

HEALTHY LIVING WITH HEART FAILURE

This is a guide for your journey as you learn to take care of your heart failure. Your doctor may make changes that better suit you.



**NORMAN
REGIONAL**
Health System



KNOW YOUR DAILY HEART FAILURE ZONE

EVERY DAY

- Weigh yourself in the morning before breakfast, on an empty bladder. Write it down and compare it to yesterday's weight.
- Take your medications as prescribed.
- Check for swelling in your feet, ankles, hands and stomach.
- Eat foods low in salt.
- Balance activity and rest periods.
- Determine which heart failure zone you are for the day. Are you green, yellow or red?

GOAL ZONE

ALL CLEAR - THIS IS YOUR GOAL ZONE!
YOUR SYMPTOMS ARE UNDER CONTROL. YOU HAVE:

- No changes in your shortness of breath.
- No changes in your ability to maintain your normal activity.
- No weight gain more than 2 pounds.
Your weight may change 1 to 2 pounds on some days.
- No swelling of your feet, ankles or stomach.
- No chest pain.
- You are taking your medications as ordered.
- Your appetite is good.

WARNING

CALL YOUR DOCTOR IF YOU ARE HAVING
ONE OR MORE OF THE FOLLOWING:

- You have a weight gain of 3 pounds in 1 day or you have gained 5 pounds or more in 1 week.
- More swelling of your feet, ankles, hands or stomach
- It is harder for you to breathe lying down.
You need to sleep sitting up in a chair.
- Increased shortness of breath with normal activities
- Dry hacky cough
- Lack of energy; feeling more tired
- Feeling uneasy, you know something is not right
- Feeling your heart race or feeling faint

EMERGENCY

GO TO THE EMERGENCY ROOM OR CALL 911
IF YOU HAVE ANY OF THE FOLLOWING:

- Struggling to breathe. Unrelieved shortness of breath while sitting still.
- Dizziness or fainting
- Wheezing or chest tightness at rest
- Increased and/or irregular heart beat
- Confusion or inability to think clearly
- New or increased chest pain

Please notify your home care nurse or doctor if you go to the ER.

IMPORTANT INFORMATION

IMPORTANT PHONE NUMBERS

Physician: _____

Phone: _____

Home Health: _____

Phone: _____

Pharmacy: _____

Phone: _____

THE CAUSE OF MY HEART FAILURE IS:

MY EJECTION FRACTION IS:

MY EXERCISE EXERTION LEVEL HAS BEEN:

I HAD MY:

Tetanus Booster _____

Flu Shot _____

Pneumonia Shot _____

Shingles _____

MEMO:

HEART FAILURE REFERENCE GUIDE

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LIVING WITH HEART FAILURE

Heart failure is a serious condition. There is no cure. The good news is you can learn to manage your symptoms at home. New medications and treatments will help you get back to doing what you like to do. By learning about heart failure you will be able to recognize your symptoms and be able to manage your heart failure at home.

WHAT IS HEART FAILURE?

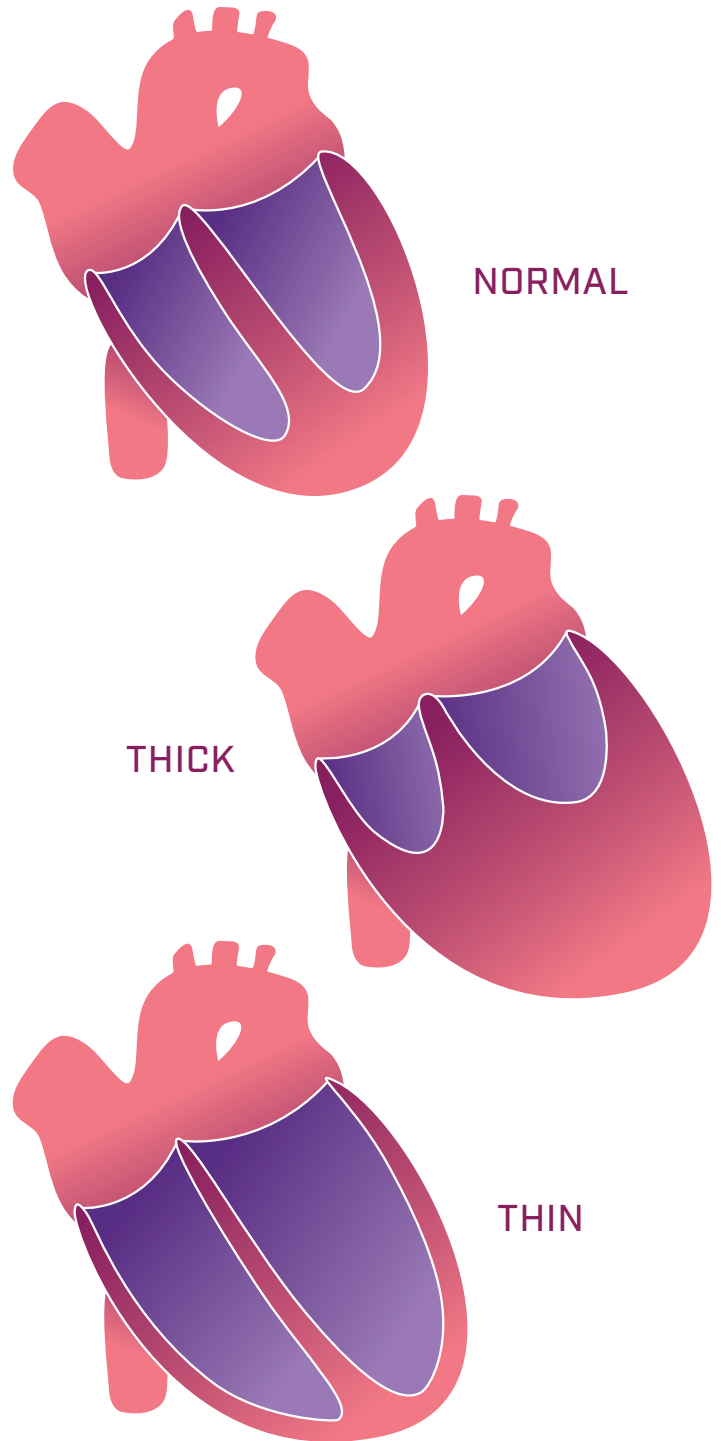
Your heart pumps blood through your entire body. Heart failure occurs when the heart's pumping power is unable to keep up with the body's demands. As a result you feel tired and lack energy. Blood flow from your heart to your muscles and organs becomes weak. Blood backs up. Fluid builds up in your lungs making you congested. Breathing becomes difficult. You develop swelling in your legs, ankles, and abdomen. The good news is you can learn to control these symptoms with diet, exercise and medications.

WHAT CAUSES HEART FAILURE?

- **Coronary artery disease** - arteries that supply blood to the heart have a buildup of plaque. Clogged arteries make it harder for blood to reach the heart muscle making the heart weak.
- **A previous heart attack** weakens the heart muscle. After a heart attack the heart tries to adapt by making itself bigger.

Other causes that enlarge the heart:

- **High blood pressure** over time means the heart has to push harder to pump your blood.
- **Valve disease** makes it hard for the heart to work properly. If the valves are not able to open or close it is hard for the heart to pump blood through the body.
- **Disease conditions** such as diabetes, kidney disease and irregular heart rhythms can also make the heart weak.
- **Infections** or a virus.
- Years of alcohol use, drug abuse and some unknown causes.

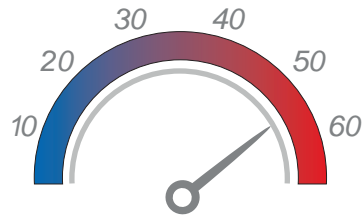


YOUR HEART IS A MUSCLE

Your heart is the muscle that pumps blood throughout your body. The ejection fraction (EF) is the measurement of the heart's pumping power. This number tells how much blood is pumped out with each beat of your heart. A normal pumping power is between 55 and 60%.

MY EJECTION FRACTION IS:

Ask your doctor what your ejection fraction is.



WHAT ARE THE SYMPTOMS OF HEART FAILURE?

WARNING

CALL YOUR DOCTOR IF YOU ARE EXPERIENCING
ONE OR MORE OF THESE SYMPTOMS

COMMON SYMPTOMS:

- Weight gain of 3 pounds in one day or 5 pounds or more in one week.
- Swelling of the legs, ankles or feet.
- Increased shortness of breath with normal activities.
- Difficulty breathing while lying down. Needing to sleep sitting up in a chair.
- Dry hacky cough.
- Lack of energy or feeling more tired.
- Feeling uneasy; you feel something is not right.
- Rapid, irregular heartbeats or a feeling that your heart is “racing”.
- Dizziness or feeling faint.

BE ALERT TO YOUR SYMPTOMS!

- Many heart failure patients do not recognize their symptoms. They blame them on their age or medication side-effects.
- Your symptoms provide clues to how well your treatment is working.
- Symptoms may come on gradually over a few days or they may develop rapidly.
- If you notice changes in your symptoms be sure and call your doctor.

KNOW YOUR HEART FAILURE ZONE

Know what is normal for you day to day. By knowing this you will learn to recognize when your symptoms are getting worse. You will be able to notify your doctor sooner so changes can be made to your medication and/or medical treatments as soon as possible.

RECORD YOUR SYMPTOMS DAILY TO FAMILIARIZE YOURSELF AND FAMILY TO YOUR “NORMAL” ZONE.

The chart on the next page will help you record your usual symptoms. Find what “zone” you are in each day.

- **Green Zone** is your goal and means your symptoms are in control.
- **Yellow Zone** is a warning and means you need to call your home health nurse or doctor right away.
- **Red Zone** means you need to go to the hospital or call 911.

• If you call 911 or go to the hospital:

- > Take your list or containers of all current medications and medical treatments. Include all over-the-counter medications and supplements.
- > Bring your book where all of your contact information is written.
- > Notify your home health company and doctor as soon as possible so they can keep up with your care.



EVERY
DAY

- Weigh yourself in the morning. Compare to yesterday's weight.
- Find your zone!
- Take your meds as prescribed. Check your swelling.



GREEN
ZONE

- This is your goal.
- Your symptoms are under control.
- You are taking your medications.



YELLOW
ZONE

- This is a warning zone!
- Call your doctor!
- You have a weight gain of 3 pounds, you have swelling in your hands and feet. It is harder for you to breathe. Your heart is racing or you feel faint.



RED
ZONE

- Call 911 or go to the Emergency Room!
- You are struggling to breathe, you are having chest pain, you are dizzy or your heart is racing. It is hard for you to think clearly.

MY HEART FAILURE SYMPTOM CHART

	WEIGHT	B/P	HR	ZONE, CHANGE IN SYMPTOMS / NOTES
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

THIS CHART WILL HELP YOU TO KEEP TRACK OF YOUR SYMPTOMS. THERE ARE MORE COPIES IN THE BACK OF THE BOOK.

AT DISCHARGE:

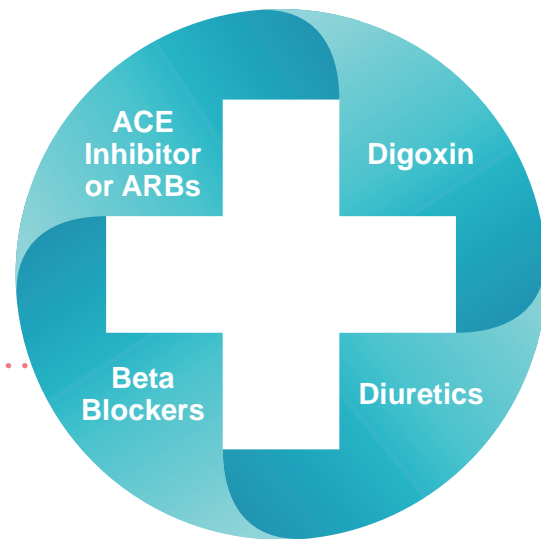
Blood Pressure

Pulse

SYMPTOMS:

MANAGING YOUR HEART FAILURE MEDICATIONS

Heart failure medications work in different ways to make it easier for your heart to pump blood. Some of these medications will be given to strengthen your heart. Others make it easier for your heart to pump. It is very important to take your medications as ordered by your doctor and not make any changes without checking with your doctor.



IT TAKES MORE THAN ONE MEDICATION TO MANAGE HEART FAILURE. BE SURE AND TAKE YOUR MEDICATION AS PRESCRIBED.

BELOW ARE THE DIFFERENT TYPES OF MEDICATIONS THAT YOUR DOCTOR MAY PRESCRIBE.

NAME	ACTION	EXAMPLES
ACE INHIBITORS ANGIOTENSIN CONVERTING ENZYME	STRENGTHENS THE HEART AND MAKES IT EASIER FOR YOUR HEART TO PUMP	LISINOPRIL, RAMIPRIL, QUINAPRIL
[ARBs] ANGIOTENSIN RECEPTOR BLOCKERS	SIMILAR TO ACE INHIBITOR USED WHEN ACE IS NOT TOLERATED	CANDESARTAN, IRBESARTAN, LOSARTAN, VALSARTAN
BETA BLOCKERS	LOWERS THE HEART RATE AND RELAXES THE HEART. OVERTIME IMPROVES PUMPING POWER OF THE HEART	CARVEDILOL, METOPROLOL SUCCINATE
DIURETICS	“WATER PILLS” REMOVE EXTRA WATER AND SALT FROM THE BODY. REDUCES SWELLING AND HELPS WITH BREATHING	FUROSEMIDE, TORSEMIDE, HYDROCHLOROTHIAZIDE (HCTZ) AND METOLAZONE
DIGOXIN	HELPS HEART PUMP WITH MORE STRENGTH. SLOWS THE HEART DOWN	LANOXIN, DIGOXIN

TAKE YOUR MEDICATION EVEN WHEN YOU FEEL BETTER

Taking your medication every day, as ordered by your doctor, is one of the most important steps you can take to stay in the green zone. Do not stop taking your medication when you feel better.

IT IS IMPORTANT TO REMEMBER:

The reason you feel better is because you are taking your medication!

TIPS ON TAKING YOUR MEDICATIONS

- **Do not run out of your medications.**
Order your medicine when you still have a two week supply left.
- *Be patient: Some medications take effect over several weeks.*
- *Have a routine. Take your medication at the same time every day.*
- *If you have trouble ask a family member or a friend for help.*
- *Keep your medicine in a place where you can easily see them, but away from children and pets.*
- *Be sure and carry your medicine in the labeled bottles when you travel.*
- *Keep your medication list up to date.*
- *Check with your doctor or pharmacist before taking any other medications or supplements.*
- *Avoid non-steroidal anti-inflammatory medications such as ibuprofen.*

IF YOU HAVE QUESTIONS OR ARE HAVING TROUBLE PAYING FOR YOUR MEDICATIONS, PLEASE CONTACT YOUR HOME HEALTH NURSE, DOCTOR, OR NORMAN REGIONAL HEALTH SYSTEM CASE MANAGEMENT AT **405-307-4337.**



GET VACCINATED

Preventing illness is a major key to staying healthy especially when you have heart failure. Keeping up to date with your flu and pneumonia shots can be a simple, yet crucial part of your treatment and will help to reduce your risk for those illnesses.

ASK YOUR DOCTOR WHEN AND HOW OFTEN YOU SHOULD GET A FLU SHOT AND PNEUMONIA SHOT. KEEP YOUR VACCINES UP TO DATE. ASK YOUR DOCTOR IF YOU NEED A TETANUS BOOSTER.

I HAD MY:

Tetanus Booster

Flu Shot

Pneumonia Shot

DRINK 6 TO 8 GLASSES OF FLUID OVER THE COURSE OF THE DAY

Some heart failure patients are told to limit fluid intake so the body does not have to store extra fluid. Ask your doctor if you need to limit your fluids.

TIPS FOR LIMITING FLUID:

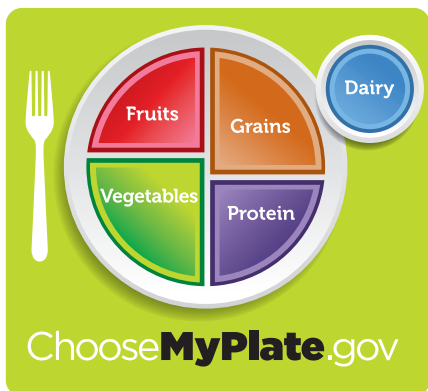
Fill a container with the same amount of water as your daily goal. Each time you have any kind of fluid, pour out the same amount of water from the container. This will help you know when you've reached your limit.



FOOD IS YOUR BODY'S FUEL

Develop a food plan that uses the major energy sources: carbohydrates, protein, and fats!

Talk with a registered dietitian if you need help putting a food plan together.



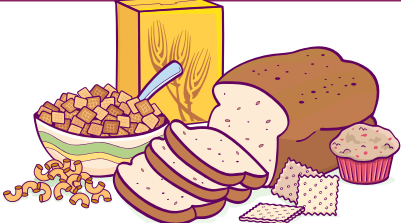



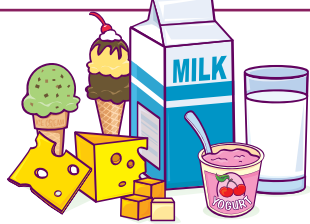

- **Carbohydrates** are the major source of fuel for your body. Complex carbohydrates, such as those in breads, pastas and vegetables are a good source of vitamins, minerals, and fiber.
- **Protein** is needed to maintain strong muscles and body tissues. Eat a good source of protein at least twice a day such as milk, eggs, cheese, meat, fish, chicken, turkey, nuts and dried beans or peas.
- **Healthy fats** (Monounsaturated and Polyunsaturated fats) are a rich source of energy. They are good for your heart. Examples of healthy fats include olive oil, avocados, peanut butter, nuts, flaxseed, fatty fish (salmon, tuna, mackerel, herring, trout, and sardines), soymilk, and tofu.

TIPS FOR HEALTHY NUTRITION

- *Healthy eating, maintaining your weight and the correct number of calories per day will give you energy for all your daily activities.*
- *Buy fresh foods.*
- *Choose foods that are easy to prepare so you will have the energy to eat.*
- *Eat more food early in the day if you get too tired to eat later in the day.*
- *Resting before and after a meal will help conserve energy.*
- *Eat smaller and more frequent (4-6) meals throughout the day. Eating smaller amounts at one time is also less work for your body helping to conserve energy.*
- *Eat slower. This will help decrease shortness of breath while eating. If you are on oxygen therapy, wear your oxygen during meals.*
- *Replace your salt shaker with a salt-free herb mix. Add pepper, ground seasonings, fresh or dried herbs, lemon and lime juices and other salt-free flavors to your meals. Ask your doctor if a salt substitute is appropriate for you.*
- *Ask your doctor if you should take a multi-vitamin and/or calcium supplement daily.*
- *If you have trouble eating enough calories each day, ask your doctor about adding a medical nutritional product like Boost® or Ensure® to add calories and nutrients.*
- *See a registered dietitian for assistance with menu planning, and diet education.*

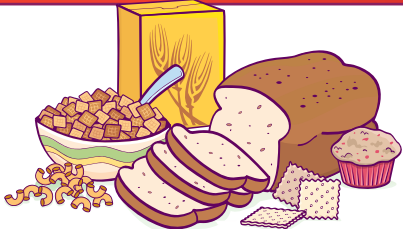


WATCH THE SALT IN YOUR DIET

Too much sodium or salt in your food can also make you hold extra fluid. This makes your heart work harder. Consider not adding salt to your food when cooking or at the table. Most salt comes from packaged, processed, store-bought and restaurant foods. You need to limit your sodium to 2000mg per day which is equal to 1 teaspoon.

FOOD GROUP	LOW IN SODIUM (GOOD)
	<p>Breads and Rolls Without Salted Toppings, Muffins, Some Cold and Hot Cereals, Unsalted Crackers and Breadsticks, Low-Sodium Bread Crumbs and Stuffing, All Plain Rice and Pasta</p>
	<p>Most Fresh, Frozen and Canned Fruits All Fruit Juices</p>
	<p>Most Fresh, Frozen, and Low-Sodium Canned Vegetables Low-Sodium and Salt-Free Vegetable Juices</p>
	<p>Any Fresh or Frozen Beef, Lamb, Pork, Chicken, Turkey, Fish, and Some Shellfish, Eggs and Egg Substitutes, Low Sodium Peanut Butter, Dry Peas and Beans</p>
	<p>All Low-Fat 1% or Skim Milk but Limit to a Total of 2 Cups Per Day, All Low-Fat or Nonfat Yogurt, Some Low-Sodium Cheeses.</p>
	<p>Low-Sodium or Sodium-Free Versions of Butter, Margarine, Salad Dressings, Soups, Condiments, and Snack Foods, Pepper, Herbs and Spices, Vinegar, Lemon or Lime Juice</p>

WATCH THE SALT IN YOUR DIET

These foods are high in sodium and should not be consumed everyday.
Remember to limit your sodium to 2000mg per day.

FOOD GROUP	HIGH IN SODIUM (BAD)
	Breads, Rolls, and Crackers With Salted Tops, Quick Breads and Biscuit Mixes, Some Cold Cereals, Instant Hot Cereals, Regular Bread Crumbs, Packaged and Prepared Rice, Pasta and Stuffing Mixes Which Have Seasonings or Sauces Added
	Fruits Packaged or Served With Added Salt or Sodium
	Regular Canned Vegetables and Juices Including Sauerkraut and Pickled Vegetables, Frozen Vegetables With Sauces, Packaged and Prepared Potato And Vegetable Mixes
	Any Smoked, Cured, Salted Or Canned Meat, Fish, Or Chicken Including Bacon, Chipped Beef, Cold Cuts, Ham, Hot Dogs, Sausage, Sardines, and Anchovies, Frozen Breaded Meats Meats With Gravies and Sauces, Salted Nuts
	Buttermilk, Malted, Canned and Chocolate Milk, Regular and Processed Cheese, Cheese Spreads, and Sauces Including Cottage Cheese and Ricotta Cheese
	Salad Dressings, Soups, Gravies, and Sauces Made from Instant Mixes Or Other High-Sodium Ingredients, Condiments: Catsup, Barbecue Sauce, Soy Sauce, Teriyaki, Horseradish, Pickles, Worcestershire Sauce, and Mustard, Salted Snack Foods Meat Tenderizers, Seasoning Salt, "Light" Salt and Most Flavored Vinegars, Commercially, Softened Water

YOU CAN EXERCISE WITH HEART FAILURE

Ask your doctor if cardiac rehabilitation would be right for you.

ALONG WITH PRESCRIBED MEDICATION, EXERCISE WILL:

- Strengthen your heart – and give you more energy.
- Help you sleep better at night.
- Maintain and/or improve your balance and help prevent falls.
- Help you lose weight.
- Relieve stress and help you feel more positive and confident.
- Improve circulation.
- Aide in your recovery.

THESE TYPES OF ACTIVITIES ARE BEST FOR YOUR HEART:

- Walking
- Riding a bicycle (stationary or regular)
- Swimming
- Water exercise or walking in a pool

Choose activities that are continuous and have a smooth flow.

Plan to do different things in different settings so you have fun and stay interested.

YOUR ENERGY IS YOUR GREATEST RESOURCE. LEARN TO PACE YOURSELF.

Pacing yourself conserves energy throughout the day.

Try these tips:

- *Allow plenty of time for your daily activities. Plan rest periods.*
- *Alternate activities that require more energy with activities that take less energy.*
- *Divide one big job into two or three smaller ones.*
- *Create new habits. Sit when performing as many tasks as possible to conserve energy such as dressing/undressing, bathing, shaving, applying makeup, cooking, etc.*
- *Invest in a shower chair and spray nozzle for bathing.*
- *Arrange your house so that the items you need are at waist level and within easy reach.*
- *Avoid lifting and bending when possible.*
- *Use assistive devices, such as a long-handled grabber for reaching things in high places or assisting with putting on socks and shoes.*
- *Use deep breathing techniques while you exercise or perform daily activities. **See page 24.***

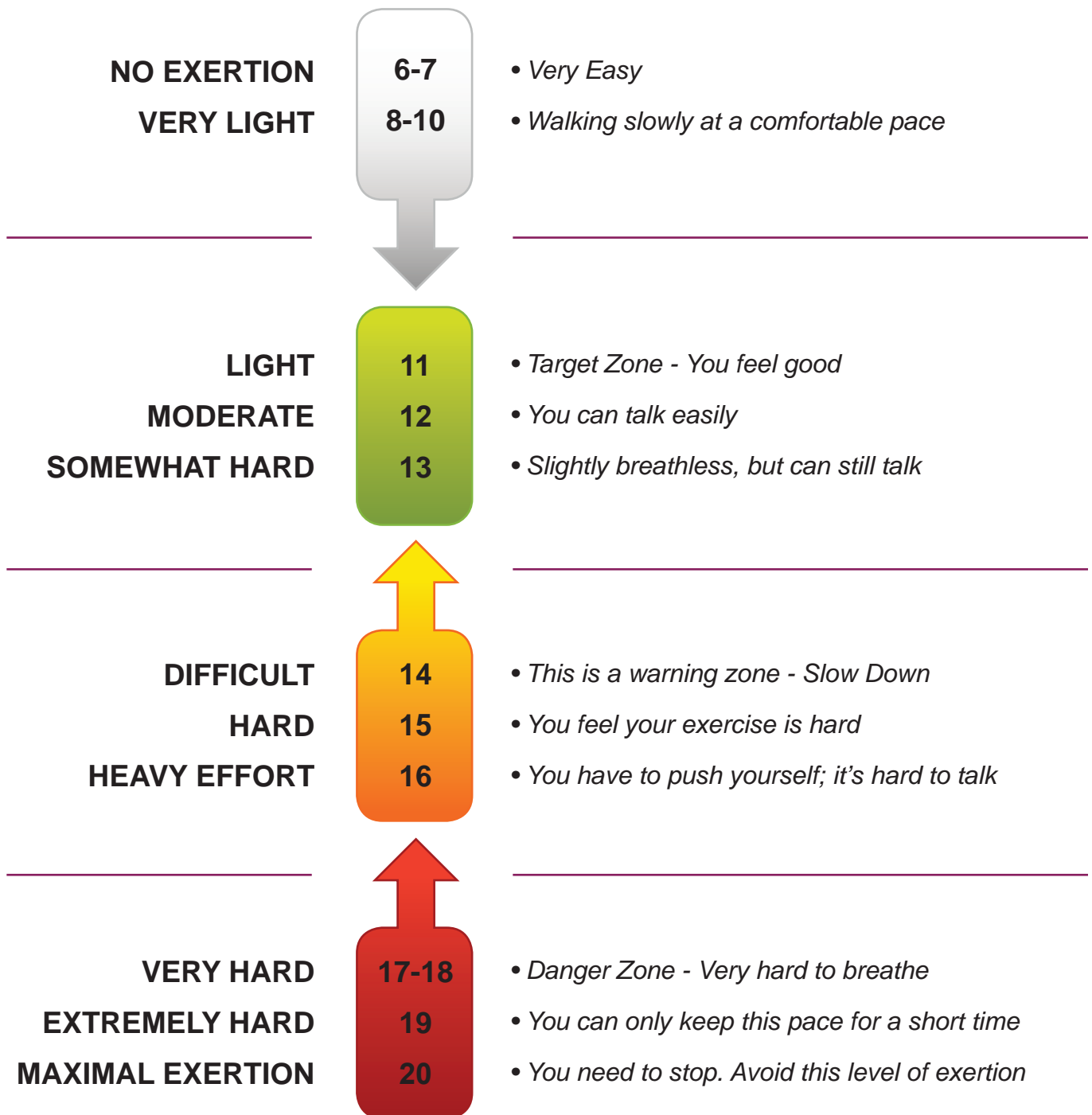
RATE YOUR EXERCISE DIFFICULTY USING THIS EXERTION SCALE

11 to 13 is your GOAL or Target Zone.

How hard is an activity for you based on the scale?

**MY EXERCISE EXERTION
LEVEL HAS BEEN:**

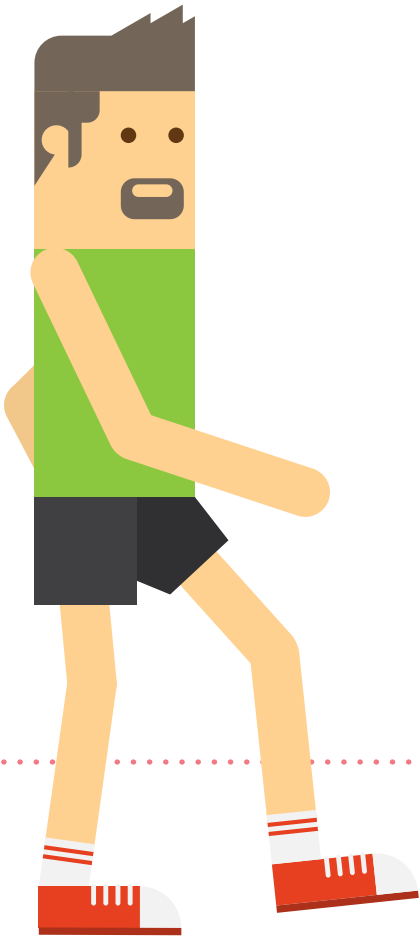
If you start having trouble breathing or feel worn out, you have
done too much. Stop, rest, and make sure to do less the next time.



BEGIN WITH WHERE YOU ARE

Ask your doctor if this exercise program will work for you!

My exercise program at home will be:



JUST BEGIN!

If you feel weak ease into your walking program
Try slow walking with a rest period

WEEK	SLOW WALKING	REST	SLOW WALKING	REST	SLOW WALKING	TOTAL WALK TIME
1	2 MIN	2 MIN	2 MIN	2 MIN	2 MIN	6 MIN
2	4 MIN	2 MIN	4 MIN	2 MIN	4 MIN	12 MIN
3	6 MIN	2 MIN	6 MIN	2 MIN	6 MIN	18 MIN
4	8 MIN	2 MIN	8 MIN	2 MIN	8 MIN	24 MIN

BEGIN WITH WHERE YOU ARE

BUILD UP TO 30 MINUTES OF BRISK WALKING FIVE DAYS A WEEK

When you are stronger try the schedule below:

WEEK	WARM UP TIME	FAST WALK TIME	COOL DOWN TIME	TOTAL TIME
1	Walk Slow 5 Min.	Walk Brisk 5 Min.	Walk Slow 5 Min.	15 MIN.
2	Walk Slow 5 Min.	Walk Brisk 8 Min.	Walk Slow 5 Min.	18 MIN.
3	Walk Slow 5 Min.	Walk Brisk 11 Min.	Walk Slow 5 Min.	21 MIN.
4	Walk Slow 5 Min.	Walk Brisk 14 Min.	Walk Slow 5 Min.	24 MIN.
5	Walk Slow 5 Min.	Walk Brisk 17 Min.	Walk Slow 5 Min.	27 MIN.
6	Walk Slow 5 Min.	Walk Brisk 20 Min.	Walk Slow 5 Min.	30 MIN.
7	Walk Slow 5 Min.	Walk Brisk 23 Min.	Walk Slow 5 Min.	33 MIN.
8	Walk Slow 5 Min.	Walk Brisk 26 Min.	Walk Slow 5 Min.	36 MIN.
9	Walk Slow 5 Min.	Walk Brisk 30 Min.	Walk Slow 5 Min.	40 MIN
10	Walk Slow 5 Min.	Walk Brisk 35 Min.	Walk Slow 5 Min.	45 MIN

LOWER EXTREMITY STRENGTHENING EXERCISES

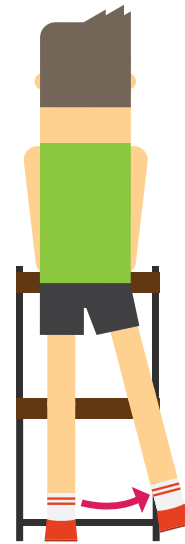


MARCHES

While holding onto a sturdy chair or countertop, slowly raise one knee up towards your chest and then bring your foot back down to the floor.

Repeat with your other leg.

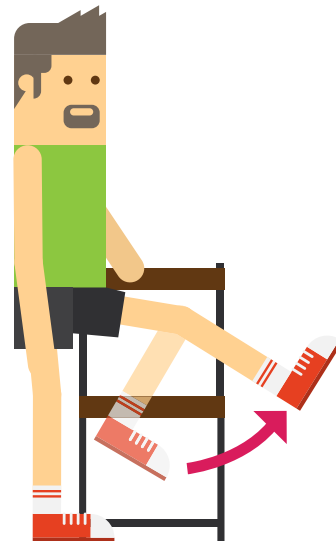
Can be done seated.



SIDE KICKS

While holding onto a sturdy chair or countertop, slowly raise one leg out to the side and then bring back in. Keep knee straight. Repeat with other leg.

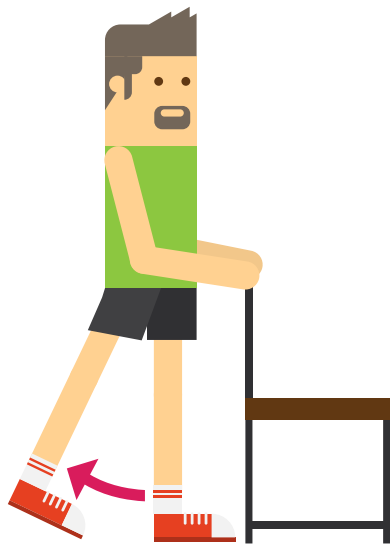
Can be done lying on back.



KNEE KICKS

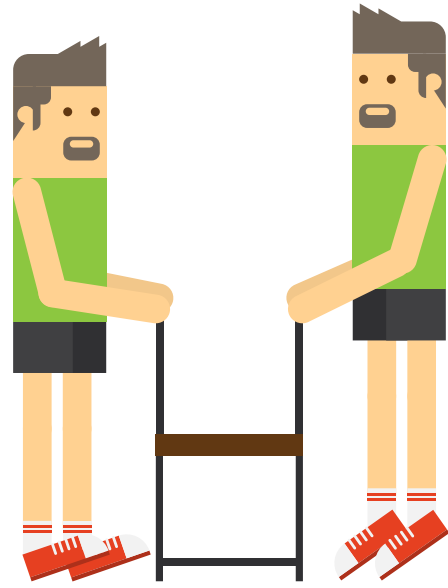
While holding onto a sturdy chair or countertop, slowly raise one knee up. With knee up, slowly kick your foot forward and then bring your foot back down to the floor. Repeat with your other leg.

Can be done seated.



BACK KICKS

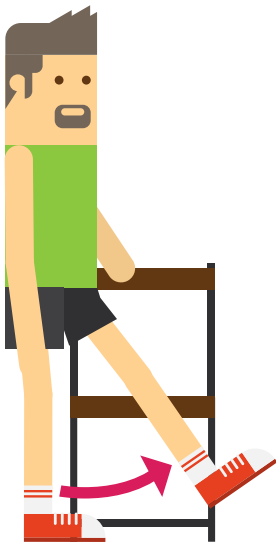
While holding onto a sturdy chair or countertop, slowly kick your leg behind you. Keep your knee as straight as you can. Bring your leg back down. Repeat with other leg.



TOE AND HEEL RAISES

While holding onto a sturdy chair or countertop, slowly raise your toes up, rocking back on your heels. Lower your toes until feet are flat again. Raise your heel up by pushing up on your toes. Lower your heels until feet are flat again.

Can be done seated.



FORWARD KICK

While holding onto a sturdy chair or countertop, slowly raise on leg in front of you with your knee straight. Bring your foot back down. Repeat with other leg.

Can be done lying on back.

MANAGING STRESS AND ANXIETY

Having heart failure can be stressful and make you feel anxious. Starting new medicines and watching your diet can make you feel stressed. It is important to learn to handle stress in a positive way. Everyone is different when it comes to relaxing so find out what works best for you!

Below are some suggestions:

- Take time to relax
- Find a quiet place away from the phone, TV, computer
- Learn and practice relaxation breathing, including Pursed-Lip Breathing
- Meditate/Pray
- Listen to relaxing music
- Talk about your feelings and concerns
- Attend a support group
- Know your limits and pace yourself throughout the day
- Exercise or take a walk to relieve stress
- Use your deep breathing techniques
- Spend time with people you love and add some fun into your life on a regular basis
- Talk to your home health nurse and/or doctor if you feel anxious, moody and/or depressed on a regular basis

WHAT HELPS YOU TO RELAX?



