



Ascension

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Heart failure handbook



Ascension

Ascension Michigan

Patient name:

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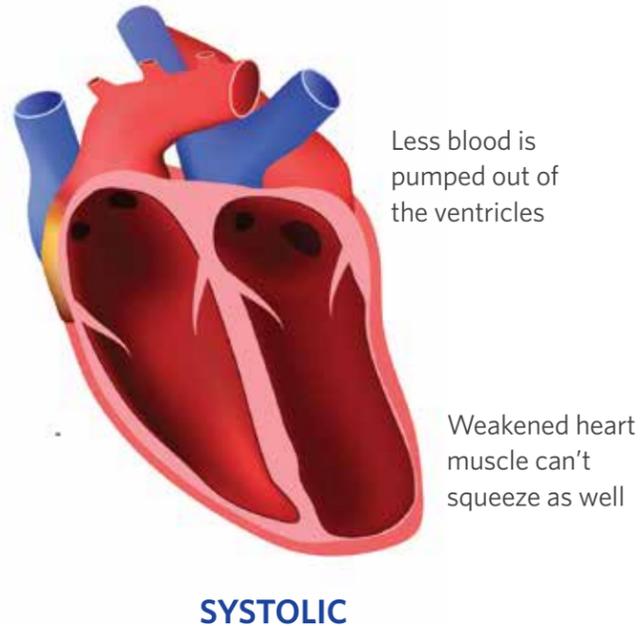
Ascension Michigan | 509714 (5/29/18)

Heart failure

Heart failure is a complex condition that results from any structural or functional impairment involving the filling or ejection of blood from the lower part of your heart.

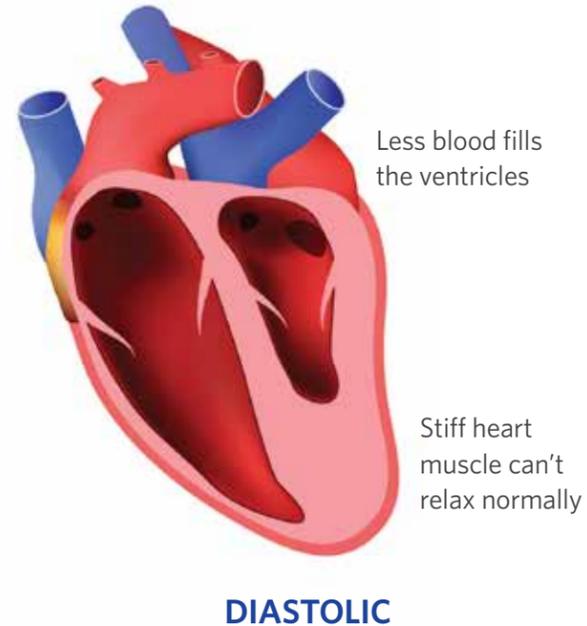
Types of heart failure

- Systolic heart failure: EF is less than or equal to 40%
- Diastolic heart failure: EF is greater than 40%



Ejection fraction

Ejection fraction (EF) is a measure of the blood your heart pumps out with each heartbeat. A normal EF is greater than 50%. Your current ejection fraction is _____.



The type of heart failure you have dictates your treatment plan.

You have _____ heart failure.

Causes of heart failure include, but are not limited to:

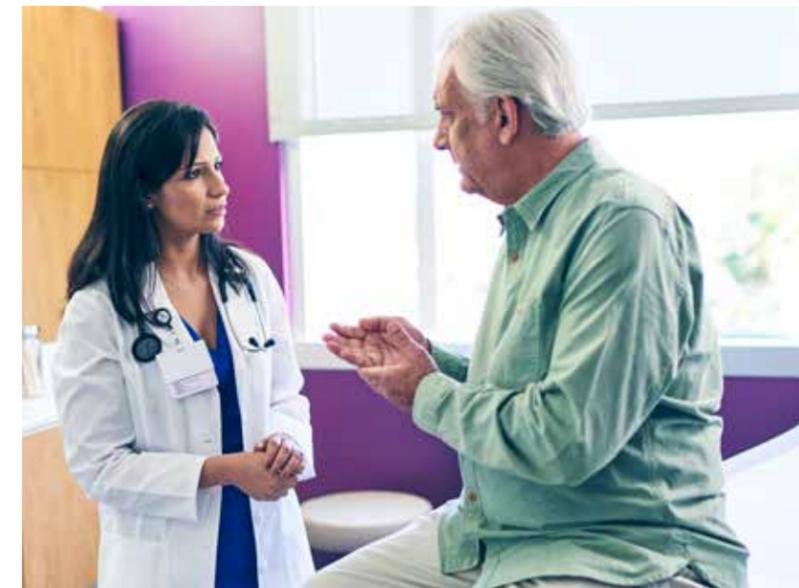
- Coronary disease
- Heart valve problems
- Irregular heartbeat
- High blood pressure
- Infection and inflammation of the middle layer of the heart wall (myocarditis)
- Pregnancy (in rare cases)
- Drugs (recreational or therapeutic drugs with cardiac side effects)
- Damage to the heart from a prior heart attack

