



Heart Failure

SELF-CARE DIARY

Name: _____

Healthcare provider: _____

After hours call: _____

Pharmacy: _____

Other contacts: _____

Emergency: **911** _____

Bring this Heart Failure self-care diary to all of your clinic or office visits.

More information

- **Heart Failure fact sheet and Living with Heart Failure booklet:** Information on symptoms, diagnosis, treatment options, and lifestyle management
- **Heart Failure: Tracking your fluids fact sheet:**
A tool to track your fluid intake
- **Sodium-Restricted Daily Eating Plan fact sheet:**
A tool to track your sodium intake

Visit intermountainhealthcare.org/heartfailure



M

Take your
MEDICATIONS

A

Stay **ACTIVE**
each day

W

WEIGH
yourself each day

D

Follow your
DIET

S

Recognize your
SYMPTOMS

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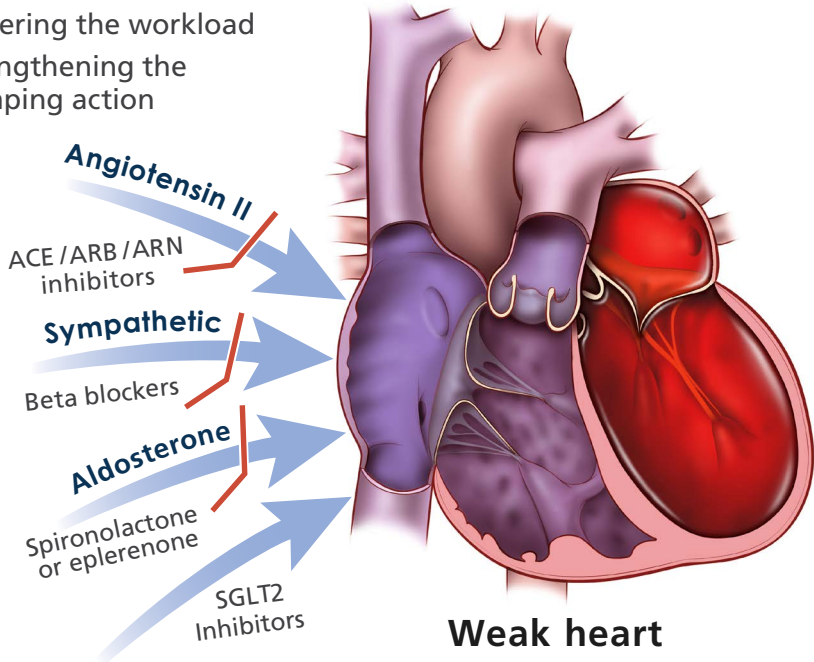
Common Heart Failure Medications

TYPE	EXAMPLES
Diuretics ("water pills")	bumetanide (Bumex), furosemide (Lasix), metolazone (Zaroxolyn), torsemide (Demadex)
Mineral supplements	magnesium oxide, potassium (K-Dur, K-tab, K-Lyte, Micro K, Slow K, Klor-con)
Angiotensin-converting-enzyme (ACE) inhibitors, Angiotensin II receptor antagonists (ARBs), or ARNI (ARB + Nephilysin Inhibitor)	ACE inhibitors: captopril (Capoten), enalapril (Vasotec), fosinopril (Monopril), lisinopril (Prinivil, Zestril), quinapril (Accupril), ramipril (Altace) ARBs: candesartan (Atacand), losartan (Cozaar), valsartan (Diovan) ARNI: Sacubitril-valsartan (Entresto)
Beta blockers	bisoprolol (Zebeta), carvedilol (Coreg, Coreg CR), metoprolol succinate (Toprol XL)
Aldosterone receptor antagonists	spironolactone (Aldactone), eplerenone (Inspra)
SLGT2 Inhibitors	canagliflozin (Invokana), dapagliflozin (Farxiga), empagliflozin (Jardiance)
Anticoagulants ("blood thinners")	heparin, warfarin (Coumadin), enoxaparin (Lovenox), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa)
Alternative vasodilators	hydralazine (Apresoline), isosorbide mononitrate (Imdur, ISMO, Monoket), isosorbide dinitrate (Isordil Titradose, Dilatrate-SR), hydralazine/isosorbide dinitrate (BiDil)
Digitalis	digoxin (Lanoxin)
Inotropes	dobutamine (Dobutrex), milrinone (Primacor)

