

HEART FAILURE (HF)

EVERY DAY

- > Weigh yourself in the morning before breakfast, write it down, and compare to yesterday's weight
- > Take your medicine as prescribed
- > Check for swelling in your feet, ankles, legs and stomach
- > Eat low-salt food
- > Balance activity and rest periods

Which Heart Failure Zone are you today? **GREEN**, **YELLOW** or **RED**?

GREEN ZONE	<p>GREEN ZONE = "ALL CLEAR"</p> <ul style="list-style-type: none"> > No shortness of breath > No swelling > No weight gain > No chest pain > No decrease in your ability to maintain your activity level 	<p>GREEN ZONE MEANS:</p> <ul style="list-style-type: none"> > Your symptoms are under control > Continue taking your medications as ordered > Continue daily weights > Follow a low-salt diet > Keep all physician appointments
YELLOW ZONE	<p>YELLOW ZONE = "CAUTION"</p> <p>If you have any of the following signs and symptoms:</p> <ul style="list-style-type: none"> > Weight gain of 3 lbs. in 24 hours and/or 3-5 lbs. in a week > Increased cough > Increased swelling > Increase in shortness of breath with activity > Increase in the number of pillows needed > Anything else unusual that bothers you <p>Call your Homecare nurse if you are going into the yellow zone.</p>	<p>YELLOW ZONE MEANS:</p> <ul style="list-style-type: none"> > Your symptoms may indicate that you may need an adjustment of your medication > Call your Homecare nurse
RED ZONE	<p>RED ZONE = "MEDICAL ALERT"</p> <ul style="list-style-type: none"> > Unrelieved shortness of breath > Unrelieved chest pain > Wheezing or chest tightness at rest > Need to sit in chair to sleep > Weight gain or loss of more than 5 lbs. > Confusion > Chest pain or pain that worsens when you breathe or cough <p>Call your physician immediately if you are going into the red zone.</p>	<p>RED ZONE MEANS:</p> <ul style="list-style-type: none"> > You need to be evaluated by a physician right away > Call your physician or call 9-1-1 <p>Note: Please notify your Homecare nurse if you go to the emergency room or are hospitalized.</p>

Primary Physician: _____ Physician Phone #: _____