Heart failure triggers include, but are not limited to:

- Decreased blood flow to the heart
- Uncontrolled high blood pressure
- Atrial fibrillation
- Heart valve problems
- Anemia
- Noncompliance with your treatment regimen, diet or fluid restrictions
- Drug or alcohol abuse

Related health problems

Certain health problems can strain the heart and make it more likely to weaken. Diabetes makes coronary artery disease and heart failure more likely to occur. Chronic kidney problems can cause water retention, which means the heart has to pump more fluid and work harder. It also stretches out the heart and makes it less effective as a pump. An overactive thyroid can also affect how your heart functions.



Dietary tips



Your diet is:

- Heart healthy
- Diabetic
- Coumadin
- Renal

Your supplement to continue at home is:

- Ensure Enlive
- Ensure Clear
- Glucerna
- Nepro

Your fluid limit is: _____ per day.

Choose fresh fruits, vegetables, lean meats and whole grains

Avoid drinking too much fluid

- Reminder — these items are considered fluids: ice, broths, soups, Popsicles, Jell-O and ice cream

Fluids

4 cups = 32 ounces = about 1,000 ml = 1 liter

Sodium (salt)

2 grams = 2,000 mg

Avoid adding salt or sea salt to food

- Read ingredient labels of seasonings and avoid those containing salt

Avoid high-salt foods such as packaged meats, condiments and canned or processed foods with added salt

Choose low-sodium (low-salt) options

- Select foods with no more than 140 mg of sodium per serving.
- When eating out, try to avoid items that are pickled, in a sauce or both.

Rehabilitation



Therapy recommendations

- Staying active will help strengthen your heart, decrease stress and improve sleep.
- Pace yourself with activities, taking breaks as needed.
- Organize your daily activities and get into a routine. Identify the best time of day for each activity.
- Think through how you can save your energy with everyday tasks (i.e. sitting vs. standing, slide objects vs. lifting, and delegating tasks to others).
- Exercise helps boost energy levels, which may allow for more activities without feeling tired or short of breath.
- Don't hold your breath while exercising. You should be able to talk, while feeling slightly breathless when exercising.
- Use the Rate of Perceived Exertion (RPE) scale to gauge your exercise intensity.
- Knowing when to stop exercising is important. Stop at the first sign of chest pain, heart racing, trouble catching your breath, dizziness or extreme tiredness.

RPE scale

How difficult is the activity for you to do, from 0 (not difficult at all) to 10 (maximum difficulty)?

0	Not difficult
1	Very light exertion
2	Light exertion
3	Moderate exertion
4	Somewhat heavy exertion
5	Heavy exertion
6	
7	Very heavy exertion
8	
9	
10	Maximum exertion

Do's and don'ts

DO

-  Take all prescribed medications, even if you feel good
-  Carry an up-to-date list of current medications you take
-  Use a pillbox to organize medications
-  Use the same pharmacy for all prescriptions so your pharmacist knows what you are taking and how to prevent possible dangerous medication interactions
-  Monitor your own blood pressure
-  Ask your doctor or pharmacist if you have questions or concerns about your medications

DON'T

-  Stop taking any medications without talking to your doctor
-  Miss doses or double up on doses missed
-  Let your prescription run out or expire; use your pharmacy's auto-refill or reminder services
-  Forget your medications when you go on vacation
-  Get discouraged about taking multiple medications; many patients need them to keep their hearts strong and healthy

Follow-up appointment with your doctor

It's very important to follow up with your doctor after discharge from the hospital to make sure your treatment plan is working.



