

Heart Failure



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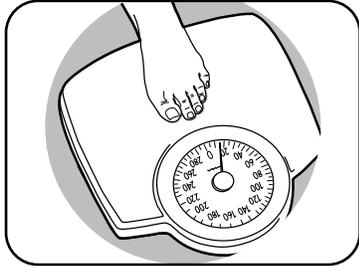
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- diabetes
- gastroenterology (digestive health)
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- mental health
- oncology (cancer)
- orthopedics (bone, joint and muscle health)
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When To Call Your Health Care Provider

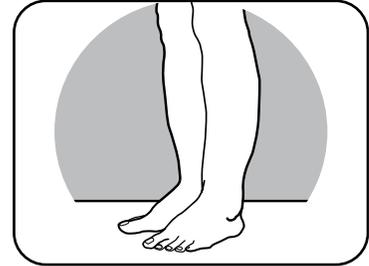
Call your health care provider if you have any of the following:



- gain 3 pounds in 1 day or 5 pounds in 1 week



- more short of breath than usual



- more swelling of your feet, ankles, legs or stomach than usual



- feeling more tired than usual or being unable to do your everyday activities

- breathing becomes harder when you lie down (You need to start sleeping in a chair.)
- if you are unable to take your medicine as directed

When to Call 911 or Go to a Hospital Emergency Department

Call 911 or go to a hospital emergency department if you are:

- struggling to breathe
- having chest pain
- confused or unable to think clearly.

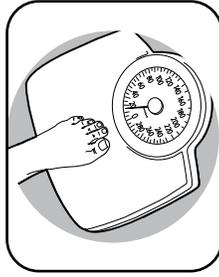


Heart Failure Action Plan

Do Your Checklist Every Day:

- Weigh yourself in the morning before breakfast. Write down your weight. Compare it to yesterday's weight.
- Take your medicine as directed.
- Check for swelling in your feet, ankles, legs and stomach.
- Eat foods low in sodium (salt). Limit salt to 1,500 to 2,000 mg.
- Be able to do your regular activities without being short of breath.
- Have enough energy to get through the day.

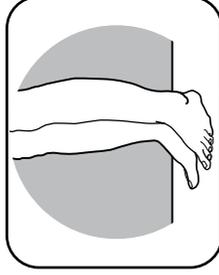
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- more swelling of your feet, ankles, legs or stomach than usual



- feeling more tired than usual or being unable to do your everyday activities

- breathing becomes harder when you lie down (You need to start sleeping in a chair.)

- if you are unable to take your medicine as directed

Whom to Call

Name:

Number:

Call 911 or Go to a Hospital Emergency Department if You Are:

- struggling to breathe
- having chest pain
- confused or unable to think clearly

Managing Your Heart Failure — At a Glance

For an Emergency, Call 911

Daily Weight	Limit the Sodium (Salt) You Eat	Medicines	Activity/Exercise	Call Your Health Care Provider if:
 <ul style="list-style-type: none"> ■ Weigh yourself every morning after you urinate and before you eat or drink anything. ■ Use the same scale. ■ Weigh yourself without clothes. ■ Keep a log of your weights. ■ Call your health care provider right away if you have a weight gain of 3 pounds in 1 day or 5 pounds in 1 week. <p>AllinaHealth allinahealth.org</p> <p><small>© 2022 ALIINA HEALTH SYSTEM. TM — A TRADEMARK OF ALIINA HEALTH SYSTEM. OTHER TRADEMARKS USED ARE OWNED BY THEIR RESPECTIVE OWNERS. THIS BOOKLET DOES NOT REPLACE MEDICAL OR PROFESSIONAL ADVICE. IT IS ONLY A GUIDE. cvs-ah-43732 (4/15)</small></p>	 <ul style="list-style-type: none"> ■ Do not use sodium (salt) at the table or for cooking. ■ Limit sodium to 1,500 to 2,000 mg each day. ■ Read food labels to find out the milligrams of sodium in one serving. Low sodium means 140 mg or less per serving. ■ Avoid foods that are high in salt, such as canned items, processed meats (hot dogs, sausage, ham), pickles, olives, prepackaged or convenience foods, fast foods. ■ Ask your health care provider about using salt substitutes. 	 <ul style="list-style-type: none"> ■ Take your medicines as prescribed each day. ■ Carry a current list of your medicines with you at all times. ■ Avoid over-the-counter medicines, supplements, and herbal or natural products unless they are recommended by your health care provider. ■ Call your pharmacy at least 1 week in advance to refill prescriptions. 	 <ul style="list-style-type: none"> ■ Stay active! Try to exercise every day by walking, biking or swimming. ■ Use common sense. Do not exercise outside in hot, cold or windy weather. ■ If you become short of breath or develop discomfort, stop and rest. If your symptoms don't go away with rest, call your health care provider right away. ■ Do not use tobacco. Resources are available for help with quitting. Ask your health care provider. 	 <ul style="list-style-type: none"> ■ you gain 3 pounds in 1 day or 5 pounds in 1 week ■ you are more short of breath than usual ■ you have more swelling of your feet, ankles, legs or stomach than usual ■ you feel more tired than usual or unable to do daily activities ■ breathing is harder when lying down ■ are unable to take medicines <div style="border: 2px solid red; padding: 5px;"> <p>Call 911 if you:</p> <ul style="list-style-type: none"> ■ struggle to breathe ■ have chest pain ■ are confused or can't think clearly </div>

Quick Guide To Managing Heart Failure

You are being treated for heart failure. The information in this quick guide will help you better understand heart failure.

This guide also includes things that you and your health care team can do together to help you feel better.

The goal of your treatment is to make you feel better and make you live longer.

By following your lifestyle and medicine plan, your quality of life should improve. Your heart may even work better.

Heart Failure

Heart failure means that your heart is not working correctly. The main job of your heart is to pump blood to your body. It is like a pump that pumps water out of a pool. If the pump is weak, not all of the water can be removed. Some of the water stays in the pool.

When your heart is weak, it can't pump the blood as well as it should. Parts of your body can hold extra fluid that isn't being moved very well by your heart.

Fluid build-up in your lungs can cause shortness of breath when you walk, go up stairs or lie down. Fluid build-up in your stomach can cause upset stomach after eating, bloating or swelling.

There are two types of heart failure:

- your heart can't fill up with as much as it should
- your heart can't squeeze out as much blood as it should.

In both cases, your heart isn't pumping enough oxygen-rich blood, and fluid is backing up in your lungs and stomach.

Causes of Heart Failure

There are a lot of causes of heart failure. Some of the common causes are:

- heart attack
- heart valve problems
- high blood pressure
- kidney failure
- irregular heartbeat
- viral infections (that attack the heart)
- chemotherapy and radiation therapy (to treat cancer)
- pregnancy-related (rare condition that can occur in the third trimester of pregnancy or the first few months after giving birth)
- alcohol use (in large amounts)
- street drug use (such as cocaine or heroin)
- genetic (runs in families)
- obesity (being overweight)
- diabetes.

Treating Heart Failure

You and your health care team will create a treatment plan together. Treating heart failure is done to:

- keep the amount of fluid in your body at a level that your heart can handle
- start or increase medicines that help your heart pump better.

The goal of treatment is to make you feel better and live longer. Your treatment plan may include:

- taking medicines
- eating healthful foods
- getting regular exercise
- reducing your stress.

By following your treatment plan, it is possible that you can have a good quality of life for many years!

Maintain a Healthy Weight

Each person has a different amount of fluid his or her heart can handle. In general, most patients have too much fluid and need to lose that fluid weight.

Your health care provider will recommend a healthy weight for you. If you do not lose the fluid:

- you will not feel better
- your medicines won't work as well.

Find Your 'Dry Weight'

Your "dry" weight is your goal weight. This is how much you weigh when you do not have extra fluid (water) build-up in your body.

Weigh Yourself Every Morning

To maintain the right amount of fluid in your body, you need to weigh yourself each morning.

- Weigh yourself without clothes.
- Weigh yourself after you go to the bathroom and before you eat or drink anything.
- Use the same scale.
- Write down your weight and symptoms in the Heart Failure Weight Log calendar.

You have fluid weight if you gain:

- 3 pounds in 1 day
- or**
- 5 pounds in 1 week.

To lose the extra fluid weight, follow your health care provider's directions.

Watch How Much You Drink

Do not drink more than 2 liters of liquids each day. This includes water, milk, tea, coffee, soda, ice cream and soup.

Remember: you need more fluid coming out each day than what goes in. To maintain your weight, the amount of liquids going in each day has to equal what is coming out.

Limit How Much Salt You Eat

Limit your sodium (salt) to 1,500 to 2,000 milligrams (mg) each day.

- Sodium causes your body to retain (keep) water.
- If you eat more than 2,000 mg a day, your water pills won't work right or maybe not at all.

Remember: low salt does not mean no salt. Your heart needs salt to work right. Without any salt, you also will not feel well.

Take Your Medicines as Directed

There are five types of medicines that work to either improve heart failure or your quality of life. The goal is for you to be on more than two of them at the highest possible doses. The higher dose you can take, the more likely your heart failure will get better.

- **angiotensin receptor blockers (ARBs):** They relax your blood vessels so your heart pumps easier. You would be prescribed this if you cannot take an ACE inhibitor. Examples are losartan (Cozaar[®]), valsartan (Diovan[®]) and candesartan (Atacand[®]).
- **beta blockers:** They can improve how your heart works. Examples are carvedilol (Coreg[®]), metoprolol (Lopressor[®], Toprol XL[®]), bisoprolol (Zebeta[®]).
- **angiotensin converting enzyme (ACE) inhibitors:** They allow your heart to pump easier. Examples enalapril (Vasotec[®]), captopril (Capoten[®]), lisinopril (Zestril[®] and Prinivil[®]), quinipril (Accupril[®]) ramipril (Altace[®]). If you can't take ACE inhibitors, you will take an ARB.
- **hydralazine and nitrates:** Together, they relax your blood vessels and decrease how hard your heart has to work to pump blood. Examples are hydralazine (Apresoline[®]), isosorbide dinitrate (Isordil[®]), isosorbide mononitrate (IMDUR[®]) or hydralazine/isosorbide dinitrate combination tablet (Bidil[®]).

You may take these if you are already taking the highest doses of beta blockers and ACE inhibitors, or if you can't take ACE inhibitors or ARBs.

- **aldosterone antagonists:** They block the effects of the stress hormone aldosterone. When your body makes too much aldosterone, it causes your kidneys keep more sodium and water. Examples are spironolactone (Aldactone®), eplerenone (Inspra®).

Get Regular Exercise

Exercise is good for heart failure. The more you exercise, the better your muscles get at pulling the oxygen out of your blood. This means your heart won't have to work as hard.

Push yourself and do a little more walking each day. Your goal is to walk at least 30 minutes each day.

Cardiac rehab can improve your quality of life. Talk with your health care provider for more information.

Consider Quitting Tobacco Products

Did You Know

Smokeless tobacco affects your heart in much the same way as cigarettes. Changing to smokeless tobacco is not a good way to protect your health. The best thing to do for your heart health is to quit all tobacco products.

People who smoke cigarettes are 2 to 4 times more likely to develop heart disease than people who do not smoke. Their risk for heart attack, stroke and circulatory problems also increases.

How tobacco affects you

Tobacco:

- damages and narrows blood vessels
 - This can lead to infections and risk for stroke.
- increases blood pressure
 - This can lead to stroke or heart disease.
- makes your blood vessels and arteries “sticky,” which can block blood flow
 - This raises your risks for heart disease, kidney disease, retinopathy (eye disease that causes blindness) and nerve damage.
- increases insulin resistance
 - This can raise your blood glucose and lead to diabetes.

Not Ready to Quit? Consider Taking a Break!

If quitting tobacco seems like too much right now, consider taking a break or a vacation from tobacco use.

This can help you feel better by restoring balance*.

- Set a goal to stop using tobacco.
- Talk with your doctor for resources or ways to cope with withdrawal symptoms.

If this goes well, maybe you will take more breaks during the year. This could lead to a tobacco-free life!

***Follow your doctor's directions for medicine, exercise, diet and other activities.**

Benefits of quitting

- Your body responds quickly to quitting:
 - **8 hours:** The carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **24 hours:** Your chance of heart attack decreases.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization)
- There are many health benefits to quitting. Quitting:
 - lowers your chances of stroke, heart disease and nerve damage
 - may lower your blood pressure.

Suggestions for quitting tobacco

Studies show that the most successful way to quit uses counseling, medicines and follow-up. Ask your health care provider for more information.

- Prepare to stop.
 - Get support from family and friends.
 - Avoid places where you know you will want to use tobacco.
 - Plan activities to replace using tobacco.
- Choose a day to stop.
 - Get rid of cigarettes, ashtrays and lighters.
- Stop.
 - Stop on the day you planned to stop.
 - Be careful with situations or activities in which you might be tempted to start using tobacco again.
 - Try to keep your focus on today, not the future. Tell yourself, "I am not smoking today."
- Stay stopped.
 - Think positive thoughts. Remember why you decided to stop. Reward yourself.
 - Remember that your craving will pass whether you smoke or not.
 - Do not play games like telling yourself, "One cigarette won't hurt," "I deserve a dip or chew," "I just want to see how a cigarette tastes." Your brain might tell you these things to persuade you to go back to tobacco.



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

Resources for quitting

Allina Health (if you had a recent hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - My Life, My Quit™ (ages 13 to 17): text “Start My Quit” to 36072 or call 1-855-891-9989 to talk with a coach
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org
- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

*There may be a cost to you. Check with your insurance provider.

What Else You Can Do

There are a few other things you can do to help make your heart healthier:

- Do not drink alcohol.
- Keep all of your clinic and lab appointments.
- Call your health care provider if your weight goes up or if you have any new symptoms.

Heart Failure

Your Guide to Living and Succeeding With Heart Failure

Fifth edition

Developed by Allina Health.

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Your Information

Name: _____

Address: _____

Phone number: _____

Emergency contact and phone number: _____

Primary doctor and phone number: _____

Insurance provider: _____

Insurance card number: _____

Please bring this book with you to every health care provider appointment.