USING BREATHING TECHNIQUES WILL HELP YOU

PURSED-LIP BREATHING:

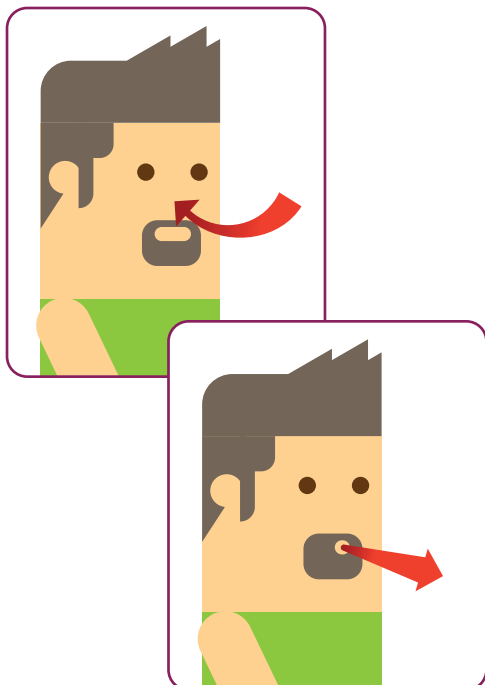
Pursed-lip breathing allows you to breathe in and out more effectively so you can be more physically active. It is useful for whenever you start to feel short of breath, such as when you:

- Exercise
 - Bend or lift items
 - Climb stairs
 - Feel anxious
-

Here's an example how pursed-lip breathing works:

1. Inhale through your nose, keeping your mouth closed. Try to inhale over 2 seconds
2. Exhale slowly through pursed lips, as if you are blowing out a candle.
3. Try to exhale over 4-6 seconds

- *Do not force the air out*
- *Always breathe out for longer than you breathe in.*
- *Breathe slowly, easily, and relaxed*

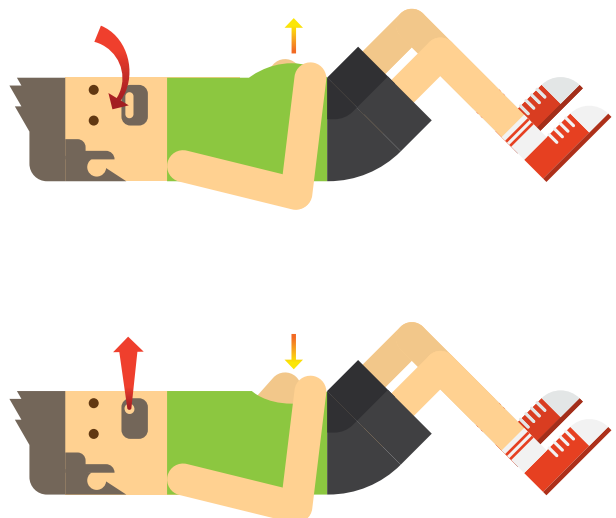


DIAPHRAGMATIC BREATHING:

Diaphragmatic breathing helps the lungs expand more fully and allows you to take a deeper breath and take in more oxygen.

Here's an example how diaphragmatic breathing works:

1. Relax your upper body, especially your shoulders, and put one hand on your abdomen.
2. Breathe in through your nose and make your abdomen push out.
3. Then push your abdominal muscles in and breathe out using the pursed-lip breathing technique shown to the left. See if your abdomen goes back down.
4. Repeat this exercise three times and rest for two minutes in between repetitions. It is best to do this exercise several times a day.



HEALTHY LIVING WITH HEART FAILURE

The more informed you are about heart failure the better you will be about taking care of yourself and living your life to the fullest!

1. Monitor your “HEART FAILURE ZONE” every day. Weigh and watch for flare-ups. Report any changes to your doctor and/or home health nurse right away for evaluation and changes to your medication or treatment plan.
2. Take your medicines EVERY DAY as directed by your doctor. Never stop taking your medication without first being told to do so by your doctor. Contact your home health nurse or doctor if you need help paying for your medications or have questions about your medications.
3. If you use tobacco products quit.
4. As a general rule you should not drink alcohol as it can damage heart cells and cause further heart weakness. Ask your doctor what is right for you.
5. Eat a healthy diet and limit your sodium. Choose a wide variety of foods.
6. Keep active. Begin your walking program today.
7. Protect yourself from infections:
 - Keep up to date with your flu and pneumonia vaccines (shots).
 - Avoid crowds during cold/flu season.
 - Avoid people who are sick.
 - Wash your hands frequently.
8. Drink water when you are thirsty. Limit your total fluids according to your doctor’s recommendations.
9. Educate yourself about heart failure:
 - Learn everything you can about heart failure and take an active part in your health.
 - Learn everything you can about your medications and take them as directed.
 - Learn ways to avoid things that make your heart failure worse.
 - Learn breathing techniques to help you breathe easier and conserve energy.
 - Learn what exercises are best for you.

GOAL ZONE

ALL CLEAR - THIS IS YOUR GOAL ZONE!
YOUR SYMPTOMS ARE UNDER CONTROL.

WARNING

CALL YOUR DOCTOR IF YOU ARE EXPERIENCING
ONE OR MORE OF THESE SYMPTOMS

EMERGENCY

GO TO THE EMERGENCY ROOM OR CALL 911

HEART FAILURE OFFICE VISIT CHECKLIST

Complete this form and take to your follow up appointment.

Prepare for your medical appointments (Doctor, home health, therapy)
by completing the following checklist:

1. Since my last hospital discharge/last medical appointment:

☐ I have more energy ☐ I have less energy ☐ My energy level is the same

2. It is harder to do the following activities because of my breathing or fatigue:

3. My breathing has been worse than usual ☐ Yes ☐ No

4. I am coughing more than usual ☐ Yes ☐ No

5. I have gained 5 pounds in one week ☐ Yes ☐ No

6. My feet, ankles or stomach have been swelling ☐ Yes ☐ No

7. I have had tightness in my chest ☐ Yes ☐ No

8. My symptoms have affected my sleep ☐ Yes ☐ No

9. I have been to the emergency department
or urgent care for my symptoms since my
hospital discharge/last office visit ☐ Yes ☐ No

10. I have felt my heart race or have felt faint ☐ Yes ☐ No

11. I have been weighing myself daily ☐ Yes ☐ No

12. I have been taking my medications daily ☐ Yes ☐ No

MY QUESTIONS ARE:



MY HEART FAILURE SYMPTOM CHART

DAY	WEIGHT	BLOOD PRESSURE	HEART RATE	ZONE / CHANGES IN SYMPTOMS / NOTES
SUN				
MON				
TUE				
WED				
THUR				
FRI				
SAT				

FOR MORE HEART FAILURE
FORMS PLEASE VISIT:

NormanRegional.com/HeartFailureForms

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or urgent care for my symptoms since my
hospital discharge/last office visit ☐ Yes ☐ No

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THUR				
FRI				
SAT				

FOR MORE HEART FAILURE
FORMS PLEASE VISIT:

NormanRegional.com/HeartFailureForms



HEART FAILURE: PATIENT TEACHBACK FORM



HEART FAILURE: PATIENT TEACHBACK FORM FOR SUCCESSFUL DISCHARGE [PAGE 1 OF 3]

.....

I WAS IN THE HOSPITAL BECAUSE:

.....

If I have the following problems...

I should... *(fill in what you should do)*

1. Weight gain of 3 pounds in
1 day or 5 pounds in 1 week.

2. Swelling in my feet, ankles,
hands or stomach

3. Lack of energy
feeling more tired

4. Feeling my heart race or
feeling like I am going to faint

5. Difficulty sleeping flat or
performing normal daily tasks

6. Dry hacking cough or
feeling chest pain

.....

Important Contact Information:

My Primary Doctor is: _____ Phone Number: _____

My Hospital Contact is: _____ Phone Number: _____

My Heart Doctor (Cardiologist) is: _____ Phone Number: _____

My Pharmacy is: _____ Phone Number: _____

I have the following home service: ☐ N/A ☐ Home Health ☐ Hospice ☐ Private Duty

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

HEART FAILURE: PATIENT TEACHBACK FORM FOR SUCCESSFUL DISCHARGE [PAGE 2 OF 3]

My Appointments:

1. _____ on ____ / ____ / ____ at ____ : ____ am/pm
2. _____ on ____ / ____ / ____ at ____ : ____ am/pm
3. _____ on ____ / ____ / ____ at ____ : ____ am/pm

Tests and issues I need to talk with my doctor(s) about at my clinic visit:

1. _____

2. _____

3. _____

4. _____

My Heart Failure Care Plan:

Lifestyle Changes:

After leaving the hospital, I will make the following changes because of: _____

Personal Goal: _____

Activity: _____, because _____

Diet: _____, because _____

Smoking:

☐ Non-Smoker *Date last smoked:* _____ ☐ Smoker *Plan for quitting:* _____



HEART FAILURE: PATIENT TEACHBACK FORM FOR SUCCESSFUL DISCHARGE [PAGE 3 OF 3]

Medications:

When I leave the hospital and go home, I will be taking the medications on my Prescription Form.
Please initial the following statements that apply to you.

