

# MY ACTION PLAN FOR HEART FAILURE



TRANSFORM  
HFrEF

Today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name: \_\_\_\_\_

## MY GOALS & PREFERENCES

Heart failure does not mean that your heart has stopped working. But it is weaker and has to work harder to pump blood to the rest of your body. Treatment can help you feel better, live longer and prevent hospital stays. **Although your health care team will have specific clinical goals for treating your heart failure, they also want to know what matters most to you when it comes to your treatment.**

*Think about your main goals for managing heart failure, as well as what concerns you most. Write down your thoughts now or before your next visit.*

**When it comes to treating my heart failure, it is most important that I am able to** (for example, making sure my condition doesn't limit my ability to do certain tasks, hobbies, travel or other activities, child care, life events):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**When I think about my heart failure, I am most worried about:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What is most important to me when it comes to my heart failure care?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Treatment goals usually center around:

- Treating any conditions that may have led to heart failure
- Easing symptoms
- Helping you live longer and with a better quality of life
- Improving your heart's pumping function, or at least slowing how quickly the condition gets worse

Are there other things that are important to you?

# MY GOALS & PREFERENCES (CONTINUED)

**How important is it to me that my heart failure treatment:**

(Check which ones are most important)

- ☐ **Helps my symptoms**

Which are most bothersome?

---

---

- ☐ **Improves my ability to do my usual activities**

Which activities are most important?

---

---

- ☐ **Makes my quality of life better**

In what ways?

---

---

- ☐ **Addresses my other health issues**

Which ones, specifically?

---

---

- ☐ **Keeps me out of the hospital**

- ☐ **Helps me live longer**

- ☐ **Other goals that are not listed above:**

---

---

**TIP**

**Your goals may change** over time. Let your heart care team know so they can best meet your needs.

# MY TREATMENT PLAN

Heart failure is best managed through a combination of heart healthy habits, medications and paying close attention to signs that suggest your condition may be flaring up or getting worse. Together, these treatments aim to lower the stress on your heart.

## Paying Attention to How I Feel Each Day and Reporting Any Changes

One of the best ways to manage heart failure well is to understand how you are feeling day-to-day. It can also help guide your treatment.

Take the time to check in with yourself each day. Tell your health care team if and when you start to feel badly or notice your heart failure might be getting worse.

### TIP

One of the best ways to effectively manage heart failure is to understand how you are feeling day-to-day.

### Asking yourself these questions can help:

- In general, how do I feel today – both physically and emotionally?
- Compared with a regular or average day with heart failure, today I feel:
  - ☐ Better
  - ☐ Worse
  - ☐ About the same
  - ☐ Different – In what way(s)? \_\_\_\_\_

- How does having heart failure affect my emotional health? My sleep? My concentration or ability to focus on tasks?
- What activities am I able to do (or not do) because of my heart failure?



Close watch of  
signs & symptoms



Lifestyle Changes



Medications



Follow-up visits,  
tests



Managing other  
conditions



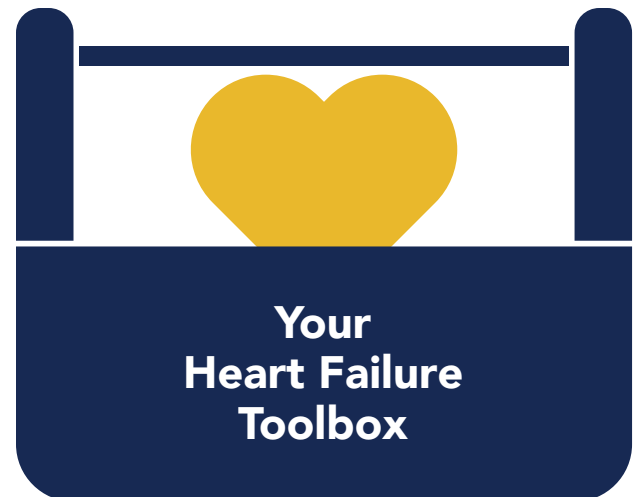
Devices, when  
needed



Emotional Health



Cardiac  
Rehabilitation



# MY TREATMENT PLAN (CONTINUED)

- Are there signs that my heart failure might be getting worse? Do I notice:

⚠ **Swelling** in my feet, legs, ankles or stomach

⚠ **Sudden weight gain**, which can be a red flag that fluid is building up in my body

*Call your health care professional right away if you gain 3 pounds in a 24-hour period or more than 5 pounds in a week*

⚠ **That I need to sit upright in a chair** or use pillows to prop myself up to sleep or breathe easier

⚠ **Feeling out of breath** even with small bouts of activity

## TIP

It is important to play an active role in your health, make decisions with your care team, report how you are feeling and ask questions. Use the worksheets, **Making the Most of My Follow-Up Visits** and **My Daily Heart Failure Tracker**, to help track heart failure symptoms, triggers and how the condition affects usual activities in between your health care visits.