Medications: Helping a Weak Heart

Heart failure medications can help the heart by:

- Blocking hormones
- Lowering the workload
- Strengthening the pumping action

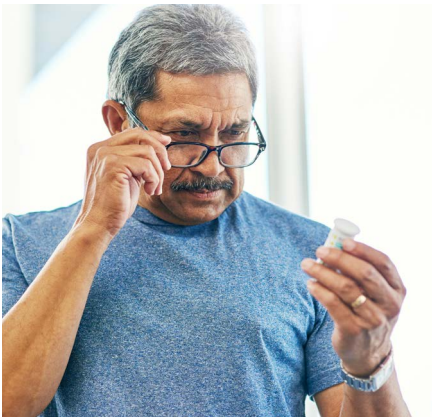


Take your medications every day and never skip doses. Contact your health provider if you experience symptoms such as low blood pressure or increased fatigue.

MAWDS Self-care Tips

MEDICATIONS

Heart failure medications are an important part of your treatment plan. Take your medications every day. Never skip doses. Be sure to tell your provider if you don't feel well, have low blood pressure, or increased fatigue.



ACTIVITY

A little activity every day can help you feel better. Go for a walk, visit with a friend, or do some work in your garden. But know your limits and don't overdo it. Stop and rest if you feel tired or short of breath. You'll probably have good days and bad days.



MAWDS Self-care Tips

WEIGHT

Your healthcare provider will recommend a **target weight** for you.

My target weight is _____ pounds. (This weight is when you are NOT retaining fluid.)

It's important that you weigh yourself every day so you'll know if you're maintaining your target weight. It is best to weigh yourself at the same time every morning.

Call your doctor if:

- You gain more than 2 or 3 pounds in one day
- You gain 5 pounds over your target weight

A **rapid weight gain** may be a sign that your body is retaining fluid. In this case, you may need a change to your treatment plan.

You may also need a change in your treatment plan if you **LOSE** weight rapidly. Rapid weight loss may indicate dehydration. Call your doctor if you drop 5 pounds below your target weight in a day.



MAWDS Self-care Tips

DIET

When you have heart failure, it's important to reduce the amount of salt— or sodium— in your diet. Too much sodium can cause your body to retain fluid, which can make symptoms worse.

- Eat less than 2,000 mg of sodium per day. (2,000 mg = 2 g sodium)



- Keep your fluid intake less than 2 liters per day. Intermountain's ***Heart Failure: Tracking your fluids*** fact sheet can help you do this.



FACT SHEET FOR PATIENTS AND FAMILIES Intermountain **Healthcare**

Heart Failure: Tracking your fluids

When you have heart failure, you need to limit the amount of salt and fluid that you drink and eat each day. This is especially true for people who are on fluid and need to take water pills. This sheet will show you helpful tips to track your fluid each day.

Why do I need to track my fluids?

Limiting fluids can ease swelling (edema) and help the medicines you take work better. It also helps you avoid hospitalizations and other health problems (such as heart failure).

How do you track your fluids?

Be sure to track all of the fluids you drink.

Fluids to track: all of the fluids you drink, including water, coffee, tea, juice, milk, and soft drinks. Also track fluids in soups, broths, and other liquid foods.

Fluids to not track: fluids that are not counted as fluids, such as ice cream, butter, and oil.

How do you track your fluids?

Use a measuring cup to measure all of the fluids you drink. Write down the amount of fluid you drink each day. You can also use a measuring cup to measure the amount of fluid you eat.

Know how much you drink

Most people drink 8 to 16 ounces of fluid each day. But you may need to drink less. Your doctor will tell you how much to drink. You may also need to limit the amount of fluid you drink each day. You may also need to limit the amount of fluid you eat.

