ZONE TOOL | Heart Failure

Remember:

- ✓ Keep your doctor appointments.
- ✓ Take all of your medications to each doctor's appointment.
- ✓ Ask your doctor about getting a pneumonia vaccine.
- ✓ Get a flu shot and COVID vaccine every year.

GREEN Zone: Great Control

- · No shortness of breath
- No weight gain more than 2 pounds (it may change 1 or 2 pounds some days.)
- No swelling of your feet, ankles, legs or stomach
- · No chest pain

GREEN Zone Means I Should:



- Continue to weight yourself in the morning before breakfast and write it down
- Eat low-salt/low-sodium foods
- · Continue to balance activity and rest periods
- Continue to check to swelling in your feet, ankles, legs and stomach
- · Continue taking all of your medications as prescribed

YELLOW Zone: Caution

Call You Physician!

- Weight gain of 3 pounds in 1 day or a weight gain of 5 pounds or more in 1
- More swelling of your feet, ankles, legs or stomach
- Difficulty breathing when lying down.
 Feeling the need to sleep up in a chair.
- Feeling uneasy; you know something is not right
- No energy or feeling more tired
- · More shortness of breath
- · Dry hacking cough
- Dizziness

YELLOW Zone Means I Should:



Contact my doctor.

Write down my list of symptoms that I need to tell the doctor about.

Physician Contact:

Doctor:	 	
Phone.		

RED Zone: Medical Alert!

- A hard time breathing
- Unrelieved shortness of breath while sitting still
- · Chest pain
- · Confusion or can't think clearly

RED Zone Means I Should:



- · Act Fast... Heart Failure is Serious!
- Call 9-1-1 and request an ambulance to the Emergency Department



Daily Weight Log

Goal/Dry Weight ___

Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight:	Date:	Sunday
000	Zone	00	Zone	00	Zone	00	Zone	00	Zone	ay
Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Monday
000	Zone	00	Zone	00	Zone	00	Zone	00	Zone	ау
Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Tuesday
00	Zone	00	Zone	00	Zone	00	Zone	00	Zone	ay
Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Wednesday
000	Zone	00	Zone	00	Zone	00	Zone	00	Zone	day
Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Thursday
00	Zone	00	Zone	00	Zone	00	Zone	00	Zone	day
Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Friday
00	Zone	00	Zone	00	Zone	00	Zone	00	Zone	Ž
Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Weight	Date:	Saturday
00	Zone	00	Zone	00	Zone	00	Zone	00	Zone	day