Congestive Heart Failure Management Plan

1. Green means Go.
   - Follow medication, weight, and diet advice.
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2. Yellow means Caution.
   - You may need to change your medicines.
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3. Red means Danger.
   - Get help from a doctor today.
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Call 911.

1. Green -- Go

- No shortness of breath
- Usual amount of swelling in legs
- No weight gain
- No chest pain
- No change in usual activity

2. Yellow -- Caution

- Weight gain of:
  - 2-3 pounds in 1 day
  - 5 pounds in 1 week
- Increased number of pillows to sleep
- Increased swelling or cough
- Shortness of breath with activity

3. Red -- Take Action

- Weight gain of more than 5 lbs in 1 week
- Dizziness or falling
- Waking at night due to shortness of breath
- Shortness of breath at rest chest tightness or wheezing

Call your doctor today to report symptoms and request an appointment.

***CALL 911 if having severe chest pain***
Congestive Heart Failure Management Plan

Your Medicines

Name: ___________________________ Date: ______________

Doctor: ___________________________________________________

Phone for doctor or clinic: ________________________________

Patient’s target weight: _________ pounds

√ It is important to take all your prescribed medicines.

√ It is the medicines working together that helps your heart.

√ Bring all your medicines to every doctor’s appointment.

Medicines used to treat your heart failure include:

**Heart Medicines:** These medicines help your heart work better and your blood flow more easily. It is important to take all of these medicines because they need to work together to help your heart.

_________________________ (Ace Inhibitor)

_________________________ (Beta-Blocker)

_________________________ (Calcium Channel Blocker)

_________________________ (Other)

**Diuretics:** “Water Pills.” These medicines help your kidneys get rid of extra water and salt.

_________________________ (Diuretic)

**Potassium and Magnesium Supplements:** These are important salts that your body loses by taking your diuretics or “Water Pills.”

_________________________ (Potassium and/or Magnesium Supplement)

**Cholesterol Medicines**  **Diabetes: “Sugar” pills**  **Other Medicines**

_________________________________  _________________________  _________________________

_________________________________  _________________________  _________________________

Chart Copy
Congestive Heart Failure Management Plan

Your Medicines

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Doctor: ____________________________________________

Phone for doctor or clinic: ___________________________

Patient’s target weight: ________ pounds

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**Cholesterol Medicines**

_________________________

**Diabetes: “Sugar” pills**

_________________________

**Other Medicines**

_________________________

Patient Copy