

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



Visit CardioSmart.org for further information on heart failure and heart health education. CardioSmart is a patient education site of the American College of Cardiology. Its mission is to engage, inform, and empower you to participate in your own care.



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 talk to my healthcare professional about ways to limit my sodium (salt) intake
- 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 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

My Heart Health Plan Goals

Weight

My current weight is _____ pounds

My current waist size is _____ inches

Date
__/__/__

See My Heart Health Daily Tracker on page 5 to regularly record your weight.



Sodium

I will limit my salt intake to _____ mg per day



Blood Pressure

My goal BP is ___ / ___ mm Hg



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

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.



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

Month/Year _____

	Weight/Waist (lbs./in.)	Blood Pressure (sys/dia)	Physical Activity (describe your activity for the day)	(minutes)
1		/		
2		/		
3		/		
4		/		
5		/		
6		/		
7		/		
8		/		
9		/		
10		/		
11		/		
12		/		
13		/		
14		/		
15		/		
16		/		
17		/		
18		/		
19		/		
20		/		
21		/		
22		/		
23		/		
24		/		
25		/		
26		/		
27		/		
28		/		
29		/		
30		/		
31		/		



My Heart Health Daily Tracker

Month/Year _____

	Weight/Waist (lbs./in.)	Blood Pressure (sys/dia)	Physical Activity (describe your activity for the day)	(minutes)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

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.

Name and how much medicine	Color and shape of medicine	What it is for	Date began taking	How much to take and when	Do not take with
(example) Lisinopril 5mg	Red, Oblong Tablet	Heart failure and blood pressure	9/8/2011	1 tablet 1 time a day 9 a.m.	Potassium supplements

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:

Question:

Answer:

Question:

Answer:

Question:

Answer:

Notes

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Visit CardioSmart.org to read how heart failure patient Richard Neuman and his cardiologist, Mark Milunski MD, FACC work as a team to manage Richard's condition.

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



Resources

CardioSmart	www.cardiosmart.org
American College of Cardiology	www.CardioSource.org
American Heart Association	www.americanheart.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,**

.....

.....