- In addition to reporting how you feel, on the next pages, we will review:

- Medications
- Lifestyle
- Devices, if needed
- Avoiding Setbacks
- Follow-Up
- When to Call



# MEDICATIONS

Medications are central to managing heart failure well. They are used to help:

- The heart pump better
- Ease the symptoms of heart failure, such as fluid build up or shortness of breath
- Slow how quickly the disease progresses (gets worse)

**Taking the right combination of heart failure medications can help you stay out of the hospital and live longer.**

Many people are surprised to learn that heart failure medications are taken for life. These medications also need to be adjusted over time, perhaps adding a new medication or gradually increasing the dose (called titrating or escalating the dose).

Starting and being on so many medications can feel overwhelming. Ask questions and find out what to do if you miss a dose.

MY HEART FAILURE MEDICATION LIST									
Keep an updated copy of this list in your purse or wallet.									
Not taking medications as prescribed is the #1 reason people with heart failure go to the hospital. Let your health care team know if you have questions or concerns.									
Drug Type	Medication Name	Reason For Taking	Start Date	Starting Dose (amount)	Target Dose (amount)	How Often (for example V day, 2/ day)	Time of day to take it and how to take (with or without food)	What to do if I miss a dose	Side effects to call my clinician
Example: ACE inhibitor	Lisinopril	Heart Failure and High Blood Pressure		10 mg		1	morning		
Diuretic									
Aldosterone Receptor Antagonist									
ACE Inhibitor — OR — ARB — OR — ARNI									
Beta Blocker									
SGLT2 inhibitor									
Sinoatrial node inhibitor									
Isosorbide/ hydralazine									
Digoxin									
Other									

## TIP

Many people with heart failure take upwards of 8 different medications. Each medication works differently — often in complementary ways — to help relieve your symptoms and keep your heart from working so hard to pump blood to your body.

Taking so many medications can make missing a dose more likely. Forgetting to or not taking medications is among the most common reasons people with heart failure end up in the hospital.

Speak up if you have concerns about your medication schedule, possible side effects or costs, or have other questions about how to take them at the right time, in the right way and at the right amount (dose).

# MEDICATIONS (CONTINUED)

Below is a list of heart failure medications that are available to treat HFrEF, and very simply how each one works. We will use the medication list that follows to write down the name of each medication you should start taking and note other important information.

I am being prescribed the following \_\_\_\_ medications (note each with a check mark):

Medications for Heart Failure with Reduced Ejection Fraction	Common examples – listed by the generic followed by (Brand) name
<input type="checkbox"/> <b>Diuretic (water pill)</b> Diuretics help get rid of excess water (fluid buildup) in the body.	furosemide (Lasix) bumetanide (Bumex) torsemide (Demadex)
<input type="checkbox"/> <b>Aldosterone receptor antagonist</b> Another type of diuretic that helps the body remove excess water and sodium through the urine, but prevents loss of potassium.	eplerenone (Inspra) spironolactone (Aldactone)
<input type="checkbox"/> <b>Angiotensin-converting enzyme inhibitors (ACE inhibitors)</b>  — OR — <input type="checkbox"/> <b>Angiotensin II receptor blockers (ARBs)</b> ACE inhibitors and ARBs widen and relax blood vessels and ease the amount of work the heart has to do to pump blood. They also lower blood pressure.  — OR — <input type="checkbox"/> <b>Angiotensin II receptor blocker neprilysin inhibitor (ARNI)</b> NOTE: ACE-inhibitors, ARBs and ARNIs each work similarly, but ARNIs are stronger due to an additional ingredient. It should only be started 36 hours after stopping an ACE inhibitor. To help decide if an ARNI is right for you, ACC has created a tool to help. <a href="https://www.cardiosmart.org/HFDecisionAids">CardioSmart.org/HFDecisionAids</a>	captopril (Capoten) enalapril (Vasotec) lisinopril (Prinivil, Zestril) ramipril (Altace)  — OR — candesartan (Atacand) losartan (Cozaar) valsartan (Diovan)  — OR — sacubitril/valsartan (Entresto)
<input type="checkbox"/> <b>Beta blocker</b> Beta blockers slow the heart rate, lower blood pressure and may reverse some of the heart damage.	bisoprolol (Zebeta) carvedilol (Coreg) metoprolol succinate (Toprol)
<input type="checkbox"/> <b>Sodium-glucose co-transporter 2 (SGLT2) inhibitor</b> Originally used to treat diabetes, these medicines have clear benefits for people with heart failure, including fewer heart-related deaths and hospitalizations.	dapagliflozin (Farxiga) empagliflozin (Jardiance)
<input type="checkbox"/> <b>Sinoatrial node inhibitor</b> This medicine slows heart rate and reduces the amount of oxygen the heart needs and how much the heart needs to work to pump blood. It is used with beta blockers if they do not lower heart rate enough.	ivabradine (Corlanor)
<input type="checkbox"/> <b>Hydralazine and isosorbide dinitrate</b> Widen or relax blood vessels to make it easier for the heart to pump.	hydralazine isosorbide dinitrate
<input type="checkbox"/> <b>Digoxin</b> Slows heart rate and strengthens heart muscle contractions to pump more blood.	digoxin (Lanoxin)

## MEDICATIONS

Not taking medications as prescribed is the #1 reason people with heart failure go to the hospital. Let your health care team know if you have questions or concerns.

[illegible]

# MEDICATIONS (CONTINUED)

## Other Medications I Take

It's important to review other medications (both prescribed and over-the-counter) you take for other heart issues (blockages in the blood vessels, enlarged heart muscle, heart rhythm disorder, previous heart attack, high blood pressure), stroke, diabetes, or other medical conditions. For example, do you take a blood thinner, a statin (to lower cholesterol) or aspirin?

Health condition(s)	Medication(s)
Notes	



# LIFESTYLE CHANGES

Check all that apply and add personal recommendations.



- ☐ **Eat heart healthy.** There are several eating plans known to be good for the heart.

---

---



- ☐ **Limit sodium (salt).** Doing so helps prevent fluid buildup (swelling) and eases heart failure symptoms.

---

---

I should consume no more than \_\_\_\_\_ milligrams of **sodium** per day.



1 teaspoon salt  
= 2,300 mg sodium

## TIP

- Beware that processed and prepared foods can have a lot of "hidden" sodium
- Start reading food labels to see how much salt is in a serving
- When eating out, ask the server what dishes have little or no salt or, better yet, if the chef can prepare a meal with no salt
- Ditch the salt shaker and add some flavor with herbs, lemon juice and spices



- ☐ **Get regular exercise.** Exercise has many health benefits, including strengthening the heart. It can also help boost one's energy level, mood and outlook.

---

---



I should aim to get \_\_\_\_\_ minutes of physical activity on most days of the week.  
The types of activities that are safe for me include:

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Swimming                                      | <input type="checkbox"/> Dancing      |
| <input type="checkbox"/> Biking  | <input type="checkbox"/> Gardening    |
| <input type="checkbox"/> Taking a walk (even around the block or yard) | <input type="checkbox"/> Other: _____ |

---



# LIFESTYLE CHANGES (CONTINUED)



- ☐ **Go to cardiac rehabilitation, if you qualify.** Cardiac rehab is an option for many people with your type of heart failure depending on insurance coverage and your ejection fraction (a measure of how your heart is pumping blood out of the heart).

Among other things, this three-month outpatient program offers:

- One-on-one supervised exercise that is tailored to your fitness ability and heart function
- Practical advice for heart healthy eating and lowering stress
- Support for managing medications
- Smoking cessation for those who use tobacco

Read more at [CardioSmart.org/CardiacRehab](https://www.CardioSmart.org/CardiacRehab)

**Cardiac rehab** is a great way to jump start physical activity in a monitored and controlled way. For patients who haven't been very active, this can allay any fears of starting to work out. The fact that it is supervised gives them a confidence boost and additional medical and social support if needed.



