

# My Heart Failure Action Plan



Coastal Medical  
Lifespan. Delivering health with care®

Name: _____	Date: ___/___/_____
<b>Green Zone: <u>ALL CLEAR</u> - I'm feeling well today – Keep up the good work!</b>	
<ul style="list-style-type: none"><li>• My weight is stable – may change 1 pound or 2 pounds per day</li><li>• My breathing is normal for me</li><li>• No (or usual) swelling in my feet, ankles, or abdomen</li><li>• I have my usual amount of energy</li><li>• I sleep well at night with usual number of pillows</li></ul>	<b>I Will:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Keep up the good work</li><li><input type="checkbox"/> Continue to take all my medications</li><li><input type="checkbox"/> Weigh myself every day</li><li><input type="checkbox"/> Eat a low salt diet</li><li><input type="checkbox"/> Get my flu and pneumonia vaccines</li></ul>
<b>Yellow Zone: <u>CAUTION</u> - I'm having some trouble – I need some help!</b>	
<ul style="list-style-type: none"><li>• My weight is up by 3 pounds or more in 1 day, or 5 pounds or more in 1 week</li><li>• I am having a harder time breathing and may develop a cough</li><li>• I have new or more swelling in my feet ankles or abdomen</li><li>• I am feeling tired and have less energy</li><li>• I am using more pillows at night to sleep or am sleeping sitting up</li></ul>	<b>I Will:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Continue to take all my medications</li><li><input type="checkbox"/> Call my provider to report new symptoms, a change in medication may be needed</li></ul>
<b>Red Zone: <u>DANGER</u> - I need urgent medical care!</b>	
<ul style="list-style-type: none"><li>• I am struggling to breathe even while sitting still</li><li>• I may feel lightheaded, dizzy, confused or very sleepy</li><li>• I may be having chest pain</li></ul>	<b>I Will:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Call 911 or seek medical care immediately</li><li><input type="checkbox"/> Call my provider's office to alert them I am going to hospital, if able</li></ul>

## **My Coastal Care Team:**

Primary Care Provider: \_\_\_\_\_

Cardiologist: \_\_\_\_\_

Nurse Care Manager: \_\_\_\_\_

Pharmacist: \_\_\_\_\_

### **CARDIOLOGY SPECIALISTS**

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**Coastal365™**

Adult Sick Visit Clinic

Multiple Locations

**1-800-822-5981**