

Heart Disease Self-Management Plan

Name _____

Date _____

Every day: Weigh yourself in the morning Take your medications Eat low salt foods Balance activity with rest periods

Green Zone: All Clear



What this could mean:

- If you have:
- ✓ No shortness of breath
 - ✓ No chest pain or chest tightness
 - ✓ No weakness
 - ✓ BP less 140/90 (or lower if you have diabetes, kidney disease, or heart failure)
 - ✓ HbA1c <7% if you are diabetic
 - ✓ LDL <100 mg/dl
 - ✓ Ability to do usual activities

- ✓ Your symptoms are under control
- ✓ Continue to take your medications as ordered
- ✓ Follow healthy eating habits
- ✓ Keep all physician appointments

Yellow Zone: Caution



What this could mean:

- If you have **any** of the following:
- ✓ Shortness of breath
 - ✓ Swelling of your feet, ankles, legs, or stomach
 - ✓ Fatigue or lack of energy
 - ✓ Dizziness
 - ✓ An uneasy feeling—you know something is not right
 - ✓ Difficulty breathing when lying down or you sleep sitting up with extra pillows
 - ✓ Chest pain or heaviness

- ✓ Your symptoms may indicate that you need an adjustment of your medications
*Call your home care nurse or primary care doctor **and** your cardiologist*

Doctor: _____

Phone: _____

Instructions: _____

Cardiologist: _____

Phone: _____

Instructions: _____

Red Zone: Medical Alert! Stop and Think



What this could mean:

- If you:
- ✓ Are struggling to breathe or have unrelieved shortness of breath while sitting still
 - ✓ Have chest pain not relieved or reoccurs after taking three nitro tablets
 - ✓ Have confusion or can't think clearly

- ✓ **You need to be evaluated by a healthcare professional immediately**
- ✓ **Call 9-1-1**
- ✓ **Notify your healthcare provider's office**