- ☐ **Restrict fluids.** Some people need to pay attention to how much fluid they get from foods and beverages. Fluids in fruits, soups and other foods also count toward your daily amount.

I should limit my **daily** fluid intake to \_\_\_\_\_ cups, which is about \_\_\_\_\_ ounces.



- ☐ **Avoid tobacco use.** Let your health care team know if you smoke and need help quitting. It's not easy, but there are resources to help. It's also a good idea to avoid breathing in other people's tobacco smoke.



- ☐ **Use alcohol in moderation.** It's generally a good idea to limit alcohol to no more than one drink a day. If, however, your heart failure was thought to be due to alcohol, it should be avoided.



- ☐ **Reduce stress and talk about your feelings.** Stress and anxiety can make the heart work harder. Find ways to cope with stress in healthy ways. You might try deep breathing exercises, yoga, music therapy, joining a support group, or seeing a mental health counselor.

Also, tell your health care team if you are feeling unusually sad or down. You may be depressed, and there are treatments available.



- ☐ **Get an annual flu shot.** If you have heart disease, you are more likely to get very sick from the flu. Getting a flu shot is the best way to protect yourself and your loved ones.

# DEVICES

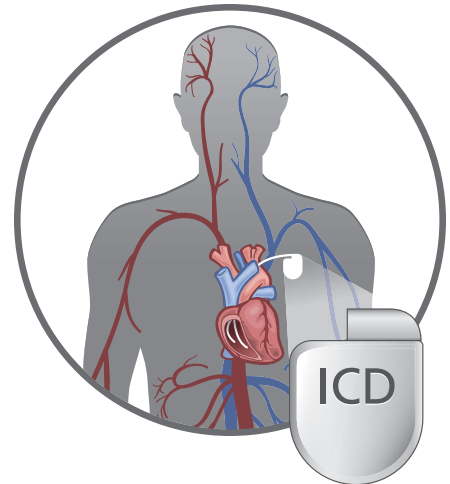
Many people with heart failure are advised to consider adding a device. A device is placed near the heart to help it work and/or to monitor someone's condition.

For people with your type of heart failure, these may include:

- An implantable cardioverter-defibrillator (ICD)
- Cardiac resynchronization therapy (CRT)

**My care team and I discussed placing a (check all that apply):**

- ☐ ICD
- ☐ CRT-Pacemaker
- ☐ CRT-Defibrillator



**Together, we decided I should:**

- ☐ Have an \_\_\_\_\_ (insert device name)  
placed on \_\_\_\_\_ (add date)
- ☐ Revisit our discussion about a device as an option  
in \_\_\_\_\_ (month/year)

**Use the space below to write down any other important notes or follow-up questions:**

---



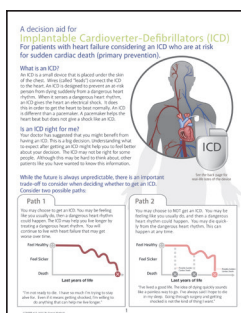
---



---



---



For more information, ACC has a Decision Aid for Implantable Cardioverter-Defibrillators (ICD)  
[CardioSmart.org/ICDDecisionAid](https://www.ccardio.org/ICDDecisionAid)

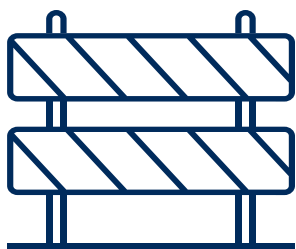
# AVOIDING SETBACKS IN MY CARE

Following your heart failure care plan is critical to your heart’s success. But many things can get in the way. For example:

- You might find it hard to take your medications as directed or keep up with follow-up appointments, routine blood work and imaging tests
- Other conditions can also make heart failure worse if they aren’t treated

It is helpful for your health care team to know what might get in the way when managing your treatment plan.

## Possible Roadblocks to Sticking with My Treatment Plan



Certain factors might make taking your medications, exercising, limiting fluids or engaging in your heart failure plan more difficult. For example, out-of-pocket costs, forgetting to take all of your medications, concerns about side effects, no help at home, travel, not knowing how to get started or understanding the information you were given.

It can be helpful to think about and recognize what makes it easy or hard to manage your condition. It can help your care team come up with possible solutions to support you.

