

Heart Failure Zones

EVERY DAY

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- Weigh yourself in the morning before breakfast. Write it down. Compare your weight today to your weight yesterday.
- Keep the total amount of fluids you drink to only 6 to 8 glasses each day. (6-8 glasses equals 1500-2000 ml or 48-64 oz)
- Take your medicine exactly how your doctor said.
- Check for swelling in your feet, ankles, legs, and stomach.
- Eat foods that are low in salt or salt-free.
- Balance activity and rest periods.



Which zone are you in today?

GREEN SAFE ZONE

ALL CLEAR – This zone is your goal!

Your symptoms are under control. You have:

- No shortness of breath.
- No chest discomfort, pressure, or pain.
- No swelling or increase in swelling of your feet, ankles, legs, or stomach.
- No weight gain of more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week.



YELLOW CAUTION ZONE

CAUTION – This zone is a warning

Call your healthcare provider (eg. doctor, nurse) if you have any of the following:

- You gain more than 4 lbs (2 kg) over 2 days in a row or 5 lbs (2.5 kg) in 1 week.
- You have vomiting and/or diarrhea that lasts more than 2 days.
- You feel more short of breath than usual.
- You have increased swelling in your feet, ankles, legs, or stomach.
- You have a dry hacking cough.
- You feel more tired and don't have the energy to do daily activities.
- You feel lightheaded or dizzy, and this is new for you.
- You feel uneasy, like something does not feel right.
- You find it harder for you to breathe when you are lying down.
- You find it easier to sleep by adding pillows or sitting up in a chair.



Healthcare Provider: _____ Phone Number: _____

RED DANGER ZONE

EMERGENCY – This zone means act fast!

Go to emergency room or call 9-1-1 if you have any of the following:

- You are struggling to breathe.
- Your shortness of breath does not go away while sitting still.
- You have a fast heartbeat that does not slow down when you rest.
- You have chest pain that does not go away with rest or with medicine.
- You are having trouble thinking clearly or are feeling confused.
- You have fainted.



Self-Monitoring Sheet

Name: _____

SELF-MONITORING: Record your findings below						
Days	Changes in Your Breathing Pattern	Weight	Swelling	Fatigue	Side Effects of Medication	Action Taken and Your Results
Day 1						
Day 2						
Day 3						
Day 4						
Day 5						
Day 6						
Day 7						

Questions to ask yourself:

1. What was I doing when the change was noticed? _____
2. What time of day did the change happen? _____
3. How did I decide to report or not to report it? _____
4. To whom did I report the change? _____

Daily Weight Information

Name: _____

Heart Function Clinic or Physician's office: _____

Healthcare Provider: _____ Contact phone number: _____

Check your weight every day

Why?

- Checking your weight every day lets you know if your body is retaining fluid.
- Excess fluid build up in your body makes your heart work harder.
- When you report weight gain early to your healthcare provider, they can help you prevent your heart failure from getting worse. This can help prevent a hospital admission.



If your weight increases by:

- More than 2 kg (4 lb) in two days, or
- More than 2.5 kg (5 lb) in 1 week.



You are retaining fluid.

You should call your healthcare provider.

For further directions, please refer to '**Heart Failure Zones**' information sheet.

When?

- Same time every day
- Preferably before breakfast

How?

- After you have emptied your bladder (gone 'pee')
- Wear the same amount of clothing

Record your weight on the calendar below.

(You may prefer to use your own method such as a notebook, a computer.)

Remember to bring your record to your doctor or clinic appointment.

Your 'Dry Weight' (when you don't have excess fluid in your body): _____

Write down your weight each day compare today's weight to yesterday's weight.

Month _____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday