



MY
HEART FAILURE
KNOWLEDGE
PASSPORT



NAME: _____

MY HEART FAILURE KNOWLEDGE PASSPORT SUMMARY

This Passport is issued on (date): _____

Name: _____

I have **SYSTOLIC** / **DIASTOLIC** heart failure (circle one)

The doctor treating my heart failure is:

Phone Number: _____

My primary care doctor (*if different*) is:

Phone Number: _____

Other doctors I see:

Name: _____ Phone: _____

Name: _____ Phone: _____

My support person or the person who helps me manage my medical condition is:

Name: _____ Relation: _____

Phone Number: _____

My last EF was: _____ on _____
(measurement) (date)

My last BNP was: _____ on _____
(measurement) (date)

I **HAVE/DO NOT HAVE** (circle one) a device. My device is a:

Pacemaker

AICD (defibrillator)

BiVICD (biventricular defibrillator)

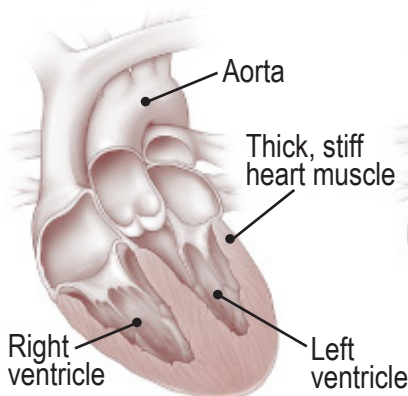
Date of Implant: _____

The company that makes my device is: _____

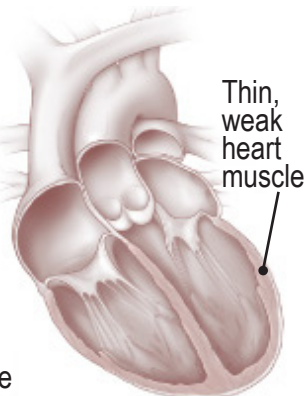
WHAT DOES HEART FAILURE MEAN?

- ◆ Your heart is still working, but it is not pumping enough blood to meet your body's needs.
- ◆ There are 2 major types of heart failure: systolic heart failure and diastolic heart failure. Systolic heart failure is when the heart is not able to pump well. Diastolic heart failure is when the heart cannot relax normally.
- ◆ How well my heart is pumping out blood with each beat can be measured.
- ◆ The measure is called an ejection fraction (EF).
- ◆ My last EF was: _____ on _____
(measurement) (date)
- ◆ Fluid builds up in your lungs or other parts of your body.
- ◆ Too much fluid in your lungs causes shortness of breath.
- ◆ You may have swelling in your legs and feet or in your belly.
- ◆ A blood test to monitor my heart failure is called a BNP.
- ◆ My last BNP was: _____ on _____
(measurement) (date)
- ◆ Sometimes a pacemaker or defibrillator device is needed to help a heart to beat and pump better.
- ◆ If I have a device, I should know what type of device I have and who makes it.

