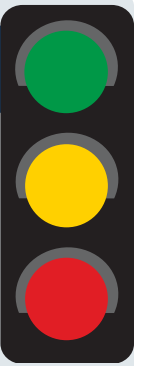


ZONE TOOL | Heart Failure



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 weigh 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 swelling in your feet, ankles, legs and stomach
- Continue taking all of your medications as prescribed

YELLOW Zone: Caution

Call Your Physician!

- Weight gain of 3 pounds in 1 day or a weight gain of 5 pounds or more in 1 week
- 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**

Take this with you
when you go to
the doctor

Daily Weight Log

Goal/Dry
Weight _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: _____ Zone    Weight: _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____
Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____
Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____
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Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____	Date: _____ Zone    Weight _____