



My Heart Failure **Passport**

Name _____

Date of birth _____

Address _____

Telephone _____

Your health care team is at your disposal

Your medical center

Your cardiologist

Your general practitioner

Your heart failure nurse

Emergency number

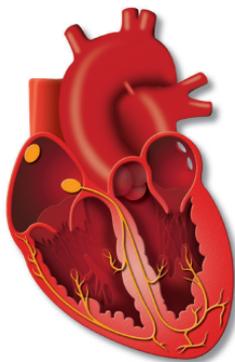


My heart failure

➤ Heart failure is a condition where the **heart** is unable to pump blood around the body as well as it should. In other words, your heart can't deliver enough oxygen and nutrients to allow your body to work normally. This is often because of a previous heart attack, high blood pressure, or valve disease.

HEART

The body's pump



➤ Heart failure is characterized by several **symptoms** caused by fluid accumulation and reduced blood flow. The 3 main symptoms are **edema** (fluid retention), **breathlessness**, and **tiredness**.



My daily tips

Take care of yourself by taking an **active role** in the management of your condition. **Changes in your lifestyle** can have a positive impact on your everyday life: proper diet and exercise can help reduce your symptoms and prevent the progression of heart failure.



➤ **Tips for an appropriate DIET** to reduce your symptoms

- Limit the amount of fluid intake (beverages, soups...).
- Reduce salt intake and avoid hidden-salt meals such as ready-made meals, cheese, processed meats... Check the labels for the salt content.
- Avoid fatty foods, eat fruits and vegetables, low-fat dairy products, cereals, and fish.
- Use herbs and spices to add more flavor, rather than salt
- Avoid too much caffeine or alcohol consumption.
- Ask a dietitian or your doctor or nurse for advice.



➤ **Keep EXERCISING** to improve the functioning of your heart and muscles

- Maintain everyday activities in your house, with family and friends.
- Get regular exercise, such as walking or swimming.

Stop exercising if you feel very breathless or dizzy, or have chest pain, nausea, or cold sweats. Ask your doctor or nurse for advice.



My daily tips

➤ You are encouraged to be an **active partner** in the management of your chronic heart failure condition on a daily basis. Your doctor has prescribed medication for you to take regularly and you can also monitor some measurements on your own to detect any worsening of your heart failure. Don't forget that you are not alone: ask for support!

How do I measure my blood pressure at home?

Use a modern blood pressure monitor and a cuff of the appropriate size (see the instruction manual with your monitor, or ask your doctor or nurse).

- Rest for 3 to 5 minutes before measurement.
- Refrain from smoking, or drinking caffeine or alcohol for at least thirty minutes prior to measurement.
- When you measure your blood pressure, be seated with your feet flat on the floor, back and arms supported, and arm at heart level. Don't talk.
- It is better to measure your blood pressure in the nondominant arm (eg, the left arm if you are right-handed).
- Ideally, take two measurements 1-2 minutes apart, and record only the second reading, once in the morning and once in the evening.

How do I measure my heart rate at home?

Most blood pressure monitors will also measure your heart rate (pulse), or you can measure your heart rate yourself by "taking your pulse."

- Sit quietly for at least 5 minutes.
- Take off your watch and hold your left or right palm facing up, with your elbow slightly bent. With your other hand, gently place your index and middle fingers on the other wrist.
- Press your fingers into the groove between the middle tendons and the outside bone. You should feel a throbbing – this is your pulse.
- Count your pulse for 30 seconds and multiply by two to get your heart rate.



My profile

Weight

Some symptoms are due to fluid accumulation in your body. This happens because the heart has difficulty pumping blood, so fluid builds up in the legs, lungs, or stomach area. Weigh yourself once or twice a week, on the same day and at the same time, preferably in the morning on an empty stomach and without clothes. Always use the same set of weighing scales.



My recommended weight is between ____ & ____ kg
defined by a heart failure health care professional

Check for swelling in your ankles, legs, and around the waist by simply pressing your thumb into the tissue for few seconds. If it leaves an indentation, you have swelling. This may indicate fluid retention, which can appear before you notice a marked difference in your weight.

Weight gain and adjustment of diuretic dosage

Excess fluid can be eliminated by increasing the dosage of diuretics, if your doctor has recommended this:

Extra diuretic prescribed _____

+ 1 kg ____ mg

+ 1.5 kg ____ mg

+ 2 kg ____ mg

Contact your doctor if you gain more than 2 kg in weight.





My profile

Blood pressure

Controlling blood pressure is an important part of preventing your heart failure from getting worse. However, if your blood pressure decreases too much, you may experience symptoms such as dizziness, in particular when you stand up.

My recommended blood pressure is between

___ / ___ & ___ / ___ mm Hg

defined by a heart failure health care professional



If your blood pressure is consistently too high or too low, or you have a headache, or feel dizzy or faint, discuss this with your doctor or nurse.

Heart rate

While an increase in your pulse (heart rate) helps your body to perform more physical activity, a constant high heart rate overworks the heart. Your doctor will give you treatments that control heart rate and help your heart to beat more efficiently.

My recommended heart rate is between ___ & ___ beats/min

defined by a heart failure health care professional

If your heart rate is consistently too high or too low, or you feel dizzy or light-headed, or faint, discuss this with your doctor or nurse.



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day for 4 weeks and thereafter at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 1



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day for 4 weeks and thereafter at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 2



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day for 4 weeks and thereafter at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 3



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day for 4 weeks and thereafter at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 4



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day or at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 5



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day or at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 6



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day or at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 7



My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day or at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 8

My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day or at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 9

My personal follow-up

Monitor your chronic heart failure condition in order to act quickly should any worsening occur. Take measurements every day or at least twice a week.

Date	Weight (Kg)	Blood pressure (mm Hg)	Heart rate (bpm)	Tiredness (YES or NO)	Breathlessness (YES or NO)

Assessment of my everyday activities:

How much has your heart failure affected you in the last week?

Hobbies and recreational activities:



Effectiveness at work:



When doing household chores:



Visits to family or friends:



Intimate relationships:



WEEK 10



My support

➤ You are not alone: you have a specific condition that you can share with your family and friends, your health care team, and also other patients.



Your main support



■ **Family & friends**

They can support you physically and mentally by motivating you to control your diet, to do physical exercise, and to discuss your mixed emotions. This will make your everyday life easier.

■ **Health care team**

General practitioners, cardiologists or internists, heart failure nurses, pharmacists, and dietitians are willing to help you.



■ **Patients**

You can talk with other heart failure patients about your experience and theirs.

For more information and advice on heart failure, log on to
www.heartfailurematters.org



My next appointments

Date	Time	Name of doctor/ nurse	Notes
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