

# HEART FAILURE ACTION PLAN

Name: \_\_\_\_\_

Medical Provider's  
Name: \_\_\_\_\_

Nurse's  
Name: \_\_\_\_\_

Medical Social Worker's  
Name: \_\_\_\_\_

Medical Provider's  
Phone: \_\_\_\_\_

Nurse's  
Phone: \_\_\_\_\_

Medical Social Worker's  
Phone: \_\_\_\_\_

## Things to do everyday for my heart:

- Take my medication as prescribed
- Weigh myself at the same time and in the same way (i.e., in the morning, wearing pajamas) and write the number down
- Follow my eating and exercise plan

## Things to avoid:

- Adding salt to my diet
- Eating foods high in salt
- Smoking or using tobacco products
- Stress

## I will discuss with my medical provider:

- Salt restriction
- Activity/Exercise
- Annual Flu vaccine
- Pneumonia shot
- Liquid restriction
- Other diet restrictions (including caffeine and fats)
- Echo test of my heart
- Whether other medicines for my heart: ACE/ARB and Beta Blocker are needed
- Take \_\_\_\_\_ pill if I gain \_\_\_\_\_ pounds in a day or \_\_\_\_\_ pounds in a week



## Goals:

My dry weight is: \_\_\_\_\_ My goal is: \_\_\_\_\_

My blood pressure is: \_\_\_\_\_ My goal is: \_\_\_\_\_

My LDL Cholesterol is: \_\_\_\_\_ My goal is: \_\_\_\_\_

## I will call my medical provider today if:

- I have new swelling in my feet, ankles or hands or if swelling has gotten worse
- I have gained 2 pounds in a day or 3 pounds in a week
- I feel like my heart is racing or pounding
- I have new shortness of breath or it is getting worse
- I have a cough with mucus and/or a fever
- I am unable to sleep lying down flat

## I will call 911 if:

- I have chest, neck or arm tightness, pain or pressure that does not go away with rest or after taking my medicine