

HEART FAILURE ACTION PLAN

SELF-MANAGEMENT BASICS

Date: _____



Daily Weights

Weigh yourself every day before breakfast and write it down.



Take Medications as Prescribed

Take your medications as prescribed by your health care provider.



Monitor Your Symptoms

Check daily for signs that your heart failure is getting worse.
Check for increasing shortness of breath, chest pain, swelling, or fatigue.



Restrict Fluids

Limit your fluid intake to **2 litres (8 cups)** or less each day
(as directed by your health care provider).



Lower Salt Intake

Eat a low-salt diet. Limit your salt intake to **2000 mg** or less each day.
Limit high-salt and processed foods.



Healthy Eating

Eat well-balanced meals each day (and snacks if needed).

My healthy eating goals:

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Get Regular Physical Exercise

Be active every day according to your abilities and as recommended by your health care provider. **Balance exercise with rest.**

My exercise goals:



Manage Your Stress

Reduce your stress by taking time to relax each day. Aim for 5-15 minutes of relaxation exercises each day.



Stop Smoking

Ask your health care provider about ways to **stop smoking** or using tobacco products.



Limit Alcohol Intake

Reduce your use of alcohol to no more than 2 drinks per day for men, no more than 1 drink per day for women (or as directed by your health care provider).



Know Your Numbers

Record your **Weight** and **Blood Pressure**, and know your **Cholesterol** numbers.



Keep Your Follow-Up Visits

See Your Health Care Provider / Doctor every 3-6 months or as needed.

Have a Dental Check-up every year.

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Contact Your TeleCARE/TéléSOINS Nurse or Dietitian if you have questions.

TeleCARE/TéléSOINS Nurse: 204-788-8688 or (toll-free 1-866-204-3737)

Dietitian: 204-788-8248 or (toll-free 1-877-830-2892)



Green Zone

I am feeling well. I have:

- No chest discomfort (no pain, pressure, squeezing, heaviness, or fullness).
- No new swelling of my feet, ankles, legs, or abdomen.
- No change in my shortness of breath.
- No new fatigue or tiredness.
- No change in my weight.

I will continue taking daily weights and monitoring my symptoms.



Yellow Zone

I Need to See My Doctor or Health Care Provider if:

- I gain more than 4 pounds (2 kg) in 2 days, **OR** I gain 5 pounds (2.5 kg) in 1 week.
- I want to change my medication.
- I have sudden dizziness, weakness, or lightheadedness.
- I feel more tired or fatigued, and don't have the energy to do daily activities.
- I have trouble breathing when I am lying flat.
- I feel more short of breath than usual.
- I have difficulty breathing at night.
- I have increased swelling, such as swollen feet or ankles, bloating of the abdomen, or my clothing feels tight.
- I have a cough, fever, or chills.
- My symptoms are happening more often or becoming worse.

Health Care Provider: _____ **Phone #** _____

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Lab Results Tracker

(Please refer to the Heart Failure Self-Management Booklet for more information about lab tests.)

Cholesterol Cholesterol: 4.14 mmol/L or less LDL: 2.0 mmol/L or less HDL: Greater than 0.9 mmol/L Triglycerides: 2.0 mmol/L or less	Date	Result	Date	Result	