Diastolic heart failure



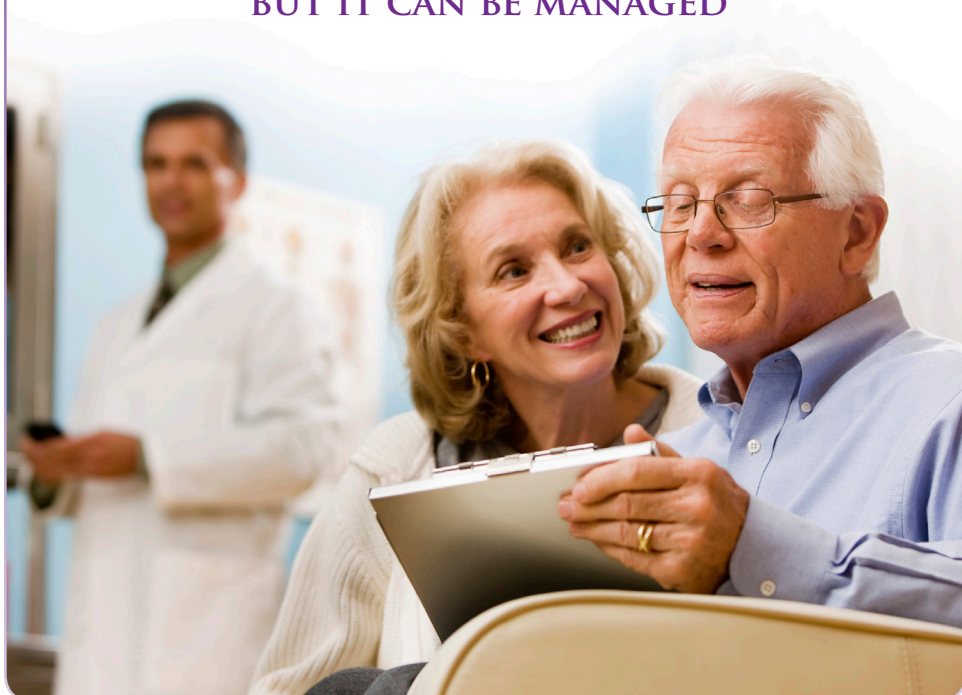
Systolic heart failure



I CAN MANAGE MY HEART FAILURE BY:

- ◆ Taking my Heart Failure Knowledge Passport with me wherever I go, including ALL doctor visits and hospital or emergency room visits.
- ◆ Taking my medicines as ordered by my doctor. I will discuss starting or stopping my medication, including over-the-counter medication, with my doctor.
- ◆ Decreasing the amount of sodium (salt) in my diet.
- ◆ Avoiding smoking and alcohol.
- ◆ Improving my physical activity.
- ◆ Checking my weight daily for changes.
- ◆ Learning symptoms that I should report to my doctor.
- ◆ Keeping my doctor appointments.
- ◆ I will tell my doctor if I cannot get/afford my medications.

**HEART FAILURE WON'T GO AWAY,
BUT IT CAN BE MANAGED**



HEART FAILURE MEDICINES I MAY BE TAKING:

Diuretics (“water pills”):

These drugs are used to get rid of extra fluid and sodium. These medicines will make you go to the bathroom more than usual. If you have concerns or difficulty taking your diuretic, talk to your doctor right away.

My diuretic is: _____

I will call my doctor if I have:

- ◆ dizziness
- ◆ extreme weakness
- ◆ muscle cramps

when taking a diuretic.

Potassium:

Some diuretics cause potassium to be lost from the body.

I do take potassium with my diuretic.

I do not take potassium with my diuretic.

I will call my doctor if I have:

- ◆ nausea/vomiting
- ◆ irregular heartbeat
- ◆ muscle weakness or cramps

when taking potassium.

Angiotensin Converting Enzyme (ACE) Inhibitor:

These drugs work to open up blood vessels. This makes it easier for your heart to pump, and helps to lower your blood pressure.

I will call my doctor if I have:

- ◆ dizziness
- ◆ ongoing cough
- ◆ swelling

when taking an ACE Inhibitor.

Angiotensin Receptor Blocker (ARBs):

These drugs help your heart function better and lowers blood pressure.

- I will call my doctor if I have:
 - ◆ dizzinesswhen taking an ARB.

Patients most likely will not be on an ACE and ARB at the same time.

Beta Blockers:

These drugs work to improve heart muscle function, slow your heart rate and lower your blood pressure.

- I will call my doctor if I have:
 - ◆ weakness/fatigue
 - ◆ shortness of breath/wheezing
 - ◆ dizziness
 - ◆ my heart rate is slower than _____
(check with doctor)when taking a Beta Blocker.
-

Digoxin:

Digoxin makes your heart beat stronger at a regular rhythm and helps to reduce heart failure symptoms.

- I will learn to check my heart rate when I am on digoxin.
- I will call my doctor if my heart rate is slower than _____
(check with doctor)

- I will call my doctor if I have:
 - ◆ a rapid or a very slow heart rate
 - ◆ nausea
 - ◆ confusion
 - ◆ blurry/yellow visionwhen taking digoxin.



DIET AND NUTRITION

1. Sodium (salt) makes your body retain fluid.
2. Restaurant food, processed foods, and table salt are the most common sources of sodium.

One teaspoon has 2400 milligrams (mg) of sodium.

- I will keep my sodium intake to no more than 2000mg per day or _____ as ordered by my doctor.
 - I have learned what foods are high and low in sodium.
 - I have learned how to check food labels for the amount of sodium in each serving.
 - I will avoid alcohol.
- I **WILL NOT** take a salt substitute without checking with my doctor.