_____ I understand which medicines I took before I came to the hospital, but will now STOP.

_____ I understand which medicines I will continue taking and the new medicines I will now add.

_____ I understand why and when I need to take each medicine.

_____ I understand which side effects to watch for.

_____ I have a bathroom scale or will make plans to get one.

PLEASE BRING ALL OF YOUR MEDICINES TO YOUR FOLLOW UP APPOINTMENTS.

**I understand my treatment plan. I feel able and
willing to actively participate in my own care:**

Patient/Caregiver Signature

Relationship to Patient _____

Provider Signature and Title

Date



HEART FAILURE: PATIENT TEACHBACK FORM



HEART FAILURE: PATIENT TEACHBACK FORM FOR SUCCESSFUL DISCHARGE [PAGE 1 OF 3]

I WAS IN THE HOSPITAL BECAUSE:

If I have the following problems...

I should... *(fill in what you should do)*

1. Weight gain of 3 pounds in
1 day or 5 pounds in 1 week.

2. Swelling in my feet, ankles,
hands or stomach

3. Lack of energy
feeling more tired

4. Feeling my heart race or
feeling like I am going to faint

5. Difficulty sleeping flat or
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6. Dry hacking cough or
feeling chest pain

Important Contact Information:

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Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

HEART FAILURE: PATIENT TEACHBACK FORM FOR SUCCESSFUL DISCHARGE [PAGE 2 OF 3]

My Appointments:

1. _____ on ____ / ____ / ____ at ____ : ____ am/pm
2. _____ on ____ / ____ / ____ at ____ : ____ am/pm
3. _____ on ____ / ____ / ____ at ____ : ____ am/pm

Tests and issues I need to talk with my doctor(s) about at my clinic visit:

1. _____

2. _____

3. _____

4. _____

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After leaving the hospital, I will make the following changes because of: _____

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Activity: _____, because _____

Diet: _____, because _____

Smoking:

☐ Non-Smoker *Date last smoked:* _____ ☐ Smoker *Plan for quitting:* _____



HEART FAILURE: PATIENT TEACHBACK FORM FOR SUCCESSFUL DISCHARGE [PAGE 3 OF 3]

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_____ I understand which side effects to watch for.

_____ I have a bathroom scale or will make plans to get one.

**PLEASE BRING ALL OF YOUR MEDICATIONS TO
YOUR FOLLOW UP APPOINTMENTS.**

**I understand my treatment plan. I feel able and
willing to actively participate in my own care:**

Patient/Caregiver Signature

Relationship to Patient _____

Provider Signature and Title

Date

FOR EXTRA TEACHBACK
FORMS PLEASE VISIT:

NormanRegional.com/HeartFailureForms

HELPFUL RESOURCES

Today, when a patient goes to the hospital for heart failure the focus is on stabilizing the heart and lungs. This is done through identifying (diagnosing) the cause of the current problem, starting medications and giving supportive care (oxygen, inhalers etc). Sometimes you may be ready to leave the hospital but are not strong enough yet to return home. In these situations the doctor will suggest that you continue the treatment plan at a Long-Term Acute Care Hospital (LTACH) or a Skilled Nursing Facility (SNF). Going to one of these facilities

depends on the type of medical treatment you need and your insurance benefits. Our Case Management Department will help you navigate your way through this aspect of your care.

Please ask your Case Manager if you qualify for any of these services.

Below is a brief description of each type of service and why it would be suggested to you:

LONG-TERM ACUTE CARE HOSPITALS (LTACH)

Long-term Acute Care Hospitals are specialty care hospitals designed for patients with serious medical problems, including respiratory problems that require intense, special treatment for an extended period of time--usually 20 – 30 days. Patients are usually transferred directly from an intensive care

unit of a hospital, but are expected to improve with time and then discharge home.

LTACHS provide 24 hour skilled nursing services, physical therapy, occupational therapy, speech therapy, dietary counseling and discharge planning for appropriate community services.

SKILLED NURSING FACILITIES (SNF)

Skilled Nursing Facilities provide 24 hour nursing care, physical therapy, occupational therapy and speech therapy, for up to 100 days per year. The focus of care is to improve both respiratory and physical functioning. You will receive professional support to help you get better and stronger so that

you can return home. While in the facility you will be seen at least 1 time every week by a physician or nurse practitioner. They will monitor your progress and treatment plan. If you have a change in your condition or need changes to your medications they will take care of you.

HOME HEALTH CARE

Home Health Care provides part-time, temporary nursing and therapy services to you in your home. The goal of home health care is to help you regain your independence and become self-sufficient in managing your heart failure. Your primary physician will oversee your treatment plan. This service is

covered by Medicare; if you have other insurance coverage, the home healthcare company will check with your carrier to see what your benefits are and will discuss any out of pocket costs that you may be responsible for before starting you on service.

HELPFUL RESOURCES CONTINUED

HOSPICE

Hospice can be an invaluable resource for patients and their families. It is a team-oriented approach that neither prolongs life nor hastens death. It addresses the physical, emotional, social and spiritual impact of the disease and the dying process. The goal of hospice is to focus on the quality of life by providing comfort, pain

management and symptom control rather than attempting to cure the disease. The program will be tailored to the individual needs of the patient and family. The patient's primary physician will oversee their care in this program. Hospice is covered by Medicare and most insurance plans.

PRIVATE DUTY SERVICES

Private Duty Services are non-medical and medical services provided in a personal residence or a medical facility for an individual or a family who needs additional assistance with daily living needs such as bathing, grooming, housekeeping, companionship, meal preparation, errands, transportation, pet care, medication management, sitter service in a facility. The services are tailored

to meet the individual's specific needs including how often the service is provided which can be anything from a one-time visit to 24-hour live in care. Private duty services are paid for by the individual or their family, long-term care insurance, VA benefits for qualified Veterans, Oasis Respite Care vouchers. Specific services offered and prices vary from agency to agency.

DURABLE MEDICAL EQUIPMENT (DME)

Durable Medical Equipment is any medical equipment that aids a patient in their home that is ordered by their doctor because of certain medical conditions and/or illness. DME includes but is not limited to wheelchairs (manual and electric), hospital beds, pressure mattresses, lifts, commode chairs, canes, walkers, blood sugar

(glucose) monitors, ventilators, home oxygen therapy/supplies/equipment, nebulizers and certain nebulizer medications. Medicare part B and most insurance companies will pay up to 80% of the approved cost. Some equipment may be rented, some may be purchased.

HELPFUL RESOURCES CONTINUED

INDEPENDENT SENIOR LIVING COMMUNITIES

Independent Senior Living Communities are designed for adults age 55 and older who are interested in remaining in an independent residence, but also desire supportive services such as meals, transportation, housekeeping and home

maintenance, life enrichment activities, socialization with peers and a variety of concierge services. Housing options and services vary from community to community but may include free-standing cottages to apartment-style living.

ASSISTED LIVING FACILITIES

Assisted Living Facilities allow senior adults to remain as independent as possible in a home-like or apartment style setting. In this type of facility residents receive assistance with activities of daily living and support 24 hours a day by trained

caregivers. Residents receive assistance with personal care, medication management, nutritious meals, housekeeping, transportation, socialization, life enrichment activities and care coordination with healthcare providers.