Your Health Care Team

Name	Phone
Health care provider: _____	_____
Specialist: _____	_____
Specialist: _____	_____
Nurse: _____	_____
Other: _____	_____
Pharmacy: _____	_____
Emergency contact: _____	
Allina Health clinic: _____	_____
Eye doctor: _____	_____
Home health nurse: _____	

*** Note: The term “health care provider” can refer to your family doctor, nurse, nurse practitioner, cardiologist, cardiac rehabilitation specialist, or other health care professional you see on a regular basis to manage your heart failure.**

Table of Contents

Introduction

Heart Failure: When to Call for Help	3
Heart Failure Action Plan	5
Managing Your Heart Failure — At a Glance	7
Quick Guide To Managing Heart Failure.....	9
Your Personal Information	22
Your Health Care Team	23
Introduction	26
How To Use This Book	26

Chapter 1: Your Heart and Heart Failure

How Your Heart Works	25
Heart Failure	26
Types of Heart Failure.....	26
Causes of Heart Failure	27
Symptoms of Heart Failure	29
Special Tests	30
How To Manage Heart Failure	31
When To Call Your Health Care Provider	32
When To Call 911	32
Managing Your Reaction to Heart Failure	33

Chapter 2: Medicines

What You Need To Know About Medicines	37
Medicine Dos and Don'ts	37
Bring Your Medicines To Your Clinic Visits	38
How To Read Your Prescription Label	38
Prescribed Medicines	40
Over-the-counter Medicines	49
Medicine Interactions	50
Keep Track of Your Medicines	50

Chapter 3: Sodium (Salt) and Diet

Good Nutrition Can Help Your Heart Failure	53
Why You Need to Control Sodium	53
How To Read Food Labels	60
Dining Out	61

Choosing Frozen Meals	62
Why You Need To Control Potassium	62
Cookbooks	64
Websites.....	65
Smart Phone Apps	65
Sample Menu Plans for 1 Week	65
Low-sodium Recipes	69
Food Comparisons	74

Chapter 4: Other Treatments

Implantable Cardioverter-defibrillator (ICD)	79
Biventricular Pacemaker or ICD	79
Intravenous (IV) Therapies	80
Ultra-filtrations.....	80
Left Ventricular Assist Device (LVAD)	80
Defibrillator	80
Heart Transplant	80
Pulmonary Artery Pressure Monitor	81
Palliative Care	81
Hospice Care	82

Chapter 5: Exercise and Activity

Benefits of Regular Exercise	85
Basic Exercise Guidelines	85
Good Exercise Choices	86
How to Breathe While You Exercise	87
Signs You Should Stop Exercising.....	87
Save Your Energy	88
Sexual Activity	92
Your Everyday Activities	93
Personal Grooming	94
Household Chores	95

Chapter 6: Tobacco Use

What's In Tobacco	99
What Tobacco Does To Your Heart	100
What Secondhand Smoke Does To Your Body	101
How Your Body Heals After Quitting Smoking	101

Quitting Tobacco Use	102
Resources For Quitting	103
Chapter 7: Glossary.....	107
Chapter 8: Worksheets	113

Introduction

Heart failure means your heart does not pump blood as well as it should. Although some cases of heart failure cannot be cured, heart failure can be managed through diet, exercise and medicine.

This book will give you information about heart failure and how to manage it. This book is meant to be used as a guide. It does not replace medical or professional advice. It is important to keep every appointment with your health care provider.

If you have any questions about heart failure or your general health, please talk with your health care provider.

How To Use This Book

Heart failure is a disease you can manage. This book has advice and guidelines to help you live the best life you can — and to help keep you out of the hospital. It is a resource for you and your family.

- Use the worksheets to keep track of your weight, medicines and appointments.
- Learn tips for cooking and eating out while on a low-sodium (salt) diet.
- Learn how to safely exercise.
- Learn about heart failure and treatments.
- Bring the book with you to clinic appointments.

This book can also be overwhelming if you try to read it all at once. Read what’s comfortable for you.

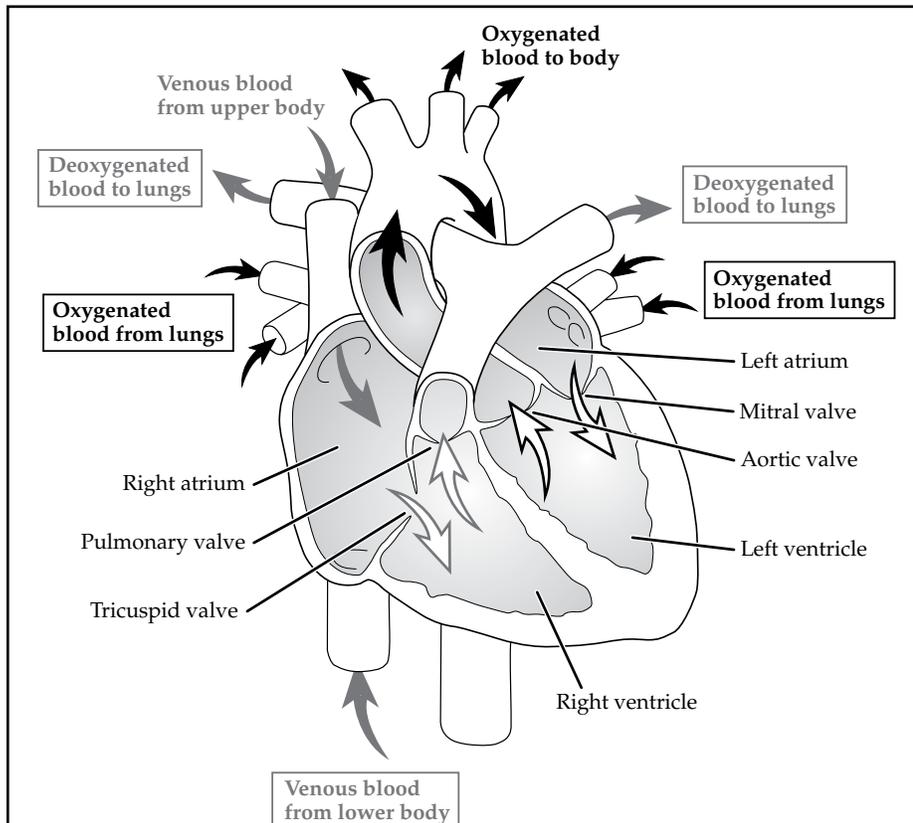
Remember: your health care team will work with you to help you feel better. Write down any questions or concerns you have. Be sure to bring your list to your next clinic visit.

Between visits, if something doesn’t feel right, call your clinic. For a list of when to call your clinic or 911, see the “Heart Failure Action Plan” on page 5.

Chapter 1: Your Heart and Heart Failure

Many people who have been in the hospital for heart problems want to learn more about how their heart works and what went wrong. Please ask your health care team about anything that you don't understand or if you want to receive more information about something.

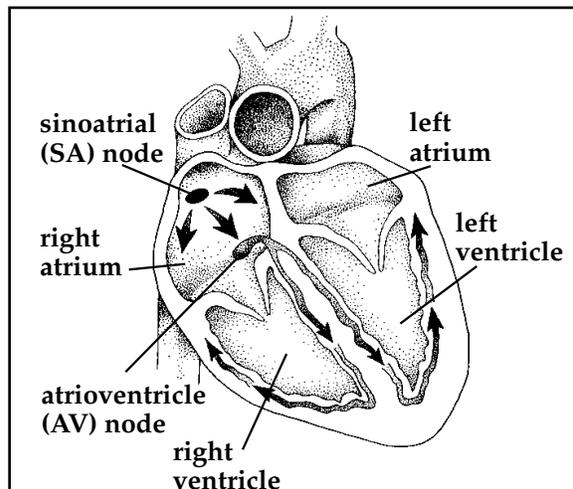
How Your Heart Works



Illustrations © Allina Health System

(Top) Your heart is a muscle that has an electrical system and two chambers, through which blood flows. It is about the size of an adult fist and weighs about 1 pound.

(Right) Nodes make your heart beat. The ventricles pump blood to your body and lungs.



Your heart is a muscle. Its main “job” is to pump blood rich in oxygen and nutrients through blood vessels in your body. All cells in your body need oxygen to survive.

Each side of your heart has two chambers: an upper one (called an atrium) and a lower one (called a ventricle).

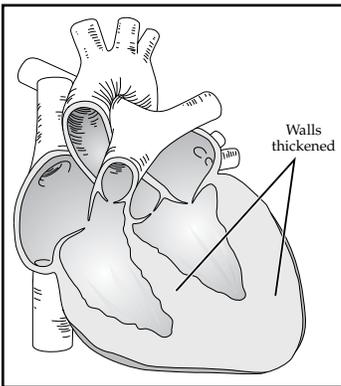
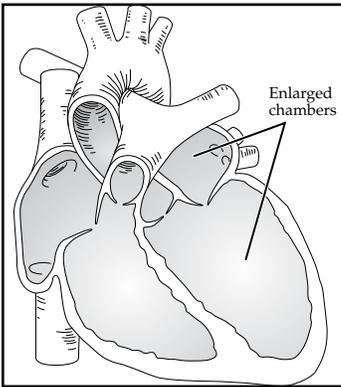
Between each chamber are valves that keep your blood moving in the right direction.

Two blood vessels and their branches, called coronary arteries, supply blood to your heart. These arteries are on the outside of your heart.

Your heart also has an electrical system. This powers your heart's pumping system. A group of special cells sends an electrical impulse through your heart muscle causing it to contract, or beat, about 60 to 100 times per minute.

These special cells are called the sinoatrial (SA) node and the atrioventricular (AV) node.

Heart Failure



Illustrations © Allina Health System

Heart failure can be caused by enlarged chambers (top) or thickened walls (bottom).

Heart failure doesn't mean your heart has stopped working or is about to stop working. It also doesn't mean that you have had a heart attack.

Heart failure means your heart isn't pumping blood as well as it should. Because your heart isn't able to pump the normal amount of blood out of your ventricles, the blood vessels leading into your heart can become congested or "backed up" with blood.

Your heart may be damaged and pump with less force. To try to keep the same amount of blood moving through your body, the chambers stretch to hold more blood. This is known as heart enlargement. Your heart muscle begins to weaken as it tries to pump this increased blood.

Because your heart is weakened, it pumps less blood to your organs, especially to your kidneys, which normally help your body remove extra fluid.

Parts of your body can hold extra fluid that isn't being moved very well by your heart. Your body becomes congested with fluid. This is why heart failure is sometimes called "congestive heart failure."

Types of Heart Failure

There are two types of heart failure: left-sided and right-sided. The medicine your doctor prescribes will be specific for your type of heart failure.

Left-sided

- When the left ventricle isn't as strong as it should be, it works harder to pump the same amount of blood.
- There are two types of left-sided heart failure:
 - The left ventricle loses its ability to squeeze (contract) normally. The heart doesn't have enough force to pump blood through the body.
 - The left ventricle can't "relax" because the heart muscle is stiff. The heart can't fill up with blood and there is less blood to pump through the body.
- You feel short of breath if fluid backs up in your lungs.

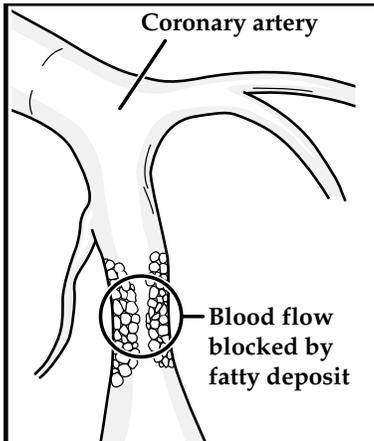
❑ Right-sided

- When the right ventricle doesn't pump blood to the lungs like it should, less oxygen is in the blood. As a result, the blood backs up into the veins.
- You have swelling in your feet, legs and abdomen if the fluid backs up.

Causes of Heart Failure

Tip

Tobacco use is a risk for coronary artery disease. Read Chapter 6 to learn more.



© Allina Health System

A blocked artery can cause angina (pain) or a heart attack.

■ Coronary artery disease

When plaque (fatty deposits) builds up on the inside of your heart's arteries, it reduces the amount of blood and oxygen your heart receives. As a result, your heart muscle may become damaged. Your heart becomes weak and less blood gets pumped to the rest of your body.

■ Heart attack

When an artery to the heart becomes completely blocked, the part of the heart muscle that receives blood from that artery dies. This is called a heart attack (myocardial infarction). It can feel like a crushing type of pain and usually lasts longer than angina (general chest pain).

A heart attack leaves your heart permanently damaged or scarred. This means the undamaged part of your heart has to work harder.

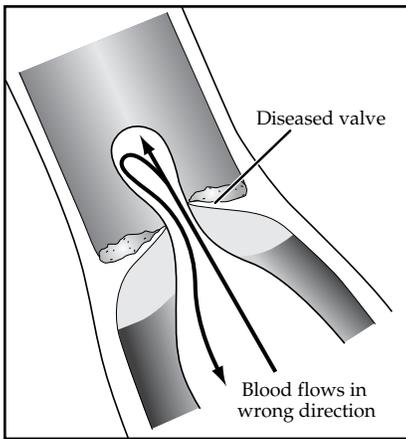
Call 911 right away if you have:

- chest pain or pressure
- pain moving to your arm, neck, jaw, back or abdomen
- unexplained nausea, heartburn or both
- shortness of breath.

■ High blood pressure

When the amount of pressure inside your arteries is high, your heart has to pump with more force to push the blood through the blood vessels. If high blood pressure (hypertension) is not treated, your heart muscle becomes larger and its pumping ability weakens.

High blood pressure usually has no signs. Your blood pressure is checked with two numbers. The top (systolic) shows the pressure in your arteries when your heart beats. The bottom (diastolic) shows the pressure in your arteries when your heart rests.



© Allina Health System

When a valve is diseased, blood can flow in the wrong direction. This causes blood to pool.

You have high blood pressure if you usually have a top number of 130 or higher or a bottom number of 80 or higher.

■ Valve disease

When one or more of your heart valves no longer opens or closes right, blood can flow in the wrong direction. This is called regurgitation.

If the opening of the valve is narrow or smaller than usual, your heart has to work harder to pump blood through it. This is called valve stenosis. Your heart becomes thickened or enlarged. It will lose the ability to pump well.

■ Idiopathic cardiomyopathy

When your heart becomes weak and loses its ability to pump with force, you will have heart failure symptoms. "Cardiomyopathy" is a term for a weak heart muscle. "Idiopathic" means without a known cause.

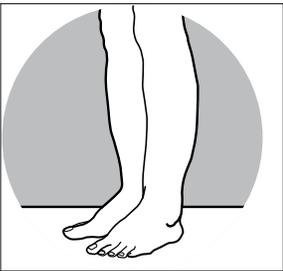
Other causes of heart failure include:

- **pregnancy:** You may develop high blood pressure during pregnancy. This is called preeclampsia. If you had high blood pressure before your pregnancy, the condition may become worse.
- **birth defect:** Part of your heart may not have developed correctly. This is known as congenital heart disease.
- **infection:** Your valves, heart muscle or both may be damaged by a viral or bacterial infection.
- **lung disease or diabetes:** Both of these diseases put extra strain on your heart. The extra work can cause your heart muscle to weaken.
- **alcohol, illegal drugs, chemotherapy or other toxins:** These can damage the heart muscle.
- **morbid obesity:** Being more than 100 pounds overweight puts more strain on your heart.

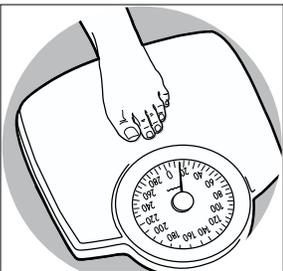
Symptoms of Heart Failure



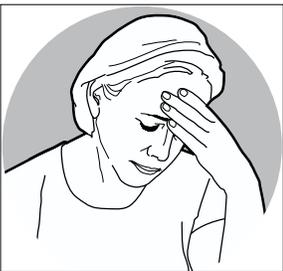
Problems breathing and waking up breathless at night.



Swelling in your feet, ankles, legs, hands, lower back, abdomen.



Weight gain.



Feeling very tired, dizzy or lightheaded.

Symptoms of heart failure may develop slowly over days or weeks. They may also develop quickly. Get help as soon as you have symptoms. If you do not, you may need to stay in the hospital to get the symptoms under control.

Common symptoms are:

- **difficulty breathing.** This is caused by fluid build-up in your lungs. You may feel like you can't get enough air. You are often short of breath or out of breath when you are active.
- **waking up breathless at night** with or without a dry, hacking cough that may get worse when you lie down. This is caused by the fluid build-up in your lungs. You may need extra pillows so you can breathe easier when you lie down.
- **swelling in your feet, ankles, legs, hands, lower back or all (edema).** This is caused by extra fluid in your tissues. Swelling can be worse at the end of the day or if you have been standing or sitting for a long time.