Heart failure zone stoplight tool

Which heart failure zone are you in today: **green, yellow or red?**



Every day:

- Weigh yourself first thing in the morning and write it down
- Take your medicine as instructed
- Check for swelling in your feet, ankles, legs and abdomen
- Eat low-salt food — follow a 2 gram sodium diet
- Balance activity and rest periods



All clear (this zone is your goal)

Your symptoms are under control. You have:

- No shortness of breath
- No weight gain more than 2 pounds
- No swelling of your feet, ankles, legs or abdomen
- No chest pain



Caution (this zone is a warning—take action)

Call your doctor's office if you have:

- A weight gain of more than 2-3 pounds in one day or a weight gain of 5 pounds or more in one week
- More shortness of breath with your usual activities
- More swelling of your feet, ankles, legs or abdomen
- No energy or feel more tired
- A sudden decrease in urination
- Dizziness
- Uneasiness; you know something is not right
- Increased shortness of breath when lying down or you need to sleep sitting up in a chair



Emergency

Go to the emergency room or call 911 if you are:

- Struggling to breathe, or have unrelieved shortness of breath while sitting still
- Having chest pain
- Having confusion or can't think clearly

My personal heart-healthy plan

My name is _____

As healthcare providers, we promise to help you take care of yourself. This means we will help you understand your condition and the care that you need. It also means that we will give you tools to help you live a heart-healthy lifestyle.

Think about the state of your health right now and your goals for the future. You may have one main goal, such as “I want to go fishing with my grandchild” or “I want to have enough energy to go to an amusement park with my family.” To achieve your main goal, you must take small steps every day to meet smaller goals. A daily goal might be, “I will take my medications every day” or “I will quit smoking.”

This health plan will help you identify goals to strive for on your heart-healthy journey. We strongly encourage your health coaches and/or caregivers to work with you to help you reach these goals.

My primary doctor is _____
Name/phone number

My cardiologist is _____
Name/phone number

My preferred hospital is _____
Name/phone number

My pharmacy is _____
Name/phone number

My home health agent is _____
Name/phone number

Other: _____
Name/phone number

I make a commitment to living a heart-healthy lifestyle. I agree to work with my healthcare team to reach my health goals. I will follow my plan and let my healthcare providers know if I have any problems.

Patient signature: _____

Healthcare provider signature: _____

My personal heart-healthy plan

My main personal goal is _____

Ways I take care of my heart	I understand 	Resources to achieve my goal	Important points I want to remember
I understand how heart failure affects my overall health. 			Goal: _____ _____
I watch my symptoms. 		I use the “Heart Failure Zone Stoplight Tool” to help me track my symptoms. <input type="checkbox"/> YES or <input type="checkbox"/> NO	Goal: _____ _____
I understand my medications: <ul style="list-style-type: none"> How they work When to take them Side effects 		I can afford my medications. <input type="checkbox"/> YES or <input type="checkbox"/> NO	I plan to pick up my medication on: _____ Goal: _____
I have follow-up appointments with my doctor. 		I have transportation to the doctor’s office. <input type="checkbox"/> YES or <input type="checkbox"/> NO	Hospital follow-up appointment: _____
I weigh myself every day. 		I have a scale. <input type="checkbox"/> YES or <input type="checkbox"/> NO I keep a daily weight log. <input type="checkbox"/> YES or <input type="checkbox"/> NO	Base weight: _____ Goal: _____
I choose and eat healthy food. 			Sodium restriction: _____ Fluid restriction: _____ Goal: _____
I do not smoke. 		For current smokers: My care team and I have a plan for how I will quit smoking. <input type="checkbox"/> YES or <input type="checkbox"/> NO	Goal: _____
I have completed advance directives, such as a living will and a power of attorney. 		I have a living will. <input type="checkbox"/> YES or <input type="checkbox"/> NO I have a healthcare power of attorney. <input type="checkbox"/> YES or <input type="checkbox"/> NO	If I am unable to make healthcare decisions, I have designated a person to make decisions for me. <input type="checkbox"/> YES or <input type="checkbox"/> NO If yes, name: _____