Concern	What makes it hard	What seems to help
Taking my medications		
Limiting my sodium intake		
Weighing myself daily		
Exercising		
Making it to my medical visits or going for follow-up tests		
Other:		

# AVOIDING SETBACKS IN MY CARE (CONTINUED)

## Conditions That Can Make Heart Failure Worse And Should Be Treated



Half of people with heart failure have five or more co-existing conditions. Many of these can aggravate heart failure if they are not treated.

If you have any of the following conditions, it's important for us to discuss them. Be sure to tell each of your health care professionals about all of your health issues and treatments. This will help to coordinate your care.

- |   |   |
|---|---|
| <input type="checkbox"/> Blockages in my heart's arteries (coronary artery disease)                         | <input type="checkbox"/> Depression or anxiety              |
| <input type="checkbox"/> Chronic kidney disease   | <input type="checkbox"/> High blood pressure or cholesterol |
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> High use of alcohol                |
| <input type="checkbox"/> Sleep apnea  | <input type="checkbox"/> Previous cancer treatment          |
| <input type="checkbox"/> Atrial fibrillation or other issues with your heart rhythm                         | <input type="checkbox"/> Anemia or iron deficiency          |
| <input type="checkbox"/> Thyroid disease (having either too much or too little thyroid hormone)             | <input type="checkbox"/> Other conditions: _____            |
| <input type="checkbox"/> Heart valve disease (when one or more of the heart's valves doesn't work properly) | _____   |

Notes, follow-up and any referrals (for example, sleep specialist, cardiac rehab, dietitian, etc.):

---

---

---

---

---

---

# FOLLOW-UP VISITS AND TESTS

## How will my care team and I know if my heart failure is getting worse?

By taking into account:

- How you are feeling (better, worse, the same or different in some way)
- Your report of signs and symptoms (shortness of breath, swelling, fatigue, any rapid weight gain)
- Physical exams
- Results of lab work and imaging tests
  - Echocardiograms show moving pictures of your heart's structure and how well it is pumping; you have low ejection fraction, which means that the amount of blood the heart is able to squeeze out is much less than it is normally
  - Electrocardiograms or ECGs check for problems with the heart's electrical activity
  - Blood tests can give information about lots of things, including:
    - ◆ How your kidneys are working
    - ◆ If you have elevated levels of BNP, a hormone that rises during heart failure episodes (Note: some medications can cause higher BNP levels, so talk with your health care professional)
    - ◆ Low iron levels or anemia



It's important to remember that you will have frequent follow-up visits and tests to assess how you are doing.

## My Test or Lab Results

Use this space to write down recent test results and what they mean:

---

---

---

---

---




# HEART FAILURE STOPLIGHT — WHEN TO CALL



TRANSFORM

HFrEF

## How will I know how I'm doing and when to call?

<p><b>All Clear Zone</b></p> 	<p><b>This is the safety zone if you have:</b></p> <ul style="list-style-type: none"> <li>✓ No shortness of breath</li> <li>✓ No weight gain more than 2 pounds (it may change 1 or 2 pounds some days)</li> <li>✓ No swelling of your feet, ankles, legs or stomach</li> <li>✓ No chest pain</li> </ul>
<p><b>Warning Zone</b></p> 	<p><b>Call your health care provider if you have:</b></p> <ul style="list-style-type: none"> <li>⚠ Weight gain of 3 pounds in 1 day or 5 pounds in 1 week</li> <li>⚠ More swelling of your feet, ankles, legs or stomach</li> <li>⚠ Difficulty breathing when lying down. Feeling the need to sleep up in a chair.</li> <li>⚠ Feeling uneasy or you know something is not right</li> <li>⚠ No energy or feeling more tired</li> <li>⚠ More shortness of breath</li> <li>⚠ Dry hacking cough</li> <li>⚠ Dizziness</li> </ul>
<p><b>Medical Alert Zone</b></p> 	<p><b>Go to the emergency room or call 911 if you have:</b></p> <ul style="list-style-type: none"> <li>⚠ A hard time breathing</li> <li>⚠ Unrelieved shortness of breath while sitting still</li> <li>⚠ Chest pain</li> <li>⚠ Confusion or can't think clearly</li> </ul>

Source: This material is adapted from similar tools including that offered by Alliant Quality's "[Zone Tool Heart Failure](#)" and Improving Chronic Illness Care's "[Red-Yellow-Green Congestive Heart Failure Tool](#)."