Check for swelling by pressing on your ankle or foot with your finger. If you leave an indented fingerprint, it is a sign of edema. Call your health care team.

- **swelling in your abdomen (ascites).** This is caused by fluid build-up in the tissue of your abdomen. Swelling (or bloating) in your abdomen may lead to nausea, pain, loss of appetite and shortness of breath.
- **weight gain, even with a loss of appetite.** This is caused by the build-up of fluid in your body. Retaining fluid can make your breathing more difficult or increase swelling.
- **extreme fatigue (tiredness).** This is caused by the lack of oxygen-rich blood to your muscles. As a result, your heart is overworked and you feel tired.
- **dizziness, lightheadedness and lack of concentration.** This is caused by your brain not getting enough blood. It is important to tell your health care team if you are dizzy, lightheaded or if you cannot concentrate.

These may be signs of low blood pressure, an irregular heartbeat or side effects of medicine. Be sure to get up slowly out of a bed or chair.

- **palpitations.** This is the sensation caused by irregular heartbeats. It may be dangerous.

You can manage heart failure symptoms. The earlier you recognize your symptoms and report them to your health care provider, the less time you may need to spend in the hospital. This means your life will be more enjoyable.

Remember, if you have any symptoms that keep coming back and call your health care provider right away. You may be able to keep yourself out of the hospital.

Special Tests

- **Echocardiogram.** This test shows how well your heart is pumping. It also shows if your heart is enlarged, if there are any valve problems, or how thick your heart walls are.

This test shows your heart on a computer screen. Ultrasound waves bounce off your heart and create a picture on the screen.

- **Electrocardiogram.** This test records the electrical impulses that travel through your heart. It shows the rhythm and rate of your heartbeat.

The test is known as an ECG or EKG. You will have small pads (electrodes) placed on your chest, arms and legs. These pads are connected to some cables, which are connected to the ECG machine.

- **X-ray.** This test takes pictures of your heart and lungs. These pictures show the size and shape of your heart. X-rays can also show if there is fluid in your lungs.
- **Lab tests.** These tests are done by testing small amounts of blood, urine or both. The results can show how well your kidneys or other organs are working. You may have your cholesterol or blood glucose levels checked. Another test can check the levels of a hormone (BNP) that is made and released when your heart is overworked or stressed.
- **Stress test.** This test measures how hard your heart works during activity. The test may be done while you walk on a treadmill or ride a stationary bike. Or, you may also be given a medicine that stresses your heart. You may also have an echocardiogram or other imaging tests done before and after the stress test. These tests show how your heart is responding.
- **Cardiac MRI (magnetic resonance imaging).** This test uses a large magnet, radio waves and a computer to show a special image of your heart.

- **Holter monitor.** This test can find an abnormal heart rate or rhythm. You wear a portable monitor connected to your chest with patches. The monitor records changes in your heart's rhythm over several hours or days.
- **Cardiac catheterization.** This test can help find clogged blood vessels. It can find heart problems with pumping, heart chambers, blood flow or valves.

X-ray dye is injected into your heart through a thin tube called a catheter. A special X-ray (angiogram) is taken of the blood vessels in your heart. This test can be done to measure the pressure on the right side of your heart and lungs.

How To Manage Heart Failure

Important

It is important to weigh yourself every day and write down your weight.

- Weigh yourself every morning after you urinate and before you eat or drink anything.
- Use the same scale.
- Weigh yourself without clothes.

Call your health care provider if you gain:

- 3 pounds in 1 day
or
- 5 pounds in 1 week.

It is important to learn the symptoms of worsening heart failure and call your health care provider right away. This will affect how you feel and how well you manage your heart failure.

Use the following tips to help you feel better and manage your heart failure.

- Keep all appointments with your health care provider and health team members.
- Take your medicines as directed.
- Carry a current medicine list with you at all times.
- Weigh yourself each day and record your weight.
- Follow a well-balanced diet that includes 1,500 to 2,000 milligrams (mg) of sodium each day.
- Maintain a healthy weight. Talk with your health care provider if you are overweight or underweight.
- Bring this book and your weight and activity records to all of your appointments.
- Exercise every day (as directed by your health care team) and be sure to get enough rest.
- Do not smoke. Avoid secondhand smoke.
- Be aware of the stress in your life and try to find ways to relieve it.

When To Call Your Health Care Provider

Call your health care provider if you:

- gain 3 pounds in 1 day
- gain 5 pounds in 1 week
- have swelling in your ankles, legs and abdomen
- have increased fatigue
- have increased shortness of breath on exertion, shortness of breath at night or when lying flat
- have an unexplained cough or a “hacking” night cough
- cough up pink- or blood-tinged phlegm
- have decreased urination during the day, but feel the need to urinate more often at night
- need to sleep with more pillows at night
- feel lightheaded or dizzy
- have nausea or cannot eat, take medicines or both
- have chest pain or discomfort with activity that gets better with rest.

When To Call 911

Call 911 if you:

- pass out or faint
- become extremely short of breath or are unable to talk due to being breathless
- have severe chest pain that is not helped by nitroglycerin
- have a rapid, racing heartbeat that doesn't slow down.

Managing Your Reaction to Heart Failure

Heart failure involves your whole family. Everyone will be affected by this condition. Fear, guilt and anger are all possible emotions that need attention. These are normal feelings, but dealing with them can be a struggle.

You may fear loss of control and changes in family roles, or you may have financial worries.

Guilt is a common reaction, especially for your spouse or partner. “Why didn’t I insist that he or she exercise every day?” “Why didn’t I insist on more healthy eating?”

Anger is also a common family reaction. “Why dad?” “Why mom?” “He’s too young for this!” Anger is often an emotion that comes from fear of the unknown.

It is important to have support for your emotions. Your nurses, doctors, chaplain, social worker and cardiac support groups are important resources. They will help you and your family.



Chapter 2: Medicines

What You Need To Know About Medicines

Tip

Taking your heart failure medicines may help you:

- live longer
- breathe easier
- have more energy
- have less swelling
- stay out of the hospital.

Taking your medicine as directed is very important. If you do, they may help you feel better and help your heart work with less stress. You will need to take medicines for the rest of your life, unless your doctor gives you other directions.

Your health care provider may start you on one or more medicines. He or she may change the dose or add other medicines later. This will depend on your symptoms and how well you respond to the medicines.

It may take many days or weeks to find the right doses, combinations or both of medicines. This will take patience as you and your health care team work together to find the:

- right medicines for you
- right amount of each medicine
- best time of the day to take each medicine.

If you are worried about how to pay for your medicines, talk with your health care provider. There may be less costly medicines you may take, or financial help available to you.

Medicine Dos and Don'ts

Tip

To help you and your family know which medicines you are taking, fill out the medicine chart on page 126.

What to do

- Take your medicine about the same time each day.
- Have all of your medicines filled at one pharmacy.
- Use a pill box or guide to manage your medicines.
- If you miss a dose, take it as soon as possible. If you do not remember to take it until it is time for your next dose, skip the missed dose and return to your regular dose schedule.

Do not double up on missed doses unless your health care provider tells you to do so.

- Keep **all** medicines (prescription, over-the-counter, herbals and vitamins) out of reach of children and pets.
- Keep all medicines away from heat, light and humidity. Do not keep medicines in the bathroom or near the kitchen sink.

- Plan ahead for vacations. Don't be caught without enough of your medicines when you are away from home.
- Allow extra time for refills if you use a mail order pharmacy.
- Check with your airline for details about bringing medicines on board.
- If you are seeing more than one doctor, be sure to tell each one which medicines you are taking. (Fill out the medicine chart on page 122 to help keep track.)

What not to do

- Don't let your medicines run out. Call your pharmacy at least 1 week before you need a refill.
- Don't take medicines prescribed for someone else.
- Don't take any more than the prescribed dose of any medicine.
- Don't keep outdated medicine you do not need.
- Don't stop taking your medicines unless you have talked with your health care provider.
- Avoid grapefruit and grapefruit juice.

Bring Your Medicines To Your Clinic Visits

Put your medicine bottles and boxes into a bag and bring it with you to your appointments.

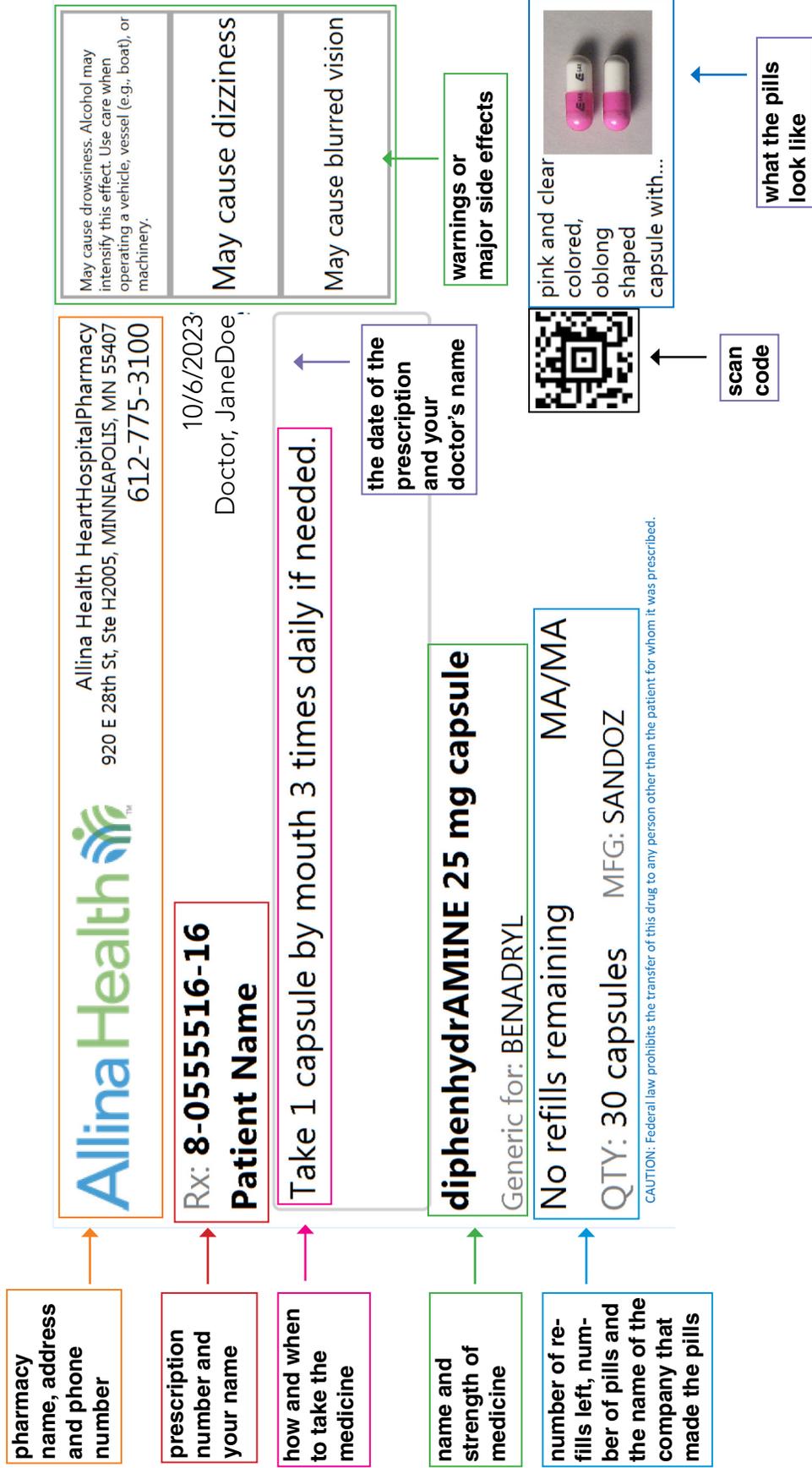
Include all:

- prescription medicines
- over-the-counter medicines
- herbals
- natural products.

Medicines can work against each other so your health care provider needs to know what you are taking.

How To Read Your Prescription Label

The label on your prescription medicine has a lot of information on it. To learn how to read it, see the label on the next page.



Prescribed Medicines

Angiotensin Converting Enzyme (ACE) Inhibitors/ Angiotensin Receptor Blocker (ARB)

Tip

Don't take non-steroidal anti-inflammatory (NSAID) medicines, such as ibuprofen (Advil®, Aleve®, Motrin®) if you are taking ACE/ARB medicines.

Angiotensin converting enzyme inhibitor

ACE inhibitors help relax blood vessels and make it easier for your heart to pump blood. They may help you feel better, have fewer symptoms and live longer.

They are used to treat heart failure, high blood pressure or if you have had a heart attack. ACE inhibitors will help you even if you don't have these problems.

You may have to take ACE inhibitors for several weeks before you notice any changes.

Common ACE inhibitors include:

- enalapril (Vasotec®)
- captopril (Capoten®)
- lisinopril (Zestril® and Prinivil®)
- quinipril (Accupril®)
- ramipril (Altace®).

Side effects

Most people have few side effects from ACE inhibitors. Call your health care provider if you have any of these side effects:

- **dizziness** (especially in the morning). This may be slight if your ACE inhibitor is started at a low dose and slowly increased. Get slowly out of bed or a chair.
- **dry cough that won't go away**. A cough is common with ACE inhibitors. It may decrease once you have been taking the medicine for a while. If the cough is from the medicine, not from the heart failure, your health care provider may lower the dose or switch your medicine.
- **increased swelling** (especially in your lips or throat). This side effect is rare but it is serious.
- **joint or muscle pain**. This is arthritis-like pain that may occur in the legs, hips, knees, shoulders, back or neck.
- **problems with your kidneys**. You will have blood tests done occasionally to watch for any problems.
- **low blood pressure**. Ask your health care provider how often you should have your blood pressure checked.

Some side effects may go away as your body adjusts to the ACE inhibitor. If any of these side effects won't go away or if they bother you, call your health care provider:

- headache
- dizziness that lasts for more than 10 minutes or causes trouble walking
- loss of taste or unusual taste
- swelling in your lips and throat
- unusual tiredness.

ACE inhibitors may increase the amount of potassium in your body. Call your health care provider if you have any of these symptoms:

- confusion
- slow, weak pulse
- nervousness
- numbness or tingling in your hands, feet or lips
- weakness in your legs
- irregular heartbeat.

Angiotensin receptor blocker

An angiotensin receptor blocker relaxes your blood vessels and allows your heart to pump easier. You would be prescribed this if you cannot take an ACE inhibitor.

Common angiotensin receptor blockers include:

- losartan (Cozaar[®])
- valsartan (Diovan[®])
- candesartan (Atacand[®]).

Side effects

When you start taking this medicine, you may have an increased chance of retaining potassium. Call your health care provider if you have any of these symptoms:

- confusion
- irregular heartbeat
- feeling nervous
- numbness or tingling in your hands, feet or lips
- weakness or a heavy feeling in your legs.

Call your health care provider if you have any of these symptoms while taking an ARB:

- feeling dizzy or lightheaded
- fever
- sore throat or hoarseness.

Side effects that go away

Side effects that go away after using an ARB include:

- headache
- fatigue
- nasal congestion
- cough.

□ Beta Blockers

Beta blocking medicines block the effects of stress hormones and reduce the workload of your heart. ACE inhibitors and beta blockers work differently so you get the most benefit from being on both medicines.

Beta blockers can improve how your heart works, decrease the need for hospital stays, and help you live longer. They are used to treat heart failure, high blood pressure, heart rhythm problems or if you have had a heart attack.

