

Heart Failure Zones

Bring this sheet along to discuss during your loved one's appointments.

Use these questions to determine which zone your loved one is in today.

- What is their daily **weight**?
- Is there any change in their **breathing**?
- Do you notice any difficulty participating in **usual daily activities**?
- Do you notice any **swelling** in the feet, ankles, legs or stomach? Is this more than usual (e.g., have difficulty getting shoes on, or pants are tight around the stomach)?
- Have they complained of any **chest pain**? Is this new or more frequent?
- How many **pillows** are they sleeping with at night? Have they needed to sleep on a 'lazy boy' chair?
- How is their **appetite**? Is that a change?



Record **weight** at the same time each day



Limit salt to **2000mg/day** (less than 1 tsp.) and avoid **processed** foods



No more than **6-8 cups** of fluid per day (includes water, beverages, soup)

GREEN ZONE

- No changes in weight
- Can perform daily activities as usual
- No new swelling of feet, ankles, legs or stomach

ALL CLEAR

Continue activities as usual

YELLOW ZONE

- 2 pounds (1kg) weight gain/loss in one day
- 5 pounds (2-3 kg) weight gain/loss in one week
- Increased or new shortness of breath
- Shortness of breath that worsens when lying down or causes them to wake up from sleep
- New swelling of feet, ankles, legs or stomach
- Feeling weak and tired

WARNING ZONE

Call physician

RED ZONE

- Struggling to breathe or can't catch their breath
- Heart is "racing"
- Can't think clearly or feel confused
- Feeling dizzy or lightheaded
- Have sudden chest pain that won't go away

EMERGENCY



Call 911

DAILY WEIGHT LOG

**NOTE: IF YOU GAIN TWO (2) POUNDS IN ONE DAY, OR FIVE (5) POUNDS IN ONE WEEK,
PLEASE CALL YOUR DOCTOR TODAY.**

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NAME		
MONTH, YEAR		
DATE	WEIGHT	HEART FAILURE ZONE