

What is Heart Failure?

Heart failure is a serious medical condition that occurs when the heart does not pump enough blood to the rest of the body. It may be caused by many factors, such as heart attacks, infection, high blood pressure, toxins (like alcohol, drugs), untreated sleep apnea, or inherited conditions.

Our goal is to help you live well with Congestive Heart failure. While there is no cure, we can manage your symptoms and condition with medications and lifestyle changes.

Our Plan:

- Over the next few months, we will be closely monitoring and adjusting your medications to control your blood pressure, heart rate, and weight.
- We'll alternate office visits and phone calls from a nurse and an automated system to 'check in' on your symptoms. While the nurse will discuss symptoms and medications, the automated system will be a quick text or call asking how you feel. You'll answer "Good," "OK," or "Unwell."

#1: UNDERSTANDING YOUR SYMPTOMS

When the heart does not work normally, it may not pump enough blood to support your other organs and may cause you to develop symptoms. The patient/caregiver should watch for the following signs and symptoms of heart failure:

- shortness of breath
- persistent cough or wheezing
- buildup of excess fluid in body tissues (swelling)
- tiredness, fatigue, decrease in exercise and activity
- lack of appetite, nausea
- increased heart rate
- feeling like you will pass out
- needing to sleep on multiple pillows or in a recliner

#2: KEEP ACCURATE DAILY WEIGHT

- Weigh yourself every morning after you empty your bladder, on the same scale, wearing the same amount of clothing (preferably nude).
- Identify symptoms and record.

#3: MEASURE YOUR BLOOD PRESSURE AND HEART RATE

High blood pressure makes the heart work harder, this can make people with heart failure feel worse and have more symptoms. If you have high blood pressure and are taking medications to keep it normal, be sure to take your medications as instructed by your doctor.

The American Heart Association defines high blood pressure in an adult as 140/90 or higher. However, with heart failure we want to keep the blood pressure lower to decrease the workload on the heart. Your goal is less than 130/80. If your blood pressure is low, please call CIS to discuss medication changes. NEVER change medications on your own.

Measure and record your blood pressure and heart rate daily, along with your daily weight. Record blood pressure every morning before taking your medications.

WHEN SHOULD I CALL CIS?

- 1 Weight gain of 2-3 pounds in one day or 5 pounds in 5 days.
- 2 Shortness of breath that worsens or shortness of breath at rest.
- 3 Swelling in legs, feet, hands, or abdomen (more than usual).
- 4 Feeling tired all the time-to where it limits activities of daily living.
- 5 Dry or wet hacking cough.
- 6 Unable to lie down to sleep.
- 7 Feeling dizzy or lightheaded.

Medications:

The purpose of heart failure medications is to help you feel better and to manage the disease that is causing you to feel bad. Therefore, it is very important for you to take your medications as instructed by your doctor even if you feel better.

MAIN TYPES OF MEDICATIONS:

- Entresto is an ARB/direct neprilysin inhibitor; this improves blood flow to the kidneys and improves removal of fluid (diuresis). Entresto takes the place of ACE-I or ARBs and can never be used in combination with these medications.
- ACE-Inhibitors (angiotension converting enzymes) or ARBs (angiotension receptor blockers); these lower blood pressure and decrease strain on the heart. This makes it easier for the heart to pump.
- Beta blockers help lower blood pressure and slow heart rate. This lessens the work your heart has to do.
- Diuretics (water pills); help rid your body of excess water. This can help reduce edema (swelling). Having less fluid to pump lessens the work your heart has to do.
- Isosorbide Dinitrate/hydralazine; helps lower blood pressure and decreases how hard the heart has to pump and may also help with chest pain.
- Aldosterone antagonist/Aldactone; decreases sodium and water reabsorption and increases potassium retention.
- Aspirin or other blood thinners/slickers: helps to thin/slick blood to provide more blood to the heart.

MEDICATION GUIDE:

- Take all your medication as directed by your doctor. If you cannot take your medications for any reason, call your doctor immediately.
- Keep medications in original containers in case medication changes are made.
- A written schedule may help remember when to take medications.
- Learn names of medications and what each medication does. If you are unsure of anything, please ask for clarification.
- Sometime medications may change shape or color based on the manufacturer. Ask your pharmacist if there is a concern.
- Make sure you have enough of all your medications.
 - Do not run out or try to make a month's supply last longer.
 - Do NOT skip or increase the doses of medications unless ordered by the doctor.
 - If you miss a dose, do not take it with the next dose.
- Carry a list of your medications in your wallet or purse.
- Tell your doctor and pharmacist about all medications you take including over the counter, home remedies, herbal supplements and vitamins. Do not take over-the-counter or home remedies before speaking to your doctor.
- Get your medications from only one pharmacy.