Beta blockers are started at low doses and are slowly increased.

Common beta blockers used for heart failure include:

- carvedilol (Coreg®)
- metoprolol (Lopressor®, Toprol XL®)
- bisoprolol (Zebeta®).

Before you take a beta blocker, tell your health care provider if you have any of the following:

- asthma
- bronchitis
- emphysema or other lung problems
- diabetes
- kidney disease
- thyroid problems.

Side effects

When you start taking a beta blocker or when the dose is increased, you may feel tired, dizzy, short of breath or have problems with vigorous exercise (such as running or biking, aerobics, or weightlifting).

Get up slowly from a lying or sitting position to avoid feeling dizzy or lightheaded.

When to call your health care provider

If any of these side effects won't go away or if they bother you, call your health care provider:

- feeling lightheaded, dizzy or faint
- shortness of breath, wheezing or problems breathing
- swelling of your feet or lower legs
- weight gain
- slow or irregular pulse
- sexual problems.

□ Digoxin

Digoxin (Lanoxin[®]) makes your heart pump more efficiently. It can help control an irregular heart rhythm, help you breathe easier and feel better.

If you take antacids that contain aluminum, the effect of digoxin may be decreased. Never double up on doses of digoxin. Call your health care provider if you miss two or more doses.

Side effects

Too much digoxin can cause serious problems, such as a change in your heart rate or a drop in blood pressure. You may need a blood test once in a while to check your digoxin level.

When to call your health care provider

Call your health care provider if you have any of the following while taking digoxin:

- loss of appetite
- nausea, vomiting, diarrhea or stomach pain
- blurred vision
- yellow, green or white vision

- slow or irregular heartbeat
- drowsiness, confusion or depression
- headache or fainting
- unusual tiredness or weakness
- skin rash or hives.

□ Aldosterone Antagonists

An aldosterone antagonist blocks the effects of the stress hormone aldosterone. When your body makes too much aldosterone, it causes your kidneys keep more sodium and water.

An aldosterone antagonist may help you live longer and reduce your hospital stays.

The aldosterone antagonists used for heart failure are:

- spironolactone (Aldactone[®])
- eplerenone (Inspra[®]).

Side effects

Possible side effects include:

- increased potassium levels. Your health care provider will make sure your potassium level is normal with blood tests.
- enlarged breasts or tenderness in men and women.
- sexual issues, such as impotence or decrease in sexual drive.

□ Hydralazine and Nitrates

Tip

Your doctor *may* add these medicines to treat your heart failure even if you are already taking an ACE or ARB.

If you cannot take ACE inhibitors or ARBs, you may need to take hydralazine and nitrates. When taken together, they relax your blood vessels and decrease how hard your heart has to work to pump blood.

The most common products are: hydralazine (Apresoline[®]), isosorbide dinitrate (Isordil[®]), isosorbide mononitrate (IMDUR[®]) or hydralazine/isosorbide dinitrate combination tablet (Bidil[®]).

Side effects

Possible side effects when taking these medicines together include:

- dizziness
- headaches

Caution

Do not use Viagra® (sildenafil) with nitrates because the combination will further decrease your blood pressure, which can lead to death.

- flushing (warm, tingling, itchy skin)
- nausea and vomiting.

When to call your health care provider

Call your health care provider if you have any of the following while taking **hydralazine**:

- dizziness
- severe headache or headache that won't go away
- skin blisters
- joint or muscle pain
- skin rash or itch
- fever
- sore throat.

Call your health care provider if you have any of the following while taking **nitrates**:

- dry mouth
- blurred vision
- severe headache that won't go away
- blushed color to your lips or fingernails
- fast pulse.

Side effects that go away

Side effects that go away after using hydralazine include:

- facial flushing or redness
- headache
- loss of appetite
- nausea or vomiting
- constipation.

Side effects that go away after using nitrates include:

- feeling dizzy or lightheaded
- headache
- nausea or vomiting
- flushing of your face or neck.

□ Warfarin

Tip

If you take warfarin, the pain reliever of choice is acetaminophen (Tylenol®).

Warfarin (Jantoven®) is a blood thinner (or anticoagulant) that decreases the ability of your blood to form clots.

You should wear a medical alert bracelet while you take warfarin. Ask your health care provider for information on ordering one.

Precautions

It is important to avoid activities that may cause injury and bleeding.

- Use an electric shaver instead of a blade to avoid cutting yourself when you shave.
- Use a soft-bristled toothbrush and floss gently to avoid bleeding gums.
- Tell your health care provider if you have a dental or medical procedure planned. You may need to adjust your dosage for a short period of time.

Diet information

While taking warfarin, it is important to watch what you eat and drink. Foods that are rich in vitamin K can affect the way warfarin works in your body. Vitamin K helps your blood make clots while warfarin thins your blood.

Green leafy vegetables (such as broccoli, cabbage, collard greens, spinach, kale and some lettuce) and oils (canola, olive and soybean) have large amounts of vitamin K.

Keep your diet consistent with the amount of vitamin K you eat. This way your body will maintain a steady blood level of warfarin. Talk to your health care provider about a full list of foods that have vitamin K.

Some vitamins (vitamin E), herbs (St. John's wort) and supplements (ginger, ginseng and garlic) can change the effects of warfarin.

Important: Do not add or stop taking supplements while you are taking warfarin unless you have talked with your health care provider.

Check with your health care provider before using any of the following medicines because they will increase your risk of bleeding:

- alcohol
- cimetidine (Tagamet®)
- some antibiotics (such as Septra® or Bactrim® (sulfamethoxazole and trimethoprim), Flagyl® (metronidazole), Diflucan® (fluconazole), Cipro® (ciprofloxacin) or Biaxin® or Biaxin XL® (clarithromycin))
- aspirin
- nonsteroidal anti-inflammatories (Motrin®, Advil®, Nuprin® (ibuprofen); Aleve® (naproxen); and Voltaren® or Cataflam® (diclofenac)).

Side effects

Call your health care provider if you have any unusual bleeding or bruising, abdominal pain that won't go away or dark urine or dark stools.

Other side effects include:

- headache
- dizziness
- weakness
- unusual nosebleeds
- throwing up blood.

Blood test

The international normalized ratio (INR) blood test measures the time it takes your blood to clot. You will need to take this test on a regular basis. The results of the test will tell your health team members if your warfarin dose needs to be changed.

Write your dose of warfarin and the results of your lab tests on your daily log or calendar. Write any missed doses as well.

It is a good idea to wear an identification bracelet that says you take warfarin.

Tip

After you stop taking warfarin, it may take several days before your blood clotting ability returns to normal.

□ Diuretics

Tips

- If you have to go to the bathroom at night, get up slowly so you do not fall.
- Some diuretics may raise blood glucose levels. If you have diabetes, you need to be careful to test your glucose. Report any unusual findings to your health care provider.
- If you take an antacid with aluminum (such as Gaviscon®), it may affect how well the diuretic can work. Take the antacid and digoxin at least 2 hours apart from each other.

Diuretics (water pills) help your body get rid of extra fluid. This will reduce the swelling in your feet, ankles, legs and abdomen. Diuretics also help your body get rid of extra fluid in your lungs to make breathing easier.

A diuretic may cause you to go to the bathroom more often and cause a dry mouth. These are signs it is working and not cause for concern.

Take your diuretic early in the morning so it works during the day. This reduces trips to the bathroom at night.

If you take the diuretic two times a day, take the second dose no later than 4 or 5 p.m. (Chew gum or hard candy to help your dry mouth.)

Common diuretics include:

- furosemide (Lasix®)
- bumetanide (Bumex®)
- torsemide (Demadex®)
- hydrochlorothiazide (HydroDiuril®)
- metolazone (Zaroxolyn®)
- triamterene/HCTZ (Dyazide®, Maxzide®).

Side effects

Some side effects include:

- **fluid loss (dehydration).** This can make you feel dizzy or lightheaded when you get up from lying down or sitting. Call your health care provider if you feel dizzy.
 - Weigh yourself every day at the same time. Use the same scale. Weigh yourself with the same amount of clothes on.
 - Write down your weight to track if you are losing too much fluid.
 - Bring this log to your clinic visit.
- **potassium loss.** Your body may lose potassium along with fluids. Potassium is needed to keep a good heart rhythm. You may need a blood test to check your potassium level.

Tip

Be sure to wear sunscreen when you are outside on sunny days. Taking a diuretic may make your skin more sensitive to sunlight.

To keep from getting too dizzy or lightheaded, you can:

- Get up slowly.
- Avoid or limit alcohol to one drink a day. One drink is:
 - 4 ounces of wine
 - 12 ounces of beer
 - 1 ounce of hard liquor.
- Avoid standing for a long time.
- Avoid exercise in hot weather.

When to call your health care provider

Call your health care provider if you have the following:

- loss of appetite
- nausea and vomiting
- stomach cramps or diarrhea
- leg cramps.

Call your health care provider if you have the following signs of **low potassium**:

- unusual tiredness or weakness
- thirst or dry mouth
- weak or irregular heartbeat
- muscle cramps or pain
- nausea or vomiting
- constipation.

Over-the-counter Medicines

Caution

Many stores have their own generic brands of medicines. Check with your pharmacist or health care provider before using any over-the-counter and generic medicines. This includes products labeled as herbals.

Read the labels of all over-the-counter medicines you take. Ask your pharmacist or health care provider if they are safe for you.

The safest cough and cold medicines for you are:

- chlorepheniramine (Chlortrimeton[®] or AllerChlor[®])
- guaifenesin with dextromethorphan (Robitussin DM[®])
- loratadine (Claritin[®]).

Cough and cold medicines you should not take:

- pseudoephedrine (Sudafed[®], Actifed[®], Comtrex[®] and Nyquil[®])
- phenylephrine (Neo-Synephrine[®])
- ephedrine (also known as “ma huang”) or any kind of appetite suppressant (such as Metabolife[®]).

Sodium causes your body to retain fluid. This increases your blood pressure and makes your heart work harder.

The following medicines are high in sodium:

- Vicks 44[®] Cough Syrup, Vicks 44[®] Cough Relief
- Alka-Seltzer[®]
- Fleets[®] Phospho-Soda and Fleets[®] enema.

The following medicines may cause you to retain sodium and fluid:

- ibuprofen (Nuprin[®], Advil[®], Motrin[®] and many brands)
- ketoprofen (Orudis KT[®], Actron[®])
- naproxen (Aleve[®]).

Medicine Interactions

When you take many medicines, they may interact with each other. This means one medicine may affect how well another one works.

Medicines that may affect each other include prescription and over-the-counter medicines.

Ask your health care provider or pharmacist about any possible interactions before you start a new medicine.

Keep Track of Your Medicines

- Keep an updated medicine list in your purse or wallet.
- Consider using a pill organizer.
- Have a plan for organizing your medicine or doses if any of your prescriptions are changed by your doctor over the phone.
- Ask a loved one or friend to help you with your medicines, if you need help.

Chapter 3: Sodium (Salt) and Diet

Good Nutrition Can Help Your Heart Failure

Your food choices are important. How? A diet low in sodium (salt) can improve your heart health.

When you eat foods that have a lot of sodium, your body holds, or retains, more water. The extra water in your body causes your heart to work harder to pump blood throughout your body.

This extra sodium can cause swelling in your body or make you feel short of breath.

You will have fewer heart failure symptoms and you will feel better if you:

- Limit the amount of sodium you eat to keep from retaining extra fluids.
- Maintain a good weight for you.
- Eat healthful, well-balanced meals.
- Talk with your health care provider about the use of caffeine and alcohol.

Why You Need To Control Sodium (Salt)

Eating a healthful diet is an important part of managing heart failure. When you eat foods low in sodium, your heart won't have to work as hard to pump blood.

One teaspoon of salt contains 2,400 milligrams (mg) of sodium. Limit sodium to 1,500 to 2,000 milligrams (mg) each day.

If you take medicine for high blood pressure, a low-sodium diet may help the medicine to work better.

How to deal with salt cravings

A craving for salt is not your body's way of telling you that you are low on salt. It is a learned response. The craving for salt is learned so it can be unlearned.

Tip

“Reduced” sodium means 25 percent less sodium than the original product and may not actually be low in sodium.

For example, regular Butterball® chicken broth has 980 mg of sodium in one cup. Reduced-sodium Butterball chicken broth has 620 mg of sodium in one cup. This amount is still too much sodium for one serving.

Did You Know?

Within 1 to 3 months of limiting salt, cravings will lessen and even disappear.

Ways to reduce sodium in your diet

- **Remove the salt shaker.** Do not have it in the kitchen when you cook or on the table when you eat.
- **Beware of commercially prepared salt substitutes.**
 - Most salt substitutes are made of potassium chloride.
 - Your health care provider must OK the use of a salt substitute because it can interfere with the action of some medicines or medical conditions.
 - Using a salt substitute does not allow you to wean yourself from the craving for salt.
- **Eliminate salt in your cooking.**
- **Eliminate obviously salty foods.** These include:
 - flavored or seasoned salts
 - pickles
 - olives and sauerkraut packaged in salt brine
 - processed or cured meats such as ham, sausage, deli meats, hot dogs and jerky
 - canned soups
 - salted snacks.
- **Try new seasonings.**
 - Herbs and spices do not contain sodium.
 - Check labels to make sure they do not contain salt or sodium.
 - You may use flavored vinegar, sherry, wine and lemon juice for flavoring.
- **Learn to read food labels.**
 - Figure out one serving size.
 - Compare one serving size to the amount you eat.
 - Figure out how much sodium the product contains for your serving size.
 - Low sodium is 140 mg or fewer per serving. Beware of 400 to 600 mg (or more) of sodium per serving.
 - Beware of ingredients that contain sodium such as monosodium glutamate (MSG), sodium nitrate, sodium benzoate and sodium bicarbonate.

Sodium Tips

- Be aware, that foods labeled “heart healthy” may not be low in sodium. Always check the nutrition label.
 - Limit sodium to 1,500 to 2,000 milligrams (mg) each day.
 - A good amount of sodium per serving is 140 mg or less.
 - Limit only one food a day with more than 400 mg of sodium per serving.
- **Consider smaller portions to keep meal sodium amounts to less than 600 mg.**
 - **Make a spice blend recipe.** OK, so you’re ready to throw out the salt — but save the shaker! Fill it with this spice blend and use it on home-cooked meals:
 - 4 tablespoons dry mustard
 - 1 tablespoons garlic powder
 - 4 tablespoons onion powder
 - 2 tablespoons white pepper
 - 1 tablespoon thyme
 - 1 teaspoon basil
 - 4 tablespoons paprika.

Combine the spices and blend them well. Put a small amount of rice in the bottom of your shaker to allow the spice blend to flow easily. Fill the shaker with the spice blend, using a funnel. Label and store.
 - **Make an herb blend recipe.**

This blend of herbs and spices is good on meats and vegetables.

 - 1 teaspoon each:
 - dried basil
 - dried marjoram
 - thyme
 - dried oregano
 - dried parsley
 - ground cloves
 - ground mace
 - black pepper
 - dried savory
 - ¼ teaspoon each:
 - ground nutmeg
 - cayenne.

Vary the amounts to suit your taste. Fill the shaker with the spice blend, using a funnel. Label and store.

