My Heart Health Plan

Working together with my healthcare professional to help manage my heart failure
This is a Personal Plan for

Name: _______________________

Date: _______________________

I’m working together with my healthcare professional to help manage my heart failure.

I agree to work with my healthcare professional to manage my heart failure and reach the goals I set on these pages. I will follow this plan and tell my healthcare professional about my health and any problems I may have. I will bring this workbook with me to all my follow up visits with my healthcare professional.

Inside this Workbook:

2 Steps I Can Take To Control and Manage My Heart Failure
4 How to Use My Heart Health Daily Tracker
5 My Heart Health Daily Tracker
7 Prescription Medicines Chart
8 Questions For Your Healthcare Professional/Notes
9 My Heart Health Plan Promise
10 Resources/Important Phone Numbers
Steps I Can Take to Control and Manage My Heart Failure

1 Healthy Habit Goals
- If I currently smoke, I will quit
- I will keep regular appointments with my healthcare professional
- I will pay attention to my body, and tell my healthcare professional if I feel tired or am unable to do things I normally would
- I will pay attention to my emotional needs and tell my healthcare professional if I feel myself withdrawing from activities or having negative thoughts

2 Watch My Weight and Fluid Retention*
Fluid or water retention is a key sign of heart failure. Swelling in the waist, legs or feet is a sign of water retention.
- I will weigh myself each morning, after urinating and before eating breakfast.
- If I gain more than 2 pounds in any 24 hour period or more than 3 pounds in a week, I may be retaining water
- I will call my healthcare professional if I have a sudden increase in my weight (2 pounds in any 24 hour period or more than 3 pounds in a week)

3 Watch My Diet
Salt can make your body retain fluid, which means your heart has to work harder.
- I will limit the number of fatty foods I eat. Fatty foods include: cream, butter or fatty meats
- I will try to maintain a healthy diet, including whole grains, fruits and vegetables, and lean proteins

4 Watch My Blood Pressure*
Many people with heart failure have high blood pressure (BP). For some, their blood pressure may be normal or low. If you have high blood pressure, lowering it will decrease the amount of work your heart must do and keep you healthier.
- I will talk to my healthcare professional about ways to limit my sodium (salt) intake
- I will talk to my healthcare professional about how my blood pressure affects my heart failure

5 Daily Activity*
Regular physical activity, such as walking, can help your heart get stronger.
- I will pace myself, pay attention to how I feel, and rest when I am tired
- I will talk to my healthcare professional about what exercises are best for me
- I will let my healthcare professional know how I feel when I am exercising
- I will let my healthcare professional know if my ability to exercise decreases

6 Learn About and Use Medication to Help Manage Your Heart Failure
Medication improves heart function. When your heart function improves, symptoms are relieved. Many people with heart failure are taking a combination of medications, including:
- Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) – Decreases the workload on the heart by lowering blood pressure and decreasing heart rate
- Beta Blockers - which slow your heart rate so it does not have to work as hard
- Diuretics or water pills - which increase the amount of water passed from your body through urination

Medications described above are standard medication for patients with heart failure. Depending on your unique clinical situation, your healthcare professional may prescribe additional medications.

It is important that I follow directions in taking all of my medications

Weight
My current weight is _____ pounds
My current waist size is _____ inches
Date _____ / _____ / _____

Sodium
I will limit my salt intake to _____ mg per day

Blood Pressure
My goal BP is ___ / ___ mm Hg

Activity
I will be active at least _____ days a week for at least _____ minutes a day doing the following:

Medications
See the Prescription Medicines chart on page 7 to record your prescriptions and how you use them.

* See My Heart Health Daily Tracker to help you monitor your health.
How to Use
My Heart Health Daily Tracker

Weight
Use the calendar on the next page to keep track of your weight on a daily basis. Weigh yourself at the same time every day and document your weight on this calendar each time. Be sure to wear the same or similar clothes each time you weigh yourself. The best time to weigh yourself is in the morning. It may be a good idea to keep this calendar close to your scale. Bring this sheet with you each time you visit your healthcare professional.

