal 6



### Alcohol

- I will avoid or greatly lower the amount of alcohol I drink each day.

## Goal 7



### Diet

- I will follow a low-salt, low-fat, high-fiber diet based on my doctor's instructions.
- My goal is to drink \_\_\_\_\_ glasses of fluid a day.

## Goal 8



### Sodium (Salt) Use

- My sodium goal will be \_\_\_\_\_ mg per day.

## Goal 9



### Exercise

- I will exercise for \_\_\_\_\_ minutes \_\_\_\_\_ days per week as directed by my doctor.
- The best exercises for me are \_\_\_\_\_.

### **EMERGENCY**

**Call 911 right away if you have chest pain/tightness or feel very short of breath.**



## How To Use This Form

This form will help you keep track of things that you can do to help your heart.



Name \_\_\_\_\_

Date \_\_\_\_\_

Target weight \_\_\_\_\_



### Reminders:

Post this form someplace handy. Use it every day to keep on track.

### Get started:

- Ask your doctor to help you fill in this form.
- When you visit your doctor, ask about any changes to your treatment. Write them down.

### Use this form to help you remember:

- Your target weight
- Activities and exercises that you can do
- Your diet plan, including how much salt and liquids that you can have
- Your medicines: What to take and when
- Important telephone numbers



### Whom to call:

Emergency: **911** or \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietitian: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_



**Exercise and activities**

My level of daily activity is:

- Normal   
  Limited   
  Bed rest  
 Other \_\_\_\_\_

My daily exercise/activity plan is (how much and what type):

\_\_\_\_\_

\_\_\_\_\_

Examples of what I can do:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Examples of what I should not do:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My diet plan**

- Diet to follow:  Regular  
 DASH diet  
 Low fat  
 Low cholesterol  
 Diabetic  
 Other \_\_\_\_\_

How much salt I can have:

- 1,500 mg per day  
 2,000 mg per day  
 2,300 mg per day  
 Other \_\_\_\_\_

How much fluid I can have:

- No limit  
 Limit to \_\_\_ ounces per day



**My medicines**

| Name of medicine | Color and what it looks like | How much to take | When to take it |
|------------------|------------------------------|------------------|-----------------|
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