Herb and spice suggestions

Try these flavor ideas for meats and vegetables:

- **beef:** bay leaf, curry, dry mustard, sage, marjoram, mushrooms, nutmeg, onion, pepper, thyme
- **lamb:** curry, garlic, mint, pineapple, rosemary
- **pork:** apples, applesauce, garlic, onion, sage, peaches
- **veal:** apricots, bay leaf, curry, ginger, marjoram, oregano
- **fish:** bay leaf, lemon juice, marjoram, mushrooms, paprika
- **chicken:** cranberries, paprika, thyme, sage
- **asparagus:** lemon juice
- **corn:** green pepper, tomato
- **green beans:** marjoram, lemon juice, nutmeg, dillweed, unsalted french dressing
- **peas:** onion, mint, mushrooms, green pepper
- **potatoes:** onion, mace, green pepper
- **squash:** ginger, mace, onion, cinnamon
- **tomatoes:** basil, marjoram, onion.

A guide to choosing low-sodium foods

Use the charts on the next 2 pages to plan your meals and snacks.

Food Group	Use	Limit (2 to 3 times a week)	Avoid
milk products	<ul style="list-style-type: none"> ■ yogurt ■ low-sodium cheese ■ dried or fluid milk 	<ul style="list-style-type: none"> ■ cottage cheese ■ natural cheese (cheddar, colby, etc.) ■ instant mixes with more than 200 mg of sodium per serving 	<ul style="list-style-type: none"> ■ processed cheese (American) ■ cheese spreads ■ buttermilk
meat	<ul style="list-style-type: none"> ■ fresh or frozen fish, poultry, beef, pork, lamb, veal ■ low-sodium tuna ■ low-sodium bacon ■ eggs 	<ul style="list-style-type: none"> ■ reduced-sodium processed meats and cheeses 	<ul style="list-style-type: none"> ■ canned meat and fish ■ sausage ■ pickled herring ■ ham, bacon, cold cuts ■ corned or dried beef ■ beef jerky ■ anchovies, herring, kosher meats ■ sardines ■ luncheon meats, frankfurters, bratwurst ■ smoked/cured meats
vegetables and fruits	<ul style="list-style-type: none"> ■ fresh or frozen unsalted vegetables ■ canned vegetables or tomato products with no added salt ■ dried beans, peas, lentils ■ all fruits ■ low-sodium canned vegetables 		<ul style="list-style-type: none"> ■ sauerkraut ■ vegetables or potatoes with sauces or seasoning mixes ■ pickled vegetables ■ olives ■ canned tomato products or juice ■ vegetables canned with salt
grains	<ul style="list-style-type: none"> ■ graham crackers ■ saltines with unsalted tops ■ Melba toast, rolls, unsalted bread sticks ■ homemade pancakes and waffles (no salt added) ■ potatoes, rice, pasta ■ breads and cereals with less than 180 mg of sodium per serving ■ unsalted pretzels or popcorn ■ low-sodium chips and crackers ■ potatoes, rice or noodles made without salt 	<ul style="list-style-type: none"> ■ baking powder biscuits ■ English muffins ■ bran cereals 	<ul style="list-style-type: none"> ■ mixes: stuffing, rice, pancakes, biscuits, casseroles, potato and noodle ■ salted crackers ■ salted snack food: potato chips, pretzels, popcorn ■ instant cooked cereals ■ commercially prepared refrigerated dough

Always read food labels for serving size and sodium content.

Food Group	Use	Limit (2 to 3 times a week)	Avoid
combination foods	<ul style="list-style-type: none"> ■ homemade combination foods and soups with less or no salt ■ commercial low-sodium soups 	<ul style="list-style-type: none"> ■ TV dinners with less than 600 mg sodium per meal 	<ul style="list-style-type: none"> ■ chow mein ■ pot pies ■ canned stew, casseroles ■ prepared baked beans ■ TV dinners with more than 600 mg sodium per serving ■ canned and dried soups ■ bouillon
desserts	<ul style="list-style-type: none"> ■ fruit ■ sherbet and fruit ice ■ plain cake or meringue ■ ice cream and frozen yogurt ■ jams, jellies, honey ■ homemade desserts, cooked puddings and boxed mixes with less than 200 mg of sodium per serving 	<p>Limit to one sodium-containing dessert each day:</p> <ul style="list-style-type: none"> ■ baked desserts made from commercial mixes ■ commercially prepared cookies ■ instant puddings ■ desserts and candies made with salted nuts ■ cream and fruit pies 	
beverages	<ul style="list-style-type: none"> ■ sparkling water ■ fruit juices or drinks, lemonade, coffee, tea, pop ■ beverages with less than 70 mg of sodium per serving 	<ul style="list-style-type: none"> ■ club soda 	<ul style="list-style-type: none"> ■ commercial sports drinks such as Gatorade®, Instant Preplay® or Take Five® ■ softened water ■ cocktail beverage mixes ■ instant cocoa
other	<ul style="list-style-type: none"> ■ oil, vinegar, lemon juice ■ fresh or powdered onion or garlic ■ salt-free herbs and spice mixes ■ flavoring extracts ■ homemade gravy with less or no salt ■ salt-free bouillon or broth ■ unsalted ketchup, mustard, barbeque sauce ■ salt-free nuts and seeds ■ table wine (not cooking wine) ■ homemade salad dressings 	<ul style="list-style-type: none"> ■ ketchup and mustard ■ tartar sauce (1 tablespoon) ■ barbeque sauce (1 tablespoon) ■ steak sauce (1 tablespoon) ■ commercial salsa (1-2 tablespoons) ■ prepared horseradish ■ regular and low-calorie salad dressing ■ salted margarine and mayonnaise (1 tablespoon) 	<ul style="list-style-type: none"> ■ all pickles, olives ■ seasoned salts ■ MSG ■ soy sauce ■ tenderizers ■ commercial gravy mixes ■ light-salt products ■ cooking wine ■ salted nuts and seeds ■ barbeque sauce

Always read food labels for serving size and sodium content.

Recipe substitutions

Use the chart below to help you change your favorite recipes into heart-healthy ones.

Recipe Substitutions	
Ingredients	Use Instead
1 whole egg	<ul style="list-style-type: none"> ■ ¼ cup egg substitute ■ 2 egg whites
1 cup butter, shortening or lard	<ul style="list-style-type: none"> ■ 1 cup margarine ■ ½ cup margarine plus ½ cup fruit puree (applesauce or prune)
1 cup oil in baked goods	<ul style="list-style-type: none"> ■ equal amounts of fruit puree or applesauce ■ decrease oil to ⅔ cup
1 cup whole milk	<ul style="list-style-type: none"> ■ 1 cup skim milk
cream	<ul style="list-style-type: none"> ■ evaporated skim milk
1 cup sour cream	<ul style="list-style-type: none"> ■ 1 cup plain low-fat yogurt ■ 1 cup low-fat cottage cheese blended with 1 tablespoon lemon juice, add skim milk to desired consistency ■ 1 cup low-fat sour cream
1 ounce (one square) baking chocolate	<ul style="list-style-type: none"> ■ 3 tablespoons powdered cocoa and 1 tablespoon oil
1 cup ice cream	<ul style="list-style-type: none"> ■ 1 cup sherbet, low-fat frozen yogurt or low-fat ice cream
cream soup	<ul style="list-style-type: none"> ■ reduced-fat or fat-free cream soup
1 tablespoon cream cheese	<ul style="list-style-type: none"> ■ 1 tablespoon Neufchatel cheese ■ 1 tablespoon light cream cheese or fat-free cream cheese
1 ounce cheddar, colby, swiss cheese	<ul style="list-style-type: none"> ■ 1 ounce cheese that contains 2 to 6 grams of fat (or fewer) per ounce
salt	<ul style="list-style-type: none"> ■ herbs or spices ■ In most recipes, you can cut the salt in half.

How To Read Food Labels

Nutrition Facts	
8 servings per container	(1)
Serving size	2/3 cup (55g)
Amount per serving	
Calories	230
	(2) % Daily Value*
Total Fat 8g	10%
Saturated Fat 1g	(3) 5%
<i>Trans</i> Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	(4) 7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 8mg	45%
Potassium 235mg	6%
*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice. (5)	

Source: U.S. Food and Drug Administration

By reading food labels you will become aware of what's in the foods you eat. The information below explains how to read the food label at left.

- Serving size.** The serving size lists how many calories and nutrients are in one serving of the food. In this example, there are two servings per box. If you are eating twice the serving size, you are getting twice the calories, fat, saturated fat, sodium, etc.
- Percent of daily value.** Percent of daily value shows how the amount of a nutrient in a serving of food fits into a 2,000 calorie diet.
- Nutrients.** Nutrients show how much sodium, fiber, sugars, fat, etc., are in each serving. If you are on a restricted diet, look at the nutrients the food contains.
- Sodium.** Too much sodium in your diet can cause swelling in your body or make you feel short of breath. Limit the amount of sodium you eat to 1,500 to 2,000 mg (milligrams) each day.
- Daily values chart.** Daily values for diets of 2,000 or 2,500 calories appear on the lower half of the food label. These numbers list the recommended limits on total fat, saturated fat, cholesterol, sodium, total carbohydrates and dietary fiber for your diet each day.

Dining Out

There are many ways to help reduce how much sodium you eat while eating out. Your choices will vary with the type of dining situation. The following tips can help you lower your sodium while eating out.

How to order from a menu

- Skip foods with cheese, bacon or cream.
- Avoid appetizers.
- Skip sauces and gravies.
- A plain hamburger or non-breaded chicken is a better choice than a fried fish sandwich.
- Skip the pickles, olives, mayonnaise, bacon, cheese and sauces (“extras”).
- Choose meat or fish that is baked, broiled, grilled, poached, roasted or steamed.
- Choose oatmeal instead of a roll or muffin.
- Try lemon juice or vinegar and oil instead of dressing.
- Ask for a side salad, fruit or steamed vegetables without salt instead of fries or potato chips.
- Choose baked potatoes. Skip the butter and sour cream.
- Choose low-fat or fat-free yogurt, sherbet or fresh fruit for dessert.
- Skip foods that are breaded and fried.
- Avoid malts or shakes.
- Drink water, plain coffee or low-fat milk (skim or 1 percent).

What to choose from salad bars

- Choose fresh vegetables or canned or fresh fruits as a major part of your meal.
- Choose vinegar and oil or lemon juice for salad dressing.
- Limit the use of higher-sodium ingredients such as bacon bits, pickles, cheese and meat salads.

How to order ethnic foods

- For Asian dining, choose menu items that are made to order. Ask that food be made without salt, soy sauce or MSG.
- Choose menu items that do not include sauces.
- Mexican foods such as tacos, burritos and tostados are lower-sodium choices for you.

- Other ethnic foods, such as German and Italian, are often made ahead of time. These items may be more difficult for you to special order.
- If you are eating ethnic cuisine, eat low-sodium foods at home before and after the meal.

Source: Twin Cities Dietetic Association

Choosing Frozen Meals

Choose frozen meals that have less than 600 milligrams of sodium and more than 2 grams of fiber per serving. Limit frozen meals to 2 to 3 times a week. Examples of what to choose are:

Item	Sodium	Fiber
Healthy Choice® Cafe Steamers Homestyle Chicken & Potatoes	590 mg	6 grams
Healthy Choice® Cafe Steamers Honey Glazed Turkey & Potatoes	400 mg	5 grams
EVOL Fire Grilled Steak	540 mg	8 grams
EVOL Teriyaki Chicken	490 mg	4 grams
EatingWell® Thai Style Peanut Chicken	570 mg	8 grams
EatingWell® Chicken and Wild Rice Stroganoff	590 mg	5 grams
Stouffer's FIT KITCHEN® Protein Bowl Cali Chicken	570 mg	7 grams
Amy's® Broccoli Pot Pie	510 mg	7 grams
Amy's® Black Bean Vegetable Enchilada, Light in Sodium	360 mg	6 grams

Why You Need To Control Potassium

Potassium is a mineral that occurs naturally in your body. Potassium helps maintain the correct electrical environment for your heart.

It is important to have the right amount of potassium in your body. If you have too much or too little, it can affect your heart rhythm.

Some medicines may increase the amount of potassium in your body while others may cause it to drop.

You may need to avoid or eat more foods high in potassium. Ask your health care team about what is right for you.

The charts below show foods that are high, moderately high and low in potassium.

Potassium content in foods

<p>Foods High in Potassium</p>	<ul style="list-style-type: none"> ■ all varieties of winter squash ■ avocado ■ baked potato ■ banana ■ blackstrap molasses ■ canned prune juice 	<ul style="list-style-type: none"> ■ canned tomato juice ■ canned vegetable juice (high-sodium choice) ■ eggnog ■ french-fried potatoes ■ frozen orange juice ■ salt substitutes
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<p>Foods Moderately High in Potassium</p>	<ul style="list-style-type: none"> ■ All Bran® ■ apricots and apricot nectar ■ Bran Buds® ■ canned grapefruit juice ■ canned pineapple juice ■ canned white or red beans (high-sodium choice) ■ cantaloupe ■ cooked parsnips ■ dates ■ dried figs ■ dried prunes 	<ul style="list-style-type: none"> ■ honeydew melon ■ lima beans (high-sodium choice) ■ mashed or hashed brown potatoes ■ milk and buttermilk ■ raw mushrooms ■ raw oranges ■ raw plums ■ raw spinach ■ raw tomatoes ■ yams (baked in the skins) ■ yogurt
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<p>Foods Low in Potassium</p>	<ul style="list-style-type: none"> ■ applesauce ■ green peas ■ green beans ■ raspberries ■ watermelon ■ cucumbers ■ oatmeal ■ English muffin ■ tea (brewed) ■ blueberries 	<ul style="list-style-type: none"> ■ egg ■ eggplant ■ rice (brown or white) ■ tortilla (corn or flour) ■ cranberries ■ bagel (plain or egg) ■ hummus ■ bread (white) ■ spaghetti or macaroni ■ cranberry juice cocktail
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Cookbooks

- ***American Heart Association Around the World Cookbook: Healthy Recipes with International Flavor***
American Heart Association

This book features recipes from Italy, France, Asia, Greece, the Caribbean, Germany, the Middle East and more. These recipes are low in fat, cholesterol, sodium and calories.
- ***American Heart Association Low-Fat & Luscious Desserts Cakes, Cookies, Pies, and Other Temptations***
American Heart Association
- ***American Heart Association Low-Fat, Low-Cholesterol Cookbook: Heart-Healthy, Easy-to-Make Recipes That Taste Great***
American Heart Association
- ***American Heart Association Low-Salt Cookbook: A Complete Guide to Reducing Sodium and Fat in Your Diet***
American Heart Association
- ***American Heart Association Meals in Minutes Cookbook: Over 200 All-New Quick and Easy Low-Fat Recipes***
American Heart Association
- ***Cooking À La Heart Cookbook: Delicious Heart Healthy Recipes to Reduce the Risk of Heart Disease and Stroke***
Appletree Press, Inc.

Easy-to-read and prepare recipes that are low in fat and sodium, with an extensive list of salt free herb blends, nutrient analysis and canning information.
- ***Diabetes and Heart Healthy Cookbook***
American Diabetes Association, American Heart Association
- ***Eater's Choice Low-Fat Cookbook***
Dr. Ronald Goor and Nancy Goor

Includes 320 quick and easy-to-make recipes.
Nutrition information provided for all recipes.
- ***Quick and Easy Cookbook: More Than 200 Healthful Recipes You Can Make in Minutes***
American Heart Association

Includes shopping tips, nutrition analysis and preparation times.
- ***The 15-minute Gourmet: Vegetarian***
Paulette Mitchell

- *The New American Heart Association Cookbook, 7th edition*

American Heart Association

Includes nutritional analysis, shopping tips and information about healthy cardiac diet and lifestyle.