Conversion table

Common amount	Ounces	ML
1/4 cup	2.5	75
1/2 cup	5	150
3/4 cup	7.5	225
1 cup	10	300
1 1/2 cups	15	450
2 cups	20	600
2 1/2 cups	25	750
3 cups	30	900
3 1/2 cups	35	1,050
4 cups	40	1,200
4 1/2 cups	45	1,350
5 cups	50	1,500

Know how much you eat

Most people eat 1/2 to 1 cup of fluid each day. But you may need to eat less. Your doctor will tell you how much to eat. You may also need to limit the amount of fluid you eat.

How do you track your fluids?

Use a measuring cup to measure all of the fluids you drink. Write down the amount of fluid you drink each day. You can also use a measuring cup to measure the amount of fluid you eat.



These diet changes don't mean you have to give up flavor in your food. Ask your healthcare provider about simple steps to limit sodium. If you have other health conditions besides heart failure, you may need to make other diet changes as well. Ask your doctor.

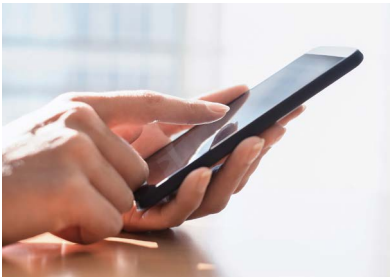
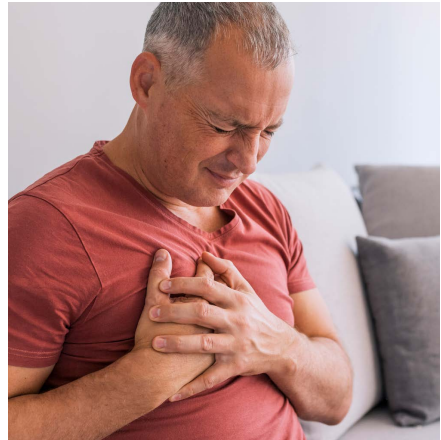
MAWDS Self-care Tips

SYMPTOMS

Be aware of the common symptoms of heart failure:

- Excessive weakness and fatigue
- Shortness of breath, especially when lying down
- Increased fatigue or shortness of breath while doing activities
- A dry, hacking cough
- Bloating in the stomach
- Swelling in the feet and ankles
- Weight gain

Call your doctor if you notice that your symptoms are getting worse.



Other Healthy Tips

You can use these healthy tips and access the following resources to help protect yourself from getting sick, avoid non-steroidal pain relievers, illegal drugs, and tobacco — and limit alcohol:

- **Protect yourself from COVID, flu and pneumonia.** Get a pneumonia vaccine, flu shot every year, and a COVID vaccine as recommended by your provider.
- **Avoid non-steroidal anti-inflammatory (NSAID) pain relievers** — examples include ibuprofen, Motrin, and Aleve. These pain relievers can make your kidneys work harder and add to fluid retention. Don't take them without talking to your healthcare provider.



Other Healthy Tips

- **If you use tobacco, QUIT!** Using tobacco can speed the progression of heart disease and put extra strain on your heart. Ask your healthcare provider for resources to help you quit — such as the Intermountain booklet *Quitting Tobacco: Your Journey to Freedom*.
- **Avoid street drugs and limit alcohol.** These substances can harm an already struggling heart. If you do drink alcohol, limit it to one beer, cocktail, or glass of wine each day.



Heart Failure Action Plan

To help you manage your heart failure symptoms — and prevent a bad situation from becoming worse — use the Heart Failure Action Plan on the following page. Your Action Plan divides your symptoms into three zones depending on their severity:

GREEN

When you're in the green zone, your heart failure symptoms are stable and don't interfere with everyday activities. Following MAWDS every day will help keep you in the green zone.



YELLOW

When you're in the yellow zone, your heart failure symptoms are getting worse. Call your healthcare provider to find out which steps to take to prevent symptoms from becoming severe. Continue to follow MAWDS.






RED

Once in the red zone, your heart failure symptoms are severe. You are in trouble. Call your healthcare provider, or seek emergency care immediately.



Just as the colors on a stoplight tell a driver what to do, the zones on your Action Plan will tell you how to manage your heart failure.

