

HEART FAILURE ACTION PLAN

Name: _____

Medical Provider's
Name: _____

Case Manager's
Name: _____

Medical Social Worker's
Name: _____

Phone: _____

Phone: _____

Phone: _____

THINGS TO DO EVERYDAY FOR MY HEART:

- Take my medicines as directed
- Weigh myself at the same time and in the same way (i.e., in the morning, wearing pajamas) and write the number down on my calendar
- Follow my eating and activity/exercise plan

THINGS TO AVOID:

- Adding salt to my diet
- Eating foods high in salt
- Smoking or using tobacco products
- Stress
- Sick people

I WILL DISCUSS WITH MY MEDICAL PROVIDER:

- Salt restriction
- Activity/Exercise
- Yearly Flu vaccine
- Pneumonia vaccine
- Liquid intake/day
- Other diet restrictions (including caffeine and fats)
- Cardiac Echo (a test to check how well your heart pumps)
- Whether other medicines for my heart, ACEI/ARB and Beta Blocker are needed
- Take _____ pill if I gain _____ pounds in a day or _____ pounds in a week or call the medical provider if he/she tells me to call



GOALS:

Date:	My Weight:	My Goal:
Date:	My Blood Pressure:	My Goal:
Date:	My LDL Cholesterol:	My Goal:

I WILL CALL 911 IF:

- I have chest, throat or arm tightness or pressure with or without shortness of breath, a cold sweat or nausea that does not go away with rest or after taking my medicine.

I WILL CALL MY MEDICAL PROVIDER TODAY IF:

- I have new swelling in my feet, ankles or hands or if my swelling has gotten worse
- I have gained _____ pounds in a day or _____ pounds in a week
- I feel like my heart is racing or pounding
- I have new shortness of breath or it is getting worse
- I have a cough with mucus and/or a fever
- I am unable to sleep lying down flat
- I have light-headedness

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MY ACTION PLAN

Goal: Something I WANT to do (Example: increase physical activity, take medication, make healthier food choices, etc.)

Action: A specific activity that you are going to do in the next 1 to 2 weeks. (Example: I will walk for 30 minutes after dinner with my dog three days each week for the next two weeks.)

What you will do (the behavior):

How much you will do (time, distance, or amount of activity):

When you will do it (time of day):

How often you will do it (number of days per week):

How important is it to you that you complete the action plan you made above? (Fill in your response.)

Not at all important 1 2 3 4 5 6 7 8 9 10 Totally important
○ ○ ○ ○ ○ ○ ○ ○ ○ ○

How confident are you that you will successfully complete the action plan you made above? (Fill in your response.)

Not at all confident 1 2 3 4 5 6 7 8 9 10 Totally confident
○ ○ ○ ○ ○ ○ ○ ○ ○ ○

Things that might make it hard:

Ways I might overcome these problems:

Follow-up plan (phone or e-mail and date/time):