











# Heart Failure Guide

I understand that I have been treated for heart failure. My Ejection Fraction is \_\_\_\_\_% (pump power)

My Plan of Care is: (Advance Directive/ Substitute Decision Maker) \_\_\_\_\_

**I know I need to do the following to help with my heart failure:**

<p><b>1.</b></p>	<p><b>Diet:</b> To avoid fluid building up in my body causing shortness of breath or swelling in feet and ankles:  <b>Use Less Salt</b></p> <ul style="list-style-type: none"> <li>• In cooking and at the table</li> <li>• Pick foods with less than 10% DV of Sodium on the <i>Nutrition Facts Label</i></li> <li>• Avoid eating out</li> </ul> <p><b>Healthy Eating</b></p> <ul style="list-style-type: none"> <li>• Fruits and vegetable with each meal</li> <li>• Whole grain breads and cereals</li> <li>• Low fat meats, fish and dairy</li> </ul>	 
<p><b>2.</b></p>	<p><b>Daily weights:</b> Weigh myself every morning after emptying my bladder and before my breakfast. Use the same scale every day. Write it on my <b>Weight Log</b> or <b>Exercise Diary</b></p>	
<p><b>3.</b></p>	<p><b>Tracking:</b> Use the <b>“Heart Failure Zone”</b> Flyer to check my progress.</p>	
<p><b>4.</b></p>	<p><b>Take Medicines:</b> Fill prescriptions promptly as they help with symptoms. Take all medications as instructed and bring the pill bottles or blister package to all medical appointments. Ask the pharmacist to help choose over the counter medicines when needed.</p>	
<p><b>5.</b></p>	<p><b>Quit Smoking:</b> Call <b>Smoker’s Helpline 1-877-513-5333</b> or talk to my doctor for help to quit smoking.</p>	
<p><b>6.</b></p>	<p><b>Alcohol:</b> I will abstain from alcohol until I follow-up with my Primary Care Provider/Cardiologist.</p>	
<p><b>7.</b></p>	<p><b>Regular Exercise:</b> Being physically active will help me feel better. Ask my doctor or health care professional about joining Cardiac Rehabilitation in my area.</p>	
<p><b>8.</b></p>	<p><b>Immunization:</b> Get my yearly flu vaccine and ask about the pneumonia vaccine if I have not had one in the last 6 years.</p>	
<p><b>9.</b></p>	<p><b>Learn About Heart Failure:</b> I was given the <b>Heart Failure Package</b>. I will ask about other resources in my area to help me and my family understand how to live well with heart failure</p>	
<p><b>10.</b></p>	<p><b>Keeping Appointments:</b> I will follow up with my doctor or health care professional within one week of coming home from hospital. I will keep all appointments.</p>	