Websites

- Allina Health
allinahealth.org
- American Heart Association
heart.org
- Academy of Nutrition and Dietetics
eatright.org
- National Heart, Lung and Blood Institute
nhlbi.nih.gov
- Center for Nutrition Policy and Promotion
(United States Department of Agriculture)
cnpp.usda.gov

Smart Phone Apps

- Google Goggles (Free for Android,[®] iPhone,[®] google.com/mobile/goggles). Take a photo of a label. The app gives you the nutrition information, the company's website and more.
- Sodium 101 (Free for iPhone,[®] iPad,[®] iTunes,[®] apple.com). The app helps you stay within your sodium guidelines based on your age and gender.

Sample Menu Plans for 1 Week

For a sample menu plans for 1 week, please see the charts on the next 4 pages.

Tbsp. = tablespoon tsp. = teaspoon oz. = ounces mg = milligrams of sodium per serving

Day 1

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ orange juice (8 oz.) (0 mg) ■ cold cereal (1 cup) (160 mg) ■ toast with jelly (1 slice): thin-sliced whole wheat, 45-calorie bread (70 mg) or regular thick-sliced whole wheat bread (140 mg) ■ tub margarine (1 tsp.) (30 mg) ■ skim milk (8 oz.) (95 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ fresh turkey sandwich, no salt, 2 slices of bread (140 mg): 2 slices thin-sliced, 45-calorie bread (140 mg) or regular bread (280 mg) ■ low-fat mayonnaise (1 Tbsp.) (120 mg) ■ lettuce, tomato (0 mg) ■ tossed salad, low-sodium dressing (1 Tbsp.) (175 mg) ■ diet pop (40 mg) 	<ul style="list-style-type: none"> ■ roast beef (3 oz.) (45 mg) ■ low-sodium gravy (1 Tbsp.) (120 mg) ■ baked potato, medium (10 mg) ■ tub margarine (1 Tbsp.) (30 mg) ■ green beans (1 cup) (5 mg) ■ skim milk (8 oz.) (95 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: banana (0 mg). ■ Snack between lunch and dinner: frozen yogurt (½ cup) (55 mg). ■ Snack after dinner: sherbet (1 cup) (70 mg). 		

Day 2

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ apple juice (½ cup) (0 mg) ■ oatmeal, no salt added to water (1 cup) (0 mg) ■ blueberries (½ cup) (0 mg) ■ toast with jelly (1 slice): thin-sliced whole wheat, 45-calorie bread (70 mg) or regular thick-sliced whole wheat bread (140 mg) ■ tub margarine (1 tsp.) (30 mg) ■ skim milk (8 oz.) (95 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ tossed salad (2 cups) with low-sodium dressing (1 Tbsp.) (175 mg) ■ low-fat mayonnaise (1 Tbsp.) (120 mg) ■ melon (0 mg) ■ low-sodium tuna (3 oz.) (160 mg) ■ bread (2 slices) (140 mg): 2 slices thin-sliced, 45-calorie bread (140 mg) or regular bread (280 mg) 	<ul style="list-style-type: none"> ■ broiled walleye (4 oz.) (80 mg) ■ corn on the cob (1) (5 mg) ■ baby carrots (1 cup) (50 mg) ■ noodles, no salt (1 cup) (10 mg) ■ tub margarine (1 tsp.) (30 mg) ■ skim milk (8 oz.) (95 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: low-sodium crackers (3 to 5) (35 to 60 mg). ■ Snack between lunch and dinner: fruit cocktail (½ cup) (0 mg). ■ Snack after dinner: angel food cake (1 slice) with strawberries (½ cup) (210 mg). 		

Actual sodium content will vary according to choices and the way you prepare the food.

Tbsp. = tablespoon tsp. = teaspoon oz. = ounces mg = milligrams of sodium per serving

Day 3

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ orange juice (1 cup) (0 mg) ■ plain egg omelet (2 eggs) (155 mg); if you add vegetables, the sodium would stay the same ■ toast with jelly (1 slice) thin-sliced whole wheat, 45-calorie bread (70 mg) or regular thick-sliced whole wheat bread (140 mg) ■ tub margarine (1 tsp.) (30 mg) ■ skim milk (8 oz.) (95 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ grilled chicken (2 oz.) (60 mg) ■ bread (1 slice) thin-sliced whole wheat, 45-calorie bread (70 mg) or regular thick-sliced whole wheat bread (140 mg) ■ tub margarine (1 tsp.) (30 mg) ■ macaroni salad (homemade) (140 mg) ■ vegetables (1 cup) (20 mg) ■ diet pop (40 mg) 	<ul style="list-style-type: none"> ■ lean hamburger (3 oz.) (50 mg) ■ whole wheat bun (1) (224 mg) ■ baked fries with Mrs. Dash® (20 fries) (25 mg) ■ asparagus (4 spears) (0 mg) ■ skim milk (8 oz.) (95 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: Jell-O® (½ cup) (90 mg). ■ Snack between lunch and dinner: low-sodium pretzels (10 to 12 twist or sticks) (175 mg). ■ Snack after dinner: Nilla Wafers® (8) (115 mg). 		

Day 4

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ grapefruit juice (4 oz.) (0 mg) ■ raisin bagel (one-half) (230 mg) ■ cream cheese (1 Tbsp.) (50 mg) ■ skim milk (4 oz.) (47.5 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ low-sodium tuna (2 oz.) (160 mg) ■ bread (2 slices) (140 mg): 2 slices thin-sliced, 45-calorie bread (140 mg) or regular bread (280 mg) ■ low-fat mayonnaise (1 Tbsp.) (120 mg) ■ lettuce, tomato (0 mg) ■ raw vegetables (1 cup) (20 mg) ■ vegetable juice (6 oz.) (90 mg) 	<ul style="list-style-type: none"> ■ pork chop (4 oz.) (75 mg) ■ applesauce (½ cup) (0 mg) ■ new potatoes (4) (0 mg) ■ tub margarine (2 tsp.) (30 mg) ■ tossed salad (2 cup) (35 mg) ■ low-sodium dressing (1 Tbsp.) (140 mg) ■ spinach (1 cup) (0 mg) ■ skim milk (4 oz.) (47.5 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: Greek non-fat yogurt (8 oz.) (60 mg). ■ Snack between lunch and dinner: orange (0 mg). ■ Snack after dinner: 2 cookies (2-inch diameter) (140 mg). 		

Actual sodium content will vary according to choices and the way you prepare the food.

Tbsp. = tablespoon tsp. = teaspoon oz. = ounces mg = milligrams of sodium per serving

Day 5

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ cranberry juice (½ cup) (0 mg) ■ English muffin (one-half) (200 mg) ■ tub margarine (1 tsp.) (30 mg) ■ cold cereal (1 cup) (160 mg) ■ skim milk (4 oz.) (47.5 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ grilled cheese with 1 oz. American cheese made with thin-sliced whole wheat bread (410 mg) or regular-sliced whole bread (550 mg) ■ low-sodium soup (1 cup) (100 mg) ■ salad (2 cups) with low-sodium dressing (1 Tbsp.) (175 mg) ■ fruit juice (½ cup) (0 mg) ■ skim milk (4 oz.) (47.5 mg) 	<ul style="list-style-type: none"> ■ herbed chicken (4 oz.) (80 mg) ■ mashed potatoes (1 cup) (5 mg) ■ tub margarine (1 tsp.) (30 mg) ■ salad (2 cups) with low-sodium dressing (1 Tbsp.) (175 mg) ■ skim milk (4 oz.) (47.5 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: pineapple chunks (1 cup) (0 mg). ■ Snack between lunch and dinner: melon (quarter of a whole) (0 mg). ■ Snack after dinner: fruit shake (4 oz. milk and ½ cup fruit) (47.5 mg). 		

Day 6

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ grapefruit (one-half) (0 mg) ■ low-sodium pancakes: homemade with low-sodium baking powder (4 medium) (150 mg) (See recipe on page 68.) ■ syrup (2 Tbsp.) (0 mg) ■ skim milk (8 oz.) (95 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ seafood salad with low-sodium tuna (3 oz.) (270 mg) ■ pita pocket (6 oz.) (230 mg) ■ mixed greens (1 cup) (0 mg) ■ diet pop (40 mg) ■ skim milk (4 oz.) (47.5 mg) 	<ul style="list-style-type: none"> ■ spaghetti, no salt (2 cups) (5 mg) ■ low-sodium sauce (1 cup) (80 mg) ■ French bread, thin-sliced (1 slice) (165 mg) ■ tub margarine (2 tsp.) (30 mg) ■ broccoli (1 cup) (65 mg) ■ salad (2 cups) with low-sodium dressing (2 Tbsp.) (175 mg) ■ skim milk (4 oz.) (47.5 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: light popcorn (2 cups) (75 mg). ■ Snack between lunch and dinner: kiwi (1) (0 mg). ■ Snack after dinner: frozen yogurt (1 cup) (110 mg). 		

Actual sodium content will vary according to choices and the way you prepare the food.

Tbsp. = tablespoon tsp. = teaspoon oz. = ounces mg = milligrams of sodium per serving

Day 7

Breakfast	Lunch	Dinner
<ul style="list-style-type: none"> ■ fruit cup (½ cup) (0 mg) ■ French toast (1 slice) (150 mg) ■ syrup (1 Tbsp.) (0 mg) ■ skim milk (8 oz.) (95 mg) ■ coffee or tea (0 mg) 	<ul style="list-style-type: none"> ■ low-sodium peanut butter (1 Tbsp.) and jelly (1 Tbsp.) sandwich (2 slices of bread: thin-sliced, 45-calorie bread (215 mg) or regular bread (355 mg)) ■ salad (2 cups) with low-sodium dressing (1 Tbsp.) (175 mg) ■ iced tea (0 mg) 	<ul style="list-style-type: none"> ■ fresh turkey with no salt (4 oz.) (0 mg) and low-sodium gravy (2 oz.) (120 mg) ■ brown rice (⅔ cup) (5 mg) ■ vegetables (1 cup) (15 mg) ■ cranberry sauce (½ cup) (0 mg) ■ tub margarine (1 tsp.) (30 mg) ■ skim milk (8 oz.) (95 mg)
<ul style="list-style-type: none"> ■ Snack between breakfast and lunch: rice cakes (2) (15 mg). ■ Snack between lunch and dinner: 2 cookies (3-inch diameter) (110 mg). ■ Snack after dinner: low-sodium pudding (½ cup) single serving package (90 mg) if instant from a box (200 mg or more). 		

Actual sodium content will vary according to choices and the way you prepare the food.

Low-sodium Recipes

Try making the low-sodium meals on the next 4 pages.

Steak n' Broccoli

Makes 4 servings

Ingredients

- 1 tablespoon extra-virgin olive oil
- 1 pound tip sirloin steak, cut against the grain into thin strips
- 4 cloves garlic, minced
- ¼ cup diced onion
- 4 green onions, cut into ½-inch pieces (white and green parts)
- 4 cups fresh broccoli florets (about 2 small heads)
- 2 tablespoons corn starch
- ¾ cup water
- 2 tablespoons low-sodium soy sauce
- ¼ cup low-sodium beef broth
- 1 tablespoon honey
- ½ teaspoon minced fresh ginger

Directions

1. In a medium skillet, heat oil over medium-high heat. Add steak and cook for 6 to 8 minutes or until browned. Transfer to a plate and set aside.
2. In the same skillet, add garlic, onion and green onions. Cook, stirring often, for 1 minute. Add broccoli and stir. Cover and cook for 5 minutes.
3. In a small bowl, combine corn starch and water. Stir until lumps are gone. Add soy sauce, broth, honey and ginger. Stir.
4. Remove cover from skillet and add sauce (made in step 3). Stir and cook for 3 to 5 minutes or until sauce is thickened. Add the steak, stir and cook for 2 to 3 minutes or until steak is heated. Enjoy warm!



MAIN DISH



TIP

You can also enjoy this over a whole grain such as brown rice or quinoa.*

*Option not included in nutrition facts.

 = low sodium

Visit allinahealth.org/recipes for more healthful recipe ideas.

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Nutrition Facts

Serving Size 1 1/4 cup broccoli and beef (255g)
 Servings Per Container 4

Amount Per Serving			
Calories 230		Calories from Fat 70	
		% Daily Value*	
Total Fat 8g			12%
Saturated Fat 2g			10%
Trans Fat 0g			
Cholesterol 60mg			20%
Sodium 370mg			15%
Total Carbohydrate 15g			5%
Dietary Fiber 3g			12%
Sugars 5g			
Protein 26g			
Vitamin A 45%		Vitamin C 120%	
Calcium 8%		Iron 15%	
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Saturated Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
	Fat	9	Carbohydrate 4 • Protein 4

Recipe contains: wheat
 Carb choices per serving: 1

Vegetarian Chili for Two

Makes 2 servings

Ingredients

- 2 teaspoons canola oil
- ¼ cup diced onion
- 2 garlic cloves, minced
- ½ cup diced sweet green peppers
- ¼ cup diced celery
- ⅓ cup sliced mushrooms
- ⅓ cup canned no-salt-added diced tomatoes
- 1 cup low-sodium tomato juice
- ⅓ cup canned low-sodium dark red kidney beans, rinsed and drained
- ½ cup canned low-sodium black beans, rinsed and drained
- ½ cup canned butter beans, rinsed and drained
- ½ tablespoon chili powder
- ½ teaspoon cumin
- ¼ teaspoon turmeric

Directions

1. In a medium saucepan, heat oil over medium heat. Add onion and garlic. Cook 2 to 3 minutes, until onions are translucent. Stir in peppers, celery and mushrooms. Sauté 3 to 4 minutes.
2. Stir in remaining ingredients. Bring to a boil, then reduce heat to low-medium. Cover and simmer for 15 to 18 minutes, stirring occasionally.
3. Serve warm.



MAIN DISH



TIP

Toss the remaining beans and tomatoes with a bit of Italian dressing to make a three-bean salad. Enjoy it as a healthy snack between meals or a side dish with tomorrow's lunch.

♥ = heart smart

ⓧ = low sodium

GF = gluten free

Visit allinahealth.org/recipes for more healthful recipe ideas.

Nutrition Facts

Serving Size 2 cups (425g)	
Servings Per Container 2	
Amount Per Serving	
Calories 250	Calories from Fat 50
% Daily Value*	
Total Fat 5g	8%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 420mg	18%
Total Carbohydrate 41g	14%
Dietary Fiber 11g	44%
Sugars 9g	
Protein 12g	
Vitamin A 50%	Vitamin C 130%
Calcium 10%	Iron 20%
*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.	
Calories: 2,000 2,500	
Total Fat	Less than 65g 80g
Saturated Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2,400mg 2,400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g
Calories per gram:	
Fat 9 • Carbohydrate 4 • Protein 4	

Carb choices per serving: 2 ½

Slow Cooker Sweet Potato Salad

Makes 8 servings

Ingredients

- 2 tablespoons chopped green onion
- 1/3 cup apple cider vinegar
- 2 tablespoons molasses
- 1 tablespoon packed brown sugar
- 1/3 cup water
- 1/4 teaspoon chili powder
- 1/4 teaspoon garlic powder
- 1/4 teaspoon freshly ground black pepper
- 1/4 teaspoon salt
- 4 medium sweet potatoes, peeled and diced into 1-inch pieces
- 1 small head cabbage, cored and chopped

Directions

1. In a medium bowl, mix together first 9 ingredients.
2. Place diced sweet potatoes into a 4- to 5-quart slow cooker. Pour mixture made in step 1 over the sweet potatoes. Cover and cook on low for 5 hours.
3. Add chopped cabbage and mix. Cover and cook on low for 1 more hour.
4. Serve warm.



