

# HEART FAILURE ZONES

<div>GREEN ZONE</div> <div>I'm doing well</div> <div><ul style="list-style-type: none"><li>• I have not gained more than 2 pounds in 24 hours or 5 pounds in one week.</li><li>• I am not short of breath.</li><li>• I have no swelling in my feet, ankles, legs or stomach.</li></ul></div>	<div>WHAT TO DO:</div> <div><ul style="list-style-type: none"><li>• <b><i>Weigh yourself every morning</i></b> before eating, and write down your weight every day.</li><li>• Take all medications as directed.</li><li>• Eat a low sodium (salt) diet. <b>DAILY LIMIT: 2000 mg (milligrams)</b></li><li>• Monitor fluid intake. <b>DAILY LIMIT: 2 liters or 64 ounces</b></li></ul></div>
<div>YELLOW ZONE</div> <div>It's a bad day</div> <div><ul style="list-style-type: none"><li>• I gained 2 pounds or more in 24 hours or 5 pounds in one week.</li><li>• I'm short of breath.</li><li>• I have a dry hacking cough.</li><li>• I feel lightheaded or dizzy.</li><li>• I have swelling.</li><li>• I have no energy.</li><li>• I have difficulty lying flat. I have to sleep with multiple pillows or sleep sitting in a chair.</li></ul></div>	<div>WHAT TO DO:</div> <div><ul style="list-style-type: none"><li>• <b><i>Call your cardiologist or family doctor</i></b> to let them know your symptoms.</li><li>• Continue to weigh yourself daily.</li><li>• Take all medications as directed.</li><li>• Continue eating a low sodium (salt) diet and monitoring your fluid intake.</li></ul></div>
<div>RED ZONE</div> <div>EMERGENCY</div> <div><ul style="list-style-type: none"><li>• Struggling to breathe.</li><li>• Chest pain, pressure, squeezing or any discomfort.</li><li>• Facial droop, arm weakness or slurred speech.</li><li>• Confusion.</li><li>• Extreme weakness or exhaustion.</li></ul></div>	<div>WHAT TO DO:</div> <div><div>STOP</div><div>Call 911!</div></div>

# PERSONAL DETAILS

My name is: \_\_\_\_\_

My date of birth: \_\_\_\_\_

My family doctor is: \_\_\_\_\_

My family doctor's phone number is: \_\_\_\_\_

My cardiologist is: \_\_\_\_\_

My cardiologist's phone number is: \_\_\_\_\_

My emergency contact is: \_\_\_\_\_

My emergency contact's phone number is: \_\_\_\_\_

## Other Important Contacts

My other contact is: \_\_\_\_\_

My other contact's phone number is: \_\_\_\_\_

My other contact is: \_\_\_\_\_

My other contact's phone number is: \_\_\_\_\_

## Heart Details

My EF (ejection fraction) is: \_\_\_\_\_

**Keep an updated list of all medications (name of medication, how much you take, how often you take it) and bring this list to all appointments and hospital visits.**