

Heart Failure — *Personal Action Plan*

Date: _____

You are the most important person on your heart failure care team. Use these pages to create an action plan that works for you and to track your progress at home. Your healthcare team is here to support you.

My heart failure management goal, based on MAWDS

This is what I will do to change or improve my health:

My healthcare team’s treatment goals

Your healthcare team’s treatment goals for you:

My personal action plan

- I understand that I need to take my **M**edications as ordered by my doctor.
I will work to keep my heart failure in check by working on **1** or **2** of these goals each week:
- I will exercise and stay **A**ctive
- I will check my **W**eight every day and call my care team right away when my weight goes up
- I will improve my **D**iet by cutting back on sodium and fluids, and avoiding alcohol
- I will track my **S**ymptoms and take action right away when they happen
- I will go to all scheduled appointments with my doctor or care providers
- Other: _____

My next appointment:

Bring this Personal Action Plan with you.

Important contact information:

Doctor or care provider: _____

Local clinic phone and website: _____

Care manager: _____

Other consultants or providers: _____

Use the tables on pages 3 and 4 to track your progress.

Patient education resources

Check the items you’ve received from your care team and write down the date you got them:

- Living With Heart Failure: _____
- Living With Heart Failure DVD: _____
- Heart Failure fact sheet: _____
- MAWDS Self-Care Dairy: _____
- Nutrition for a Healthy Heart: _____
- Sodium-Restricted Daily Eating Plan: _____
- Heart Failure: Tracking Your Fluids: _____

Online resources

- IntermountainHealthcare.org/HeartFailure
- American Heart Association: **Heart.org**
- American Association of Heart Failure Nurses (AAHFN): **AAHFNpatienteducation.com**
- Heart Failure Society of America (HFSA): **HFSA.org**
- American College of Cardiology: **ACC.org**

MEDICINE — check the ones you take (See pages 13–14 in the *Living with Heart Failure handbook*.)

Diuretics (water pills)

Helps your kidneys get rid of extra fluid and sodium when you pee.

Write down the name of the medicine on your pill bottle:

How I will remember to take this medicine:

I will watch for these side effects:

leg cramps • dizziness • skin rash

ACE inhibitors or ARBs

Helps open blood vessels, making it easier for your heart to pump and lowering blood pressure.

Write down the name of the medicine on your pill bottle:

How I will remember to take this medicine:

I will watch for these side effects:

cough • dizziness • skin rash • low blood pressure

Beta Blockers

Helps make your heart muscle work better and lowers your blood pressure.

Write down the name of the medicine on your pill bottle:

How I will remember to take this medicine:

I will watch for these side effects:

swelling from fluid retention • hard to breathe • feeling tired all the time • low blood pressure • low heart rate

Digoxin

Helps your heart beat stronger and with a more regular rhythm.

Write down the name of the medicine on your pill bottle:

How I will remember to take this medicine:

I will watch for these side effects:

not hungry • nausea/vomiting • bluish or yellowish vision • skipped heartbeats

Oxygen

Helps you breathe easier.

I will watch for these side effects:

dry nose • nose bleeds • problems with my eyesight • skin sores on the back of my ears

*Things that might keep me from taking my medicines are: _____

*Things that will help me meet my goals are: _____

My personal action plan

You don't have to take on everything at once. Use the tables below to help you decide how to work on the goals you listed on the front page. For example, if you are going to try to be more active, choose one of the items to work on over the next few weeks. Then write down how many days in each week you were able to meet your goal.

ACTIVITY (See pages 15–16 in the <i>Living with Heart Failure handbook</i> .)				
To increase activity, I will:	Week 1	Week 2	Week 3	Week 4
Walk ___ minutes ___ times in my neighborhood, a gym, or a mall				
Go to an exercise class at a gym, recreation center, or senior center				
Do light housekeeping				
Have a physical therapy evaluation				
Complete chair activities for _____ minutes				
My choice:				

*Things that could keep me from meeting my goal are: _____

*Things that will help me meet my goal are: _____

WEIGHT (See pages 18–19 in the <i>Living with Heart Failure handbook</i> .)				
To keep my weight on track, I will: (<i>pick 1 or 2 for each week</i>)	Week 1	Week 2	Week 3	Week 4
Weigh myself every morning				
Write down my weight every morning in my <i>Self-Care Diary</i>				
Call my doctor if I gain 2 or more pounds in one day				
Call my doctor if I gain 5 pounds over my target weight				

*Things that could keep me from meeting my goal are: _____

*Things that will help me meet my goal are: _____

DIET (See pages 20–26 in the <i>Living with Heart Failure handbook</i> .)				
To reduce my fluid retention:	Week 1	Week 2	Week 3	Week 4
I will not drink more than _____				
I will only have _____ of sodium (salt) each day				
I will cut back on sodium by:	Week 1	Week 2	Week 3	Week 4
Taking the salt shaker off the kitchen table				
Trying other ways to flavor my food by using onion or garlic powder, herbs and spices, or lemon juice instead of salt				
Reading food labels to see which foods are high in sodium				
Rinsing canned vegetables before cooking and eating them				
Removing one high-salt item from my diet this week _____				

*Things that could keep me from meeting my goal are: _____

*Things that will help me meet my goal are: _____

I will SKIP these high-sodium foods:	Week 1	Week 2	Week 3	Week 4
Canned soups and vegetables				
Frozen dinners (check the sodium content)				
Hot dogs and breakfast meats, such as ham, sausage, or bacon				
Cheese and cheese spreads				
Restaurant foods, such as pizza, burgers, or fries				
Ketchup, soy sauce, salad dressings, or barbecue sauce				
Canned and smoked fish				
Snack foods and crackers				

And EAT MORE lower-sodium foods, such as:	Week 1	Week 2	Week 3	Week 4
Lean meats, like skinless chicken and turkey breasts, and fish				
Low-fat milk and yogurt				
Fresh fruits and vegetables				
Frozen vegetables				
Lemon slices, fresh herbs, and flavored vinegar or olive oil				
Unsalted butter or margarine				
Whole oats				

To manage my fluids, I will:	Week 1	Week 2	Week 3	Week 4
Keep track of all the fluids I eat or drink every day				
Suck on ice chips if I get thirsty				
Choose liquids with low or no sodium				

*Things that could keep me from meeting my goal are: _____

*Things that will help me meet my goal are: _____

SYMPTOMS (See page 27 of the *Living with Heart Failure handbook*.)

I will call my healthcare provider when any of these symptoms fall in the "yellow" zone.	Week 1	Week 2	Week 3	Week 4
My weight is up 2 or more pounds in one day				
My weight is up 5 pounds over target weight				
I lost more than 5 pounds without trying				
I have swelling or bloating				
It's harder to breathe at night or when I'm active				
I'm fainting or passing out				
My symptoms are getting worse				



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