SIDE DISH



TIP

As you're doing your shopping for this recipe, put a few extra sweet potatoes in your cart. Sweet potatoes can make a great grab-and-go snack or packed lunch item. Simply bake as you would a russet potato, allow to cool at room temperature and then store in the fridge or your lunchbox.

♥ = heart smart

🚫 = low sodium

GF = gluten free

Visit allinahealth.org/recipes for more healthful recipe ideas.

Nutrition Facts

Serving Size 1/2 cup (206g)
Servings Per Container 8

Amount Per Serving

Calories 110 **Calories from Fat 0**

% Daily Value*

Total Fat 0g **0%**

Saturated Fat 0g **0%**

Trans Fat 0g

Cholesterol 0mg **0%**

Sodium 130mg **5%**

Total Carbohydrate 26g **9%**

Dietary Fiber 5g **20%**

Sugars 8g

Protein 2g

Vitamin A 190% • **Vitamin C 100%**

Calcium 8% • **Iron 8%**

*Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Calories: 2,000 2,500

Total Fat Less than 65g 80g

Saturated Fat Less than 20g 25g

Cholesterol Less than 300mg 300mg

Sodium Less than 2,400mg 2,400mg

Total Carbohydrate 300g 375g

Dietary Fiber 25g 30g

Calories per gram:
Fat 9 • Carbohydrate 4 • Protein 4

Carb choices per serving: 2

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Food Comparisons: Regular Versus 2-gram (2,000 mg) Sodium

Regular Diet	2-gram (2,000 mg) Sodium Diet
Breakfast	
<ul style="list-style-type: none"> ■ 8 ounces orange juice (0 mg) ■ 1 cup raisin bran (310 mg) ■ ¾ cup 1% milk (95 mg) ■ 1 slice white bread toast (140 mg) ■ 2 tablespoons peanut butter (150 mg) ■ 1 tablespoon grape jelly (0 mg) ■ 1 cup coffee (0 mg) <p>Total sodium: 695 mg</p>	<ul style="list-style-type: none"> ■ 8 ounces orange juice (0 mg) ■ 1 cup mini wheat biscuits (5 mg) ■ ¾ cup 1% milk (95 mg) ■ 1 slice whole wheat bread toast (100 mg) ■ 2 tablespoons low-sodium peanut butter (100 mg) ■ 1 tablespoon grape jelly (0 mg) ■ 1 cup coffee (0 mg) <p>Total sodium: 200 mg</p>
Lunch	
<ul style="list-style-type: none"> ■ ½ cup carrot and celery sticks (50 mg) ■ turkey sandwich: <ul style="list-style-type: none"> ■ 2 slices white bread (280 mg) ■ 2 ounces sliced turkey (500 mg) ■ 1 slice American cheese (415 mg) ■ 2 tablespoons regular mayonnaise (160 mg) ■ lettuce and tomato slices (0 mg) ■ 1 ounce pretzels (390 mg) ■ 2 fudge cookies (140 mg) ■ 1 can diet soda (40 mg) <p>Total sodium: 1,975 mg</p>	<ul style="list-style-type: none"> ■ ½ cup carrot and celery sticks (50 mg) ■ turkey sandwich <ul style="list-style-type: none"> ■ 2 slices whole wheat bread (200 mg) ■ 2 ounces low-sodium sliced turkey (385 mg) ■ 1 slice Swiss cheese (70 mg) ■ 2 tablespoons light mayonnaise (120 mg) ■ lettuce and tomato slices (0 mg) ■ ½ cup applesauce (0 mg) ■ 2 gingersnaps (95 mg) ■ 10 ounces iced tea with lemon and sugar (0 mg) <p>Total sodium: 920 mg</p>

Food Comparisons: Regular Versus 2-gram (2,000 mg) Sodium

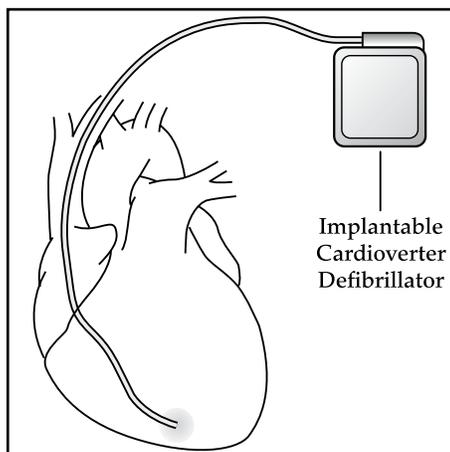
Regular Diet	2-gram (2,000 mg) Sodium Diet
Supper	
<ul style="list-style-type: none"> ■ 1 serving meatloaf (made with 1 packet of meatloaf seasoning) (400 mg) ■ 4 tablespoons regular ketchup (620 mg) ■ 1 medium baked potato (10 mg) ■ 2 tablespoons sour cream (30 mg) ■ 1 cup salad with 2 tablespoons with Greek vinaigrette (180 mg) ■ ½ cup canned vegetables (225 mg) ■ 1 white dinner roll (190 mg) ■ 1 teaspoon butter (35 mg) ■ 1 cup vanilla ice cream (90 mg) <p>Total sodium: 1,780 mg</p>	<ul style="list-style-type: none"> ■ 1 serving homemade meatloaf (120 mg) ■ 4 tablespoons low-sodium ketchup (20 mg) ■ 1 medium baked potato (10 mg) ■ 2 tablespoons light sour cream (25 mg) ■ 1 cup salad with 1 teaspoon olive oil and 2 teaspoons vinegar (10 mg) ■ ¾ cup frozen vegetables (25 mg) ■ 1 wheat dinner roll (150 mg) ■ 1 teaspoon unsalted butter (0 mg) ■ 1 cup sherbet (70 mg) <p>Total sodium: 430 mg</p>
Snacks	
	<ul style="list-style-type: none"> ■ 1 apple (0 mg) ■ 1 ounce trail mix no salt added (35 mg) ■ 3 cups unsalted popcorn (35 mg) ■ 1 ounce sharp cheddar cheese (180 mg) ■ 6 low-sodium snack crackers (80 mg) <p>Total sodium: 330 mg</p>
Daily total for regular diet: 4,450 mg	Daily total for 2-gram sodium diet: 1,880 mg



Chapter 4: Other Treatments

Medicine may not be enough to help your heart or prevent serious problems. Your health care provider will talk with you about your other treatment options.

Implantable Cardioverter-defibrillator (ICD)



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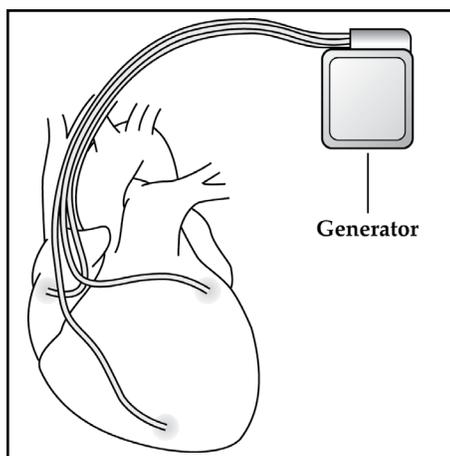
An ICD can help control or correct a dangerous heart rhythm.

Heart failure can cause your heart to beat too fast or in an irregular way. An implantable cardioverter-defibrillator (ICD) may help control or correct this dangerous rhythm. The ICD sends an electrical shock to your heart to return it to a regular rhythm.

An ICD uses lead wires that are connected to a pulse generator. A tiny computer in the ICD senses any life-threatening rhythm problems and sends an electrical shock to your heart to correct it.

If you receive an electrical shock, you must call your health care provider. He or she may want to see you for a follow-up visit.

Biventricular Pacemaker



© Allina Health System

A biventricular pacemaker can help improve your blood flow.

The chambers of your heart may lose the ability to contract (shrink) together. The heart can't pump as much blood if the chambers don't move together. A special kind of pacemaker may help.

A biventricular pacemaker has 2 parts: a battery (pulse generator) and 3 lead wires (electrodes).

- One wire goes into the upper part of the right side of your heart (right atrium).
- One wire goes into the right ventricle.
- One wire is threaded into the coronary vein to the left ventricle.

The battery sends an electrical impulse to your heart. This causes the right and left ventricles to pump together. By coordinating the chambers, your body will get better blood flow.

Intravenous (IV) Therapies

There are many medicines that can help manage your symptoms. Some of these are given through an intravenous (IV) line in your hand or arm.

Ultra-filtration

Ultra-filtration is a special IV system that removes fluid. This short-term process will be done in the hospital.

Left Ventricular Assist Device (LVAD)

A left ventricular assist device (LVAD) is a pumping device. It is implanted into your abdomen and connected to a power pack. The power pack is attached to a belt you wear around your waist.

When your heart beats, the LVAD pumps too. This helps add a boost to your heart's pumping ability.

Defibrillator

If your heart has been working at less than 35 percent for more than 3 months, your heart is likely to go into different rhythms. This can cause sudden death.

An implantable cardioverter-defibrillator (ICD) may help control or correct this dangerous rhythm. It is placed near your heart and reads every heartbeat.

If you have an abnormal heartbeat, the ICD sends a shock to your heart to return it to a normal rhythm. The ICD won't treat heart failure or make it better. It's like having a paramedic with you in case there are problems.

Heart Transplant

A heart transplant may be an option if you have severe heart failure, have not responded to other treatments, and if you are in overall good health.

A surgeon would replace your heart with a healthy heart from someone who has died. Life after a transplant involves taking many medicines to keep your new heart working well.

Pulmonary Artery Pressure Monitor



The CardioMEMS™ photo used with permission, Abbott

A pulmonary artery pressure monitoring sensor is able to see changes in the pressure of blood flowing through the vessel between your heart and lungs. These changes can alert your health care team that your heart failure is getting worse, even before you notice any symptoms.

- A tiny sensor is inserted into your pulmonary artery through a short procedure. (Your health care provider will talk with you about the risks and benefits.)
- You take a reading of the sensor each day from your home. The monitor sends the reading to your health care provider.
- Your health care provider reviews the information received from the sensor. He or she will call you if changes are needed to your medicines or treatment.

Regular monitoring allows you and your health care team to get ahead of your heart failure before it gets worse. This can help improve your quality of life and reduce hospital stays.

Palliative Care

Heart failure is a disease you will have for the rest of your life. Many medicines used to treat heart failure can help you live longer and feel better, but as heart failure gets worse, you may have symptoms even though you are taking medicines and carefully following sodium and fluid guidelines.

Palliative care can be a good option to consider for help with the heart failure symptoms. Palliative care is for anyone who is in any stage of an advanced illness. It:

- treats your symptoms and emotional and spiritual concerns
- helps you and your family understand your illness, treatment choices, options for community resources
- can help you be as independent and comfortable as possible while living each day to the fullest.

Palliative care services can be provided at home, in the clinic, in the hospital, or other types of settings. You and your family have telephone access to a palliative care nurse 24 hours a day.

Palliative care may decrease the number of times you have hospital stays and it may help you avoid unnecessary Emergency Department visits. Call 651-635-9173 for more information.

Hospice Care

You and your family may find peace of mind knowing that end-stage heart failure can be managed and treated in a non-hospital setting.

Hospice care is a special way of caring for you, your family and your caregivers if you have 6 months or less to live. Hospice focuses on your comfort and quality of life while treating your physical, emotional and spiritual needs. The focus is on comfort and providing the highest quality of life possible.

Hospice keeps you comfortable and not suffering while “nature takes its course.” Only medicines and actions to make you more comfortable are used or added. Dying is not hurried or delayed.

Hospice is covered by most insurers, including Medicare, Medicaid and private insurers. Care can be provided in your home, a nursing home or a residential hospice. Call 651-635-9173 or 1-800-261-0879 for more information.

Chapter 5: Exercise and Activity

Benefits of Regular Exercise

Tip

Never start an exercise program before talking with your health care provider.

Regular exercise is important to strengthen your muscles, including your heart.

If you are new to exercise, getting into an exercise routine can be a challenge. Stick with it! After a few days or weeks you may begin to see or feel these positive changes:

- more confidence and independence
- more energy to do your everyday activities
- less difficulty reducing or maintaining weight
- more strength and endurance
- increased flexibility and balance
- more energy to participate in special events
- improved feeling of well-being and a reduction in stress
- better quality sleep.

Basic Exercise Guidelines

Tip

If you skip more than 2 days of exercise, restart your program at a lower level and slowly increase again.

Start your exercise program slowly. Choose an exercise you enjoy, such as walking, riding a stationary bike, swimming or gardening. If you can tolerate exercise, slowly increase what you are doing by adding one minute each day.

Use the following general exercise guidelines.

- Wear layers of loose-fitting clothing. Wear comfortable athletic shoes.
- Wait up to 2 hours after eating a full meal and after taking most medicines to exercise.
- Do your exercising in comfortable temperatures. If the weather is too hot or cold, exercise indoors.
- Warm up for 5 to 10 minutes until low-level activity slowly raises your heart rate.
- Drink 6 to 8 ounces of water before you exercise unless you are on a fluid restriction.
- Stretch in slow, controlled movements that extend your muscle fibers and put your joints through their full range of motion. (Do not bounce while you stretch.)

Tip

Check with your health care provider to see if any of your heart medicine could have an effect on your heart rate.

- Do aerobic exercise that uses large muscle groups nonstop and raises your heart rate (like biking, walking and swimming).
- At the end of your workout, do low-level activity and stretching that slowly allows your heart rate to return to normal and helps you cool down.
- Drink 6 to 8 ounces of water after you exercise unless you are on a fluid restriction.
- Do not exercise if you are not feeling well (such as a cold, the flu or a temperature higher than 100 F).
- If you smoke, quit! Your doctor, nurse or case manager can give you information on quitting smoking. If you cannot quit, do not smoke 1 hour before or after you exercise.
- Do not take a hot or cold shower or bath for at least 15 minutes before or after exercise.
- Do not drink alcohol right before or after exercise.
- Avoid exercises that involve straining, pushing, pulling or heavy lifting when there is little or no movement of your body or if you have to hold your breath.
- Be careful of exercises in which both arms are above your head for a long time. This can lead to fatigue.

Good Exercise Choices

- Choose exercise that is low impact with light to moderate intensity.
- Walking is the best choice because it is easy to do. If your locations to walk are limited, you may use a treadmill.
- A stationary bicycle may put less stress on your hips, knees and feet. Be sure your seat is the proper height. Your knees should only be slightly bent when the pedal is at the lowest point.
- Swimming puts less stress on your joints.

If you can, you may want to do 2 or 3 different types of exercise each week for variety.

How to Breathe While You Exercise

You may find yourself short of breath while you are exercising. Some of this is normal. You can rate your level of breathlessness on this scale:

1. mild (noticeable only to you)
2. mild difficulty (noticeable to someone else)
3. moderate difficulty (you can keep exercising)
4. severe difficulty (you cannot keep exercising).

You should stay within the first two on the scale. If you reach the third, you should cool down or stop if you need to catch your breath.