If you gain more than 2 pounds in any 24 hour period or more than 3 pounds in a week be sure to contact your healthcare professional.

Monitoring your weight daily will help you to manage your heart failure and will show if your treatment plan is working.

Blood Pressure
Use this calendar to keep track of your blood pressure on a daily basis. Check your blood pressure each day and document it on the My Heart Health Daily Tracker on page 5. Visit healthandwellness.cardiosmart.org/howtotakebp for more information on how to properly take your blood pressure.

If your blood pressure is more than ___ / ___ or drops below ___ / ___ be sure to contact your healthcare professional.

A small fraction of patients with heart failure experience blood pressure that is too low. Make sure to work with your healthcare professional to establish your ideal range. By monitoring your blood pressure you are helping manage your heart failure.

Physical Activity
Use this calendar to keep a record of your daily physical activity. Exercising is extremely important in managing your heart failure. It will help your heart get stronger. You need to spend 5 minutes warming up before you exercise and 5 minutes cooling down when you are done. At each visit, let your healthcare professional know how you feel when you exercise.

When you run out of Tracker pages, visit CardioSmart.org and log on to use the online Tracker Tool, where you can continue to track your weight, activities and health information, and get reports of how you’re doing over time.
### My Heart Health Daily Tracker

<table>
<thead>
<tr>
<th>Date</th>
<th>Weight/Waist (lbs./in.)</th>
<th>Blood Pressure (sys/dia)</th>
<th>Physical Activity (describe your activity for the day)</th>
<th>(minutes)</th>
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### Prescription Medicines Chart

Use this chart to record your prescription and over-the-counter medicines, and details about their use. Remember to bring a copy of this chart to every visit with your healthcare professional.

<table>
<thead>
<tr>
<th>Name and how much medicine</th>
<th>Color and shape of medicine</th>
<th>What it is for</th>
<th>Date began taking</th>
<th>How much to take and when</th>
<th>Do not take with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisinopril 5mg</td>
<td>Red, Oblong Tablet</td>
<td>Heart failure and blood pressure</td>
<td>9/8/2011</td>
<td>1 tablet 1 time a day 9 a.m.</td>
<td>Potassium supplements</td>
</tr>
</tbody>
</table>
Questions for Your Healthcare Professional

Use the spaces provided below to write down questions you may want to discuss with your healthcare professional at your next visit. For example, “What medications do I need to take & for how long?”; “Will I need a pacemaker or defibrillator?”; “What kinds of activities can I perform & what should I avoid?”

Question: ...........................................................................................................................................................................
Answer: ................................................................................................................................................................................

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Questions for Your Healthcare Professional

My Heart Health Plan Promise

- I understand my Heart Health Plan and I feel able and willing to participate actively in my care
- I will follow each part of my Heart Health Plan
- If I have concerns or feel unable to follow my plan, I will tell my healthcare professional

I will not stop taking my medications without talking to my healthcare professional first.

Patient/Caregiver signature Date

Healthcare Professional’s signature Date

Notes
Resources

CardioSmart
www.cardiosmart.org

American College of Cardiology
www.cardiosource.org

American Heart Association
www.heart.org

Canadian Cardiology Society
www.ccs.ca

Heart Failure Online
www.heartfailure.org

Heart Information Network
www.healthcentral.com/heart-disease

HeartMates
www.heartmates.com

New York Online Access to Health (NOAH): Heart Disease
www.noah-health.org/en/blood/disease/

MEDLINEplus - National Library of Medicine
www.nlm.nih.gov/medlineplus

Heart Failure Society of America
www.abouthf.org

The Canadian Heart Failure Network
www.chfn.ca

Important Phone Numbers

Healthcare Professional’s Name

Healthcare Professional’s Phone Number

Pharmacy Name

Pharmacy’s Phone Number

Emergency Contact

Emergency Numbers 911,