3. Too much fluid increases your weight making your heart work harder. This will make your heart failure worsen.

*Some patients with heart failure should limit the amount of liquid they take in each day.

- I will limit my liquids to _____ (ounces) as ordered by my doctor.



ACTIVITY AND EXERCISE

Activity and exercise is important, in general it is good for heart failure patients.

Regular exercise won't reverse heart failure, but it can:

- ◆ strengthen your muscles
- ◆ increase your energy
- ◆ make you feel better

The type of exercise that your doctor may recommend will depend on your physical condition.

- I will follow my doctor's instructions.

Walking is one exercise that your doctor may recommend:

- I will start slowly and increase my activity level each week
- I will develop a weekly exercise schedule
- I will stop exercising and rest if I have:
 - ◆ increased shortness of breath
 - ◆ chest pain
 - ◆ weakness or dizziness
- I will seek help if these symptoms don't go away after I rest.

Sexual Activity:

- ◆ Heart failure should not prevent sexual activity.
- ◆ Sexual activity is like any other exercise you do.
 - I will discuss any questions I have about sexual activity with my doctor.



MANAGING MY HEART FAILURE SYMPTOMS

I will pay attention to my symptoms daily and take action right away if they worsen.

Sudden weight gain is one sign that my heart is not pumping like it should. **I will:**

- Report to _____
A weight change of three pounds (up/down) in one day OR
A weight change of _____ in one week.
- Weigh myself each morning **at the same time**, on the same scale.
- Write my weight down on a chart/calendar everyday.
- Check for more swelling in my legs, ankles, feet and belly everyday.
- Take my medicine.
- Follow my low sodium diet.
- Follow my doctor's fluid orders.
- Make regular appointments with my doctor.
(Your doctor may make adjustments to your treatments that will help keep your heart failure stable and keep you out of the hospital.)

A DAILY WEIGHT LOG SAMPLE:

SUN	MON	TUES	WED	THUR	FRI	SAT
Date: 5/4	Date: 5/5	Date: 5/6	Date: 5/7	Date: 5/8	Date: 5/9	Date: 5/10
Weight: 190	Weight: 191	Weight: 194	Weight: 193	Weight: 192	Weight: 191	Weight: 190
Date: 5/11	Date: 5/12	Date: 5/13	Date: 5/14	Date: 5/15	Date: 5/16	Date: 5/17
Weight: 190	Weight: 191	Weight: 190	Weight: 190	Weight: 193	Weight: 193	Weight: 191

Attach your most recent weight log here.

MANAGING MY DAILY WEIGHT

A sudden increase in weight means that your body is retaining fluid. If your weight goes up, this is the time to **TAKE ACTION**. Do not wait for other symptoms to occur.

Action taken right away will help keep you out of the hospital.

**If you do have weight change,
think about the possible reasons why...**

Did I forget to take
my medicine?

Did I eat high
sodium foods in the
last few days?



MANAGING MY HEART FAILURE

ALL CLEAR

I am doing well when:

- My weight has not changed
- My breathing is normal for me
- I can do my normal activities

CAUTION

I will call _____
at _____

if I have one or more of these symptoms:

- Weight gain of ____ pounds in ____ day(s)
- More shortness of breath
- More swelling of my feet, ankles, legs or belly
- Feeling more tired - no energy
- New or worsening cough
- Harder to breathe when lying down

EMERGENCY

I will call 911 if:

- I have severe shortness of breath
- I have chest pain that does not go away
- I have confusion or can't think clearly
- I have fainted or passed out



DEVELOPED BY MEMBERS OF THE GREATER LANSING AREA



CARE TRANSITIONS HEART FAILURE WORK GROUP

Eaton Rapids Medical Center
Ingham Regional Medical Center
Sparrow Clinton Hospital
Sparrow Hospital
Sparrow Specialty Hospital
Great Lakes Home Health and Hospice
McLaren Visiting Nurse and Hospice
Sparrow Home Care
Burcham Hills Center for Health
and Rehabilitation
Dimondale Nursing Center
Eaton County Medical Care Facility
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Visiting Physicians Association
Ingham County Health Department

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