

Your Heart Failure Management Plan



Patient name _____

Date _____

Doctor _____

Phone _____

Emergency contact _____

Phone _____

Green zone: Symptoms in control	Action
<ul style="list-style-type: none"> • No shortness of breath • No increase in swelling • No chest pain • No weight gain, staying at _____ lbs or less • Normal activity level 	<p>Take medicines as directed.</p> <p>Weigh yourself every day at the same time.</p> <p>Follow a low salt diet.</p> <p>Maintain normal activity level.</p> <p>Do not smoke. Avoid alcohol.</p>
Yellow zone: Caution – Take action now	Action
<ul style="list-style-type: none"> • Weight gain between _____ lbs and _____ lbs • Increased swelling in ankles, legs or stomach • Increased cough • Feeling of fatigue • Increased shortness of breath with activity but gets better at rest • Need more pillows to sleep 	<p>Call your doctor’s office. He or she may need to change your medicine.</p> <p>Add these medicines as directed by your doctor:</p> <p>_____</p> <p>_____</p> <p>Other instructions: _____</p>
Red zone: Out of control – You need medical help	Action
<ul style="list-style-type: none"> • Yellow zone symptoms don’t improve after talking to your doctor • Shortness of breath even at rest • Wheezing or tight chest at rest • Need to sit in a chair to sleep • Dizziness, extreme fatigue or falling • Weight over _____ lbs 	<p>Call your doctor now!</p> <p>You need immediate medical attention.</p>

Doctor signature _____

Your target weight is _____ pounds.

Daily Heart Failure Worksheet

Month _____

1. Ask your doctor to fill in your goal weight and the **red**, **yellow** and **green** zone weight ranges for you.
2. Weigh yourself every day at about the same time, wearing the same amount of clothes.
3. Record your weight on the chart by placing an "x" in the box that describes your weight for that day.
 - A **green zone** weight shows your heart failure is probably in good control.
 - A **yellow zone** weight means your medicine might need to be changed. Call your doctor.
 - A **red zone** weight means you need medical help right away. Call your doctor now.
4. Record your symptoms each day by placing an "x" in the box.
5. Follow your management plan for heart failure as directed by your doctor.
6. If you have questions about how to use this chart, call BCN's heart failure program at 800-392-4247 (TTY 800-257-9980), 8:30 a.m. to 5 p.m. Monday through Friday.

Date	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
Weight over _____ lbs																															
_____ lbs to _____ lbs																															
_____ lbs or less																															
Short of breath																															
Cough																															
Wheeze																															
Chest pain																															
Swelling																															
Feeling dizzy																															
Fatigue																															
Other:																															