

Heart failure action plan

Name: _____ Date: _____

Facility:
Tel/Hours:
Nurse:

Dry weight range: _____

Daily fluid limit: _____

ALL CLEAR

- My weight is in range
- Little or no swelling
- Breathing is unchanged

Continue to:

- Take my medications
- Follow my fluid limits
- Stay active every day
- Choose low salt food

WARNING

Call my doctor or nurse if any of the following occur:

1. **My weight goes up or down over 2 days by ____ kg**
2. I have swollen feet, ankles, legs or tummy
3. I find it hard to breathe
4. I feel light headed or dizzy and this is not usual for me

Instructions:

DANGER - Call 000 FOR Emergency!

Act now if I have ANY of following:

- Struggling to breathe
- Chest discomfort, pressure or pain that does not go away after rest or medicine
- A racing heart, even after rest or taking medicine
- I am sweating or feel weak or faint



Fluid tracker: daily checks

1 Is my weight in range?

How to check my dry weight:

- ☐ **W**ake
- ☐ **W**ee
- ☐ **W**eight before eating or drinking
- ☐ **W**rite down my weight



2 Do I have any swelling?

- ☐ Clothing or shoes feel tight
- ☐ Pressing firmly on my leg leaves a dent
- ☐ I feel bloated or not hungry



3 Changes in my breathing?

- ☐ Constant cough or wheeze
- ☐ Short of breath
- ☐ Waking up breathless
- ☐ Need more pillows to sleep
- ☐ More tired than usual



4 Am I dehydrated (too dry)?

- ☐ Dizziness
- ☐ Diarrhoea
- ☐ Headaches
- ☐ Low blood pressure
- ☐ Nausea



Follow your action plan if your weight, breathing, or swelling, is different to usual

Fluid tracker record

Ring your GP or heart failure nurse if symptoms get worse.

My dry weight range is: _____

Day	Date	Weight kg	Any swelling?	Breathing changes?	Too dry?	How I feel (tick)	Comment
Mon						  	
Tue						  	
Wed						  	
Thu						  	
Fri						  	
Sat						  	
Sun						  	

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