NURSING HOMES

Nursing Homes are a place of residence for people who are no longer able to care for themselves in a private residence. Nursing homes are staffed with licensed caregivers 24 hours a day. They provide custodial care (bathing, dressing, toileting, feeding).

All of the resident's medical and physical needs are taken care of by the facility including medication management, wound care, therapy, nutritious meals, life enrichment activities and socialization.

COMMUNITY RESOURCES

2-1-1-Oklahoma

Community Resources

Phone: 211 • Web: www.211oklahoma.org

My Ride Oklahoma

Website dedicated to available transportation by county
www.ok.gov/unitedweride/

Areawide Aging Agency

Includes information on nutritional meal sites, mobile meals, transportation, financial assistance
Phone: 405-942-8500 • www.areawideaging.org

Aging Services, Inc. of Cleveland County

Meal Sites, Mobile Meals and Housekeeping services,
Kiwanis Kruiser Transportation
1179 East Main Street, Norman, OK 73071
Phone: 405-321-3200 • www.areawideaging.org

Meals On Wheels of Norman

P.O. Box 1371, Norman, OK 73070
Phone: 405-321-7272 • Fax: 405-321-8413
Email: info@mealsonwheelsnorman.com
www.mealsonwheelsnorman.com

Paul's Valley Delta Community Action Foundation

Serves Garvin, McClain and Stephens Counties
Phone: 405-238-3838 • www.deltacommunityaction.org

United Way of Central Oklahoma Agency Directory

www.unitedwayokc.org/partner-agencies/agency-directory

United Way of Norman Resource Directory

www.unitedwaynorman.org/sites/unitedwaynorman.org/files/Seniors%20Resource%20Guide.pdf

TRANSPORTATION

Cleveland Area Rapid Transit (CART)

Transportation Operations Center
510 E Chesapeake, Norman, OK 73019

Phone Main Number: 405-325-2278

Route & Schedule Information

Phone Other: 405-325-5438 • v/tdd--Elderly & Disabled;
Must be Approved cartaccess@ou.edu
FAX: 405-325-7490
www.ridecart.com

Elaine's Transportation • Statewide

Phone: 405-670-1700

Med Ride Home • Statewide

Phone: 405-685-8267

Med Van • Statewide

Phone: 405-681-1923

Metro Lift • OKC

Phone: 405-297-3808

Metro Transit

Phone: 405-235-7433

Sooner Ride • Non-Emergency Medicaid

Phone: 877-404-4500

Prescription Assistance

www.needymeds.com

A SPECIAL MESSAGE FOR SMOKERS:

TOBACCO AND YOU: THE PATH TO A HEALTHY RECOVERY

Do you feel nagged to quit smoking? Is everyone too concerned about a simple “habit”? Maybe you agree quitting is a good idea, but still enjoy smoking too much to quit?

Please take a few minutes to think about your tobacco use. Be open to the idea of avoiding tobacco, even if it is one day at a time. If you haven’t been able to quit in the past there are tools to help you be successful.

FOCUS ON 3 SIMPLE GOALS:

1. Take time to think and talk about your tobacco use
2. Discover why you depend on tobacco
3. Believe you can stop using tobacco

WHY IS IT SO HARD TO QUIT?

One reason is that tobacco is addictive, not just a “habit”. Many people are surprised to learn tobacco is more addictive than heroin or cocaine.



WHAT HELPS PEOPLE AVOID TOBACCO USE?

Ask yourself these questions:

1. Do I smoke within 30 minutes of getting up in the morning?
2. Do I live with a smoker?
3. Am I ready to quit smoking within the next two weeks? Today?

Smoking within 30 minutes of getting up suggests a strong physical addiction to tobacco.

This means using medications can help you be successful at quitting. It is okay to use medication to help you move through the cravings and irritability you will experience when you choose to stop using tobacco.

Living with a person who smokes is a challenge. Tobacco dependency never completely goes away. Whenever you see someone with cigarettes there is an extra temptation to smoke. You don’t hurt anyone by asking the person to smoke outside or even quit with you.

Feel great about knowing how to take care of yourself! If you live with another person who smokes, talk with them about your new feelings about tobacco use.

Now is the time to determine the steps you will take to avoid tobacco use when you leave the hospital.

Ask your doctor or nurse about a nicotine patch. The patch is a safe way to help your brain recover from tobacco use.

Four out of ten tobacco users will die from heart disease. **For those who avoid tobacco the risk of heart disease is cut in half within a year of stopping tobacco use.**

Even if you haven’t been successful in the past, you can learn to avoid tobacco.

Here is a helpline number you can call, **1-800-QUIT NOW**. Get your own coach to help you quit.

QuitSmart is another great program used for families to quit together, or individuals to quit. Call 307-3175 to get more information about QuitSmart.

If you’ve been an inpatient at NRHS, the program is **FREE**.

You can do this!



KNOW YOUR DAILY HEART FAILURE ZONE

EVERY DAY

- Weigh yourself in the morning before breakfast, on an empty bladder. Write it down and compare it to yesterday's weight.
- Take your medicines as prescribed.
- Check for swelling in your feet, ankles, hands and stomach.
- Eat foods low in salt.
- Balance activity and rest periods.
- Determine which heart failure zone you are for the day. Are you green, yellow or red?

GOAL ZONE

ALL CLEAR - THIS IS YOUR GOAL ZONE!
YOUR SYMPTOMS ARE UNDER CONTROL. YOU HAVE:

- No changes in your shortness of breath.
- No changes in your ability to maintain your normal activity.
- No weight gain more than 2 pounds.
Your weight may change 1 to 2 pounds on some days.
- No swelling of your feet, ankles or stomach.
- No chest pain.
- You are taking your medications as ordered.
- Your appetite is good.

WARNING

CALL YOUR DOCTOR IF YOU ARE HAVING
ONE OR MORE OF THE FOLLOWING:

- You have a weight gain of 3 pounds in 1 day or you have gained 5 pounds or more in 1 week.
- More swelling of your feet, ankles, hands or stomach
- It is harder for you to breathe lying down.
You need to sleep sitting up in a chair.
- Increased shortness of breath with normal activities
- Dry hacky cough
- Lack of energy; feeling more tired
- Feeling uneasy, you know something is not right
- Feeling your heart race or feeling faint

EMERGENCY

GO TO THE EMERGENCY ROOM OR CALL 911
IF YOU HAVE ANY OF THE FOLLOWING:

- Struggling to breathe. Unrelieved shortness of breath while sitting still.
- Dizziness or fainting
- Wheezing or chest tightness at rest
- Increased and/or irregular heart beat
- Confusion or inability to think clearly
- New or increased chest pain

Please notify your home care nurse or doctor if you go to the ER.

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.



WHERE CAN I LEARN MORE ABOUT HEART FAILURE?

American Association of Cardiovascular and
Pulmonary Rehabilitation

www.aacvpr.org

American Association of Heart Failure Nurses
1120 Rt. 73, Suite 200, Mount Laurel, NJ 08054

Phone: 888.45.AAHFN

Fax: 856.439.0525

www.aahfn.org

American Heart Association

1-800-242-8721



Use your phone's camera to scan the
QR code to view the American Heart
Association's interactive workbook.

www.riseaboveHF.org

Centers for Disease Control and Prevention
Growing Stronger - Strength Training for Older Adults

[www.cdc.gov/physicalactivity/downloads/
growing_stronger.pdf](http://www.cdc.gov/physicalactivity/downloads/growing_stronger.pdf)

ChooseMyPlate.gov
Dietary Information

Heart Failure Society of America

www.hfsa.org/patient

National Heart, Lung, and Blood Institute
301-592-8573

www.nhlbi.nih.gov



**NORMAN
REGIONAL**
Health System