Heart Failure Action Plan

<ul style="list-style-type: none">• Feeling well• Breathing is easy• Weight is stable• Symptoms are stable	 <p>GO <i>maintain therapy</i></p>	<p>Keep up the good work! Follow MAWDS every day!</p>
<ul style="list-style-type: none">• Not feeling well• If you gain more than 2 or 3 pounds in one day or are 5 pounds above your target weight.• Noticeable swelling or bloating• Some difficulty breathing with activity and at night• Symptoms are worsening	 <p>CAUTION <i>step up therapy</i></p>	<p>Call your healthcare provider to find out how to prevent symptoms from becoming severe.</p> <p>Provider's instructions:</p> <hr/> <hr/> <hr/> <hr/>
<ul style="list-style-type: none">• Breathlessness or chest heaviness at rest• Weight is up more than 3 pounds in one day• Fainting• Symptoms are severe	 <p>STOP <i>get help now</i></p>	<p>Call your healthcare provider or go directly to the emergency room. DO NOT try to treat this yourself.</p> <p>Provider's number: _____</p> <p>Emergency number: 911</p>

Resources

INTERNET SITES

Intermountain Healthcare

intermountainhealthcare.org/heartfailure

intermountainhealthcare.org/hearttransplant

American Heart Association

hearthub.org

National Heart, Lung, and Blood Institute

nhlbi.nih.gov

American College of Cardiology

cardiosmart.org

American Association of Heart Failure Nurses (AAHFN)

aahfn.org

Heart Failure Society of America

abouthf.org

BOOKS

100 Questions and Answers about Congestive Heart Failure

Campion Quinn, MD

Jones and Barlett Publishers, Inc; 2006

American Heart Association Low-Salt Cookbook, 3rd Edition: A Complete Guide to Reducing Sodium and Fat in Your Diet

American Heart Association

Clarkson Potter Publisher; 2007

Success with Heart Failure: Help and Hope for Those with Congestive Heart Failure

Marc A. Silver, MD




Da Capo Press; 2006

Tracking Instructions

1 At the beginning of a new month, write in your target weight and the month at the top of the page.

2 Write in the day of the month in the square in each box.

3 Put a check in the zone you are in for the day.

Monday	
23	Weight: 146
	HR: 79
	BP: 120/80
	

4 Each day record your weight.

5 Record your heart rate.





























































6 Record your blood pressure.

































For help with taking blood pressure and heart rate, see Intermountain Healthcare's *BP Tracker* booklet.

Call your healthcare provider if you gain more than 2 or 3 pounds in one day or are 5 pounds over your target weight.

Remember to follow **MAWDS** every day!

My target weight: _____ Month: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>
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FRIDAY		SATURDAY	
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Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

- Taking my Medicines** (Example: order refills early)





























































- Staying Active** (Example: walk 10 to 20 minutes each day)

































- Weighing myself** (Example: record weight in diary and notice trends)

- Following my Diet** (Example: learn how much salt is in my foods)

- Recognizing Symptoms** (Example: notice breathing patterns with activity)

My target weight: _____ Month: _____

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- Staying Active** (Example: walk 10 to 20 minutes each day)

































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Notes and questions:

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- Taking my Medicines** (Example: order refills early)





























































- Staying Active** (Example: walk 10 to 20 minutes each day)

































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















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My target weight: _____ Month: _____

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>
<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>
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<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>	<p>Weight: _____</p> <p> HR: _____</p> <p> BP: _____</p> <p> _____ / _____</p>

FRIDAY		SATURDAY	
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____

Notes and questions:

My MAWDS responsibilities. Check one or two boxes. For each box you checked, write in something you'll do this month to improve your health.

- Taking my Medicines** (Example: order refills early)





























































- Staying Active** (Example: walk 10 to 20 minutes each day)

































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Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____
Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____
Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____	Weight: _____  HR: _____  BP: _____  _____/_____

FRIDAY		SATURDAY	
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____
	Weight: _____		Weight: _____
	HR: _____		HR: _____
	BP: _____		BP: _____
	_____/____		_____/____

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- Recognizing Symptoms** (Example: notice breathing patterns with activity)

M

Take your
MEDICATIONS

A

Stay **ACTIVE**
each day

W

WEIGH
yourself each day

D

Follow your
DIET

S

Recognize your
SYMPTOMS

To find these and other resources, go to:
intermountainhealthcare.org/heartfailure

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