During visits, ask what types of side effects to expect and report when medications are added or changed.



Diet:

People with the diagnosis of heart failure should limit their fluid intake (any liquid) to 1500mL (milliliters) or less/day, even if they do not have any symptoms.

EXAMPLES:

- 1 cup = 8 ounces = 236 mL
- Red Solo cup = 16 ounces = 473 mL
- 6 cups = 1500 mL (approximately)

In any day, you should not consume more than 6 cups of fluid.

People with the diagnosis of heart failure should limit their salt (sodium) intake, even if they do not have any symptoms. Following a low salt (sodium) diet will help water from building up in your body. Recommended sodium intake for heart failure patients is 1500mg per day.

Because most foods are prepared with salt, your best choice of staying within the limit is to avoid processed or fast food meals and to read food labels for sodium content.

**Keep a list of low sodium foods.
When preparing a meal, no more
than 600mg of salt per meal.**

• 1/4 teaspoon =	500 mg sodium
• 1/2 teaspoon =	1000 mg sodium
• 3/4 teaspoon =	1500 mg sodium
• 1 teaspoon =	2000 mg sodium
• Baking Soda =	1259 mg sodium

Be careful of what salt substitute you use.

HELPFUL HINTS:

1. Stop adding salt to food. Do not add salt when cooking. Take salt shaker off the table.
2. Pick foods naturally low in salt.
 - a. Good: fresh fruits, and vegetables, fresh meat, poultry and fish.
 - b. Canned fruits, plain frozen vegetables that state "No Salt Added."
 - c. Dry beans, peas, and rice are also good choices.
3. Learn to read all food labels. as many foods contain salt.

A CIS physician or nurse practitioner is available to respond to your emergency medical needs 24 hours a day, seven days a week. If you need to speak with someone after hours, call our office and the physician or nurse practitioner on call will respond to your needs.



Activities:

In order to reduce chances of readmissions, and to improve ambulatory status, it is important for the patient to follow specific exercises recommended either by your physical therapist or outpatient cardiac rehabilitation program. It is also important that you avoid cigarettes, alcohol, recreational drugs and monitor your blood pressure.

ACTIVITY LEVELS AND GUIDELINES:

- ▶ Plan activities around two or three 20-30 minute rest periods every day. Do not overload or overwork your heart.
 - ▶ If you experience one of the following symptoms during activities, **STOP and REST:**
 - Any change in your breathing (shortness of breath)
 - Cough
 - Chest Discomfort
 - Pain
 - Dizziness
 - Fast heartbeat (flutter, skips, and palpitations)
 - Extreme weakness or tiredness
 - ▶ Avoid activities in extreme hot or cold outdoor temperatures or when you do not feel well.
 - ▶ Avoid tasks that require heavy lifting.
 - ▶ Check with your doctor before starting an exercise program. Exercise regularly following your specific guidelines. Short walks are a good way to begin your exercise program.
 - ▶ Refrain from smoking or drinking alcohol, as these activities can place a strain on your heart.
 - ▶ If you smoke, our CIS Commit to Quit Tobacco Cessation Program can help. Please ask CIS to set up an appointment during your next clinic visit. Contact a Certified Tobacco Treatment Specialist to sign up or learn more about the program at 1-877-288-0011 or committoquit@cardio.com.
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Palliative Care:

More than six million people in the United States have heart failure (HF). The prevalence of HF increases with age. There is no cure for HF, and the progressive nature of the disease requires effective disease management. If you are hospitalized with HF or if you are debilitated from the disease, you may be transitioned to a long-term acute care facility (LTAC) or nursing home. A multidisciplinary team approach is needed for this disease which is often accompanied by multiple co-morbidities.

Palliative care is specialized medical care for people facing serious illnesses like HF. The goal is to improve quality of life for both you and your family. You can have palliative care at any age and at any stage of your illness. You can also have it together with curative treatment, which seeks to cure the condition. Because episodes of HF can become worsen or be sudden and unpredictable, palliative care specialists can help you plan in advance for these situations. In fact, one of the most important things your palliative care team can do is to help you fully discuss your health situation with your family.

Under this care, consider a living will. This is a written statement detailing a person's desires regarding their medical treatment in circumstances in which they are no longer able to express informed consent.

REFERENCES:

- *American Heart Association; Taking the failure out of heart failure. June 2011.*
- *Arkansas Heart Hospital: Home care instructions and low sodium information.*
- *Circulation: Self-Care guide for the heart failure patient. January 20, 2014.*
- *Cleveland Clinic: congestive heart failure clinic.*
- *Palliativecare.org*
- *www.omhs.org*

