

# My Heart Failure Action Plan

If you notice changes in your heart failure symptoms follow your heart failure action plan. Acting quickly will help you to feel better and stay out of hospital.

A doctor or nurse specialist will develop your heart failure action plan with you. Ask about changes to your action plan at each visit.

|                                     |  |   |
|-------------------------------------|--|---|
| I feel well                         | <p><b>My symptoms:</b></p> <ul style="list-style-type: none"> <li>• Weight on target. Target range _____kg</li> <li>• Little or no swelling</li> <li>• Breathing is easy</li> </ul>  | <p><b>What to do:</b></p> <ul style="list-style-type: none"> <li>• Keep taking my pills</li> <li>• Keep doing my daily checks – weight, swelling and breathing (see next page)</li> <li>• Keep eating a healthy, low salt diet</li> <li>• Keep making changes to improve my health</li> </ul> |
| I do not feel well                  | <p><b>Weight up by _____kg over 1-2 days</b></p> <ul style="list-style-type: none"> <li>• Swelling in ankles, legs or abdomen.</li> <li>• Hard to breathe when active or at night</li> <li>• Need to use more pillows at night</li> <li>• Constant cough or wheeze</li> <li>• Very tired</li> </ul> <p><b>Weight down by _____kg over 1-2 days</b></p> <ul style="list-style-type: none"> <li>• Dry mouth/skin</li> <li>• Dizziness</li> </ul> | <p><b>What to do:</b></p> <p>If my weight has increased:</p> <p>_____</p> <p>_____</p> <p>If my weight has decreased:</p> <p>_____</p> <p>_____</p> <p>Call my doctor or nurse:</p> <p>_____</p> <p>_____</p>   |
| I need to get help now,<br>call 111 | <p><b>My symptoms:</b></p> <ul style="list-style-type: none"> <li>• Sudden, severe shortness of breath</li> <li>• Angina not relieved after following angina action plan</li> <li>• Develop new chest pain/tightness/heaviness</li> <li>• Sweating, weakness or fainting</li> </ul>  | <p><b>What to do:</b></p> <p>Call 111 for emergency help NOW.</p>   |

# Daily checks

Heart failure symptoms mainly happen because fluid builds up in your body. Do these checks every day to identify when you have extra fluid in your body.

## 1 Any changes in your weight?

### Weigh yourself

- In the morning
- After going to the toilet
- Before breakfast
- Digital scales are best

**Compare daily weight to your target weight.** Target weight is your weight with no extra fluid, when your heart works best. Your target weight should be written on your action plan.



## 2 Any swelling?

### Check for swelling

Do your rings on your fingers, your waistband or your socks and shoes feel tighter?

Check one leg for swelling

- **Press firmly into the skin** of your ankle, shin and knee with your finger
- If your finger makes a dent in your skin, you have swelling

## 3 Any changes in your breathing?



More short of breath than usual?



Constant cough or wheeze?



Having difficulty carrying on a conversation?



Using more pillows at night to avoid being short of breath or having to sleep upright?



Note down your daily check information. You may like to use the sheets on the next few pages to get you into the habit of recording this important information.

If you have any changes in your weight, any swelling or changes in your breathing then act quickly and follow your heart failure action plan.

## Daily checks record sheet

When you have done your daily checks note down your daily check information. Take this daily check record to your appointments.

| Day | Date | Weight | Any swelling? | Any change in breathing? | Notes |
|-----|------|--------|---------------|--------------------------|-------|
| Mon |      |        |               |                          |       |
| Tue |      |        |               |                          |       |
| Wed |      |        |               |                          |       |
| Thu |      |        |               |                          |       |
| Fri |      |        |               |                          |       |
| Sat |      |        |               |                          |       |
| Sun |      |        |               |                          |       |

| Day | Date | Weight | Any swelling? | Any change in breathing? | Notes |
|-----|------|--------|---------------|--------------------------|-------|
| Mon |      |        |               |                          |       |
| Tue |      |        |               |                          |       |
| Wed |      |        |               |                          |       |
| Thu |      |        |               |                          |       |
| Fri |      |        |               |                          |       |
| Sat |      |        |               |                          |       |
| Sun |      |        |               |                          |       |

| Day | Date | Weight | Any swelling? | Any change in breathing? | Notes |
|-----|------|--------|---------------|--------------------------|-------|
| Mon |      |        |               |                          |       |
| Tue |      |        |               |                          |       |
| Wed |      |        |               |                          |       |
| Thu |      |        |               |                          |       |
| Fri |      |        |               |                          |       |
| Sat |      |        |               |                          |       |
| Sun |      |        |               |                          |       |

| Day | Date | Weight | Any swelling? | Any change in breathing? | Notes |
|-----|------|--------|---------------|--------------------------|-------|
| Mon |      |        |               |                          |       |
| Tue |      |        |               |                          |       |
| Wed |      |        |               |                          |       |
| Thu |      |        |               |                          |       |
| Fri |      |        |               |                          |       |
| Sat |      |        |               |                          |       |
| Sun |      |        |               |                          |       |

When this sheet is complete, continue to record your daily check information in a notebook, diary or calendar.