Signs You Should Stop Exercising

You always need to be aware of the way your body responds to what you are doing. This will tell you if you are working at a level that is good for you. The following signs mean your body is not dealing well with exercise:

- dizzy or lightheaded feelings
- nausea and vomiting
- cold sweat
- shortness of breath that makes talking difficult
- unusual fatigue or extreme exhaustion
- feeling that your heart is pounding or racing
- fainting or black-out spells
- a feeling that your heart is skipping beats or has become irregular
- chest pain or pressure
- pain or pressure in your neck, jaw, teeth and arm or between your shoulder blades
- any new orthopedic problems, such as joint or muscle pain.

If you have any of the above symptoms, stop what you are doing and rest. If they do not go away after rest, or if they continue to limit your activity, call your health care provider.

If these symptoms are severe, call 911 and use your nitroglycerin as directed.

Save Your Energy

Without even knowing it, you may be wasting energy every day. Finding easier ways to do things will give you more energy to do the things you enjoy. The following are ways to save your energy.

Plan ahead

- Schedule time to exercise. You may find it helpful to combine exercise with another activity. For example, ride your stationary bike while you watch TV.
- Organize your home and work area. Store things where you use them.
- Plan ahead for rest. Schedule rest breaks or power naps. If you get too involved in activities that cause fatigue, try setting a timer for 30 minutes. When the timer goes off, see how you are feeling and decide if you should continue or rest.
- Use waiting time to relax. Instead of being stressed by the wait at the checkout line or in traffic, use the time to practice relaxation breathing.
- Schedule time for you. Plan time for hobbies and activities you enjoy. Lunch with a friend can reduce your stress and boost your energy.
- Plan for meals. Cooking can be simpler if you plan and prepare ahead of time. Make a double batch and freeze half for an easy meal later.
- Plan for shopping. A list will eliminate trips for forgotten items. Avoid going to the store at busy times.
- Get out of the fast lane. When possible, avoid rush hour. Schedule appointments and errands at other times.
- Stay flexible. Even the best plans may need to be changed.

Pace yourself

- Pace yourself. Move slowly and easily. Stop and rest often. Don't rush.
- Use your energy wisely. Identify when your energy level is best and use this time to your advantage. If you get fatigued in midafternoon, try cooking and doing housework earlier in the day. Save the midafternoon for lighter activities or a nap.
- Find a balance. Don't try to do everything all in one day. Spread housework over the whole week, balancing heavy and light chores.

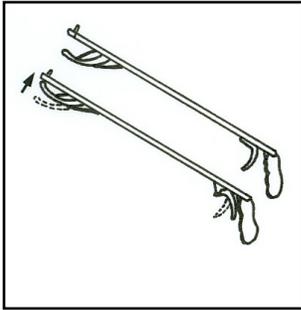
- Set reasonable goals and make them realistic. For instance, clean only one room a day or decide to just dust.
- Find shortcuts. Combine shopping trips with errands when you can. Avoid having to backtrack.
- Climb stairs safely. You may need take up to four deep breaths before you climb stairs, “double step” to use less energy, put a stool at the landing to rest, or avoid carrying heavy loads.
- Use a step stool or sturdy climbing device when you reach for an object.

Make priorities

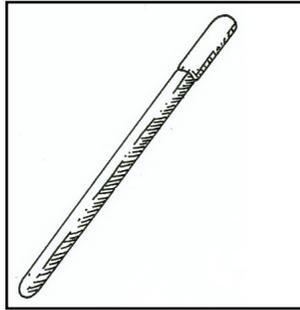
- Evaluate your priorities. What do you have to do, and what do you want to do? What can you eliminate or simplify? If you never seem to have time for the things you enjoy, maybe you need to re-evaluate priorities.
- Delegate work. Have family members (including children) help with housework. Have groceries delivered. If you can afford it, hire help. Also, your community may offer services to help with meals, transportation or chores.
- Eliminate chores that aren't needed. Leave your bed unmade or let the dishes air dry. Use your energy to do something you want to do, instead of things you feel you have to do.
- Recognize your limits and just say “no.”
- Learn to let go. Don't be a perfectionist. If you enjoy entertaining, have people over for dessert or potluck instead of a five-course meal. Let others help you.
- Simplify your life. Buy easy-care, wash-and-wear clothing so you won't have to iron and hand wash items. Try a low-maintenance hairstyle.
- Make your health your No. 1 priority.
- Don't stand when you can sit. If shaving makes you tired, put a mirror on the table. Rest your elbows. Sit on a high stool to iron or cook.

Consider using equipment to save energy

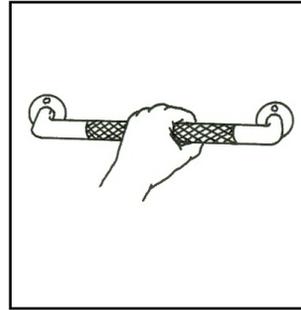
Equipment can help you save energy. You can find these items at medical supply stores, discount stores or local pharmacies. You may qualify for community equipment loan programs. For more information, call the Goodwill Easter Seal Equipment Loan Program at 651-646-2591 or your local American VFW or Lions Club.



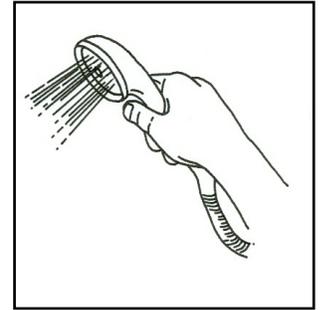
long-handled reachers



long-handled shoe horn



grab bar for bathroom



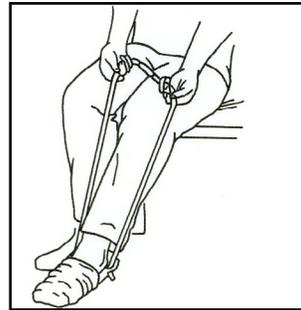
hand-held shower kit



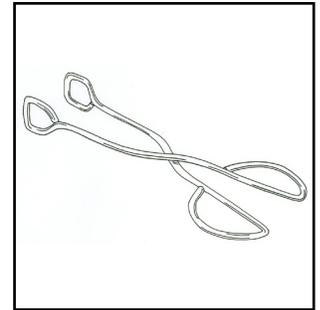
long-handled sponge



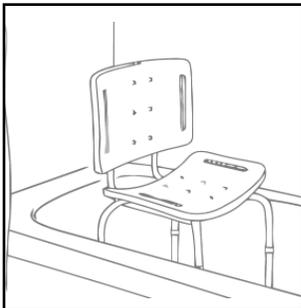
raised toilet seat



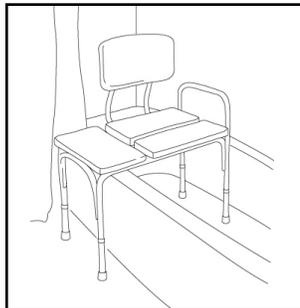
long-handled sock aid



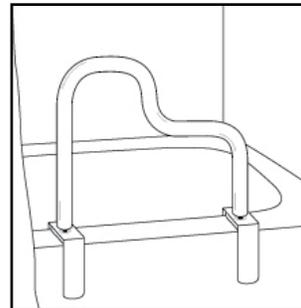
tongs



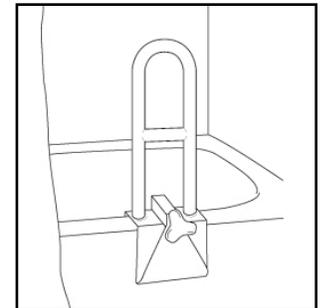
bath/shower chair



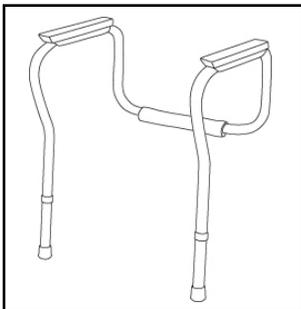
tub transfer bench



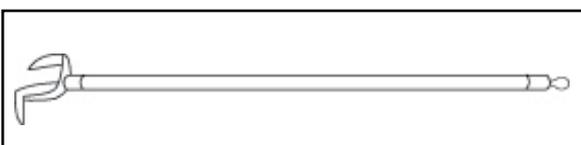
tub rail 1



tub rail 2



toilet frame



dressing stick

All illustrations © Allina Health System

Do relaxation exercises

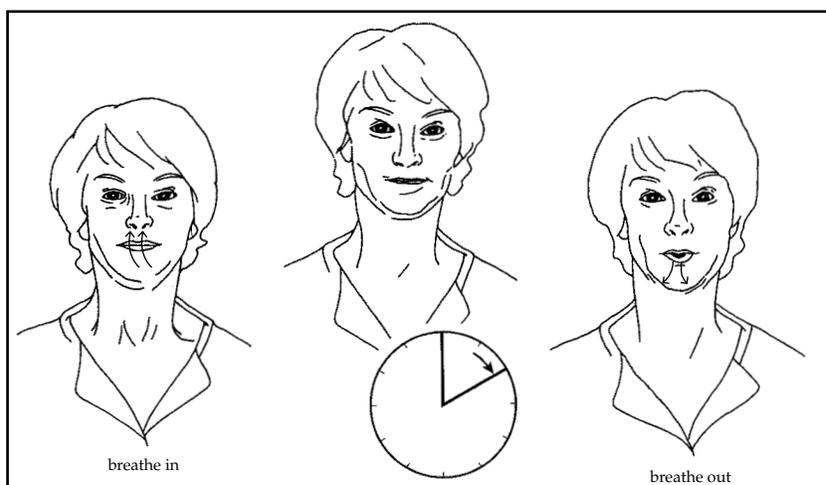
Stress — physical or emotional — can slow your body's ability to heal. When you relax, the tension in your body melts away. Just spending 20 minutes twice a day relaxing can help restore your energy.

Use the following relaxation exercises anytime you feel tense during the day. Be sure to find a quiet place, turn down the lights and close the door. Wear loose, comfortable clothing. Try to keep noise and other distractions to a minimum. You may want to play soft, soothing music during your relaxation exercises.

■ deep breathing

To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Let your breath out through your mouth, slowly and completely.
- Rest and then repeat these steps 10 times.



© Allina Health System

Hold your breath for 5 seconds before breathing out.

■ progressive relaxation

This exercise will allow you to focus on different body parts and give you a general feeling of relaxation.

- Lie down or sit in a comfortable chair.
- Close your eyes and think of your face muscles.
- Let them totally relax.
- Think of your neck and shoulder muscles.
- Let them totally relax.
- Repeat with each body part moving from your head to your toes. Let your body become loose and warm. Feel the tension melt away.

- **imagery**

This exercise is used to manage pain and distress, give you a better sense of well-being and help your body heal.

- Think of a pleasant or meaningful experience, or a favorite, restful place like a beach or cabin.
- Let happy thoughts and images relax you.
- Close your eyes and picture that scene or place.
- Focus on the sights, sounds and smells of your favorite scene or place as you relax.

Sexual Activity

Sexual activity is a common concern among people who live with heart failure. Most people can enjoy sexual activity with some minor changes. You and your partner can continue to share physical closeness and emotional intimacy.

Experiment with new ways of being together. You may find pleasure in giving foot or back massages, caressing and cuddling.

Use common sense and avoid any strenuous activity if you are feeling tired or if you have just eaten. Use positions that are comfortable for you and cause you the least fatigue or exertion.

Certain medicines can affect sexual response. If you find a change in your sexual desire, talk about it with your health care provider.

The following are ways to reduce stress on your heart during sex.

- Talk to your partner about sexual activity recommendations and possible changes you may need to make.
- Enjoy sexual activity when you are rested.
- Avoid sex if you are angry, anxious or resentful.
- Be sure your room temperature is comfortable.
- Wait one to two hours after eating a meal.
- Avoid time restrictions.
- If you have been drinking alcohol, wait to have sex.
- If you have shortness of breath or chest discomfort, stop and rest.

Your Everyday Activities

Tip

Using good body mechanics to lift and carry reduces the strain on your heart and your back.

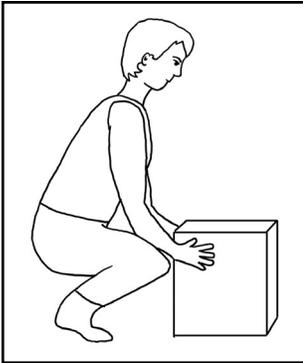


Figure A

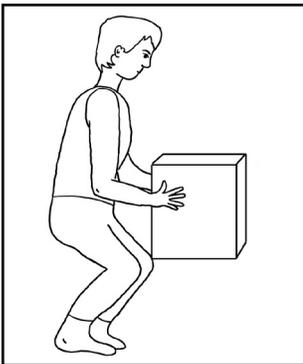


Figure B

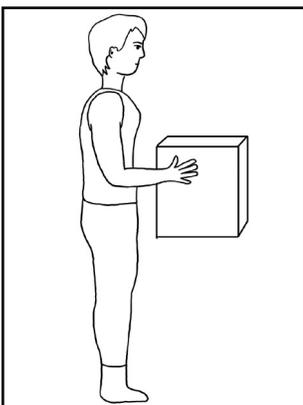


Figure C

All © Allina Health System

Use good position and posture

- Don't stand when you can sit. If shaving makes you tired, put a mirror on the table. Rest your elbows.
- Avoid working with your arms above your shoulders for long periods of time.
- Sit on a high stool to iron or cook.
- Plan your steps. Keep a basket at the bottom of the stairs for items that must go upstairs. Make one trip instead of four.
- Use good posture. This reduces stress on your neck, back and shoulder muscles. It also lets you breathe easier.
- Change your positions. Break up your work with a stretch or a walk.
- Avoid staying in the same position for a long time. Use a purse with a shoulder strap. If you use the phone for a long time, use a speaker phone or headset.
- Avoid reaching and bending. Use lazy susans, pull-out shelves and reachers.
- Avoid lifting. Slide items or use carts.

How to lift

- Stand as close to the object as you can with your feet spread apart (Figure A).
- Bend at your knees, keeping your back straight.
- Grasp the load firmly. Hold the load close to the center of your body and face the direction you want to walk (Figure B). This will help you avoid twisting and turning (Figure C).
- To unload, bend your knees and slide the load into place.

How to carry

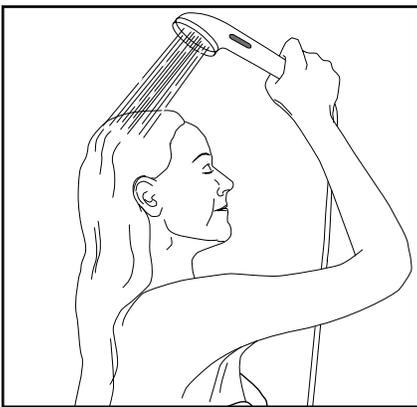
- Carry the object at waist level with your elbows slightly bent.
- Try not to carry an object on one side of your body. If you have to, set the object down once in a while.
- Try to use a rolling cart to carry heavy items.

Personal Grooming

How to get dressed

Every night, leave your robe and slippers (or shoes and socks) and underwear where they are easy to reach in the morning. Before getting up, do some dressing while sitting on the edge of the bed.

- Sit on a chair or the bed to finish getting dressed.
- Do not wear belts or tight clothing.
- Wear slip-on shoes. Your favorite lace-up shoes can be changed to slip-ons by using elastic shoelaces.



© Allina Health System

How to take a shower.

How to take a bath or shower

- Use a bath bench to sit on in the shower.
- Use grab bars/no-slip strips for your safety.
- Use lukewarm water instead of hot water to reduce steam and keep your muscles from becoming too relaxed.
- Use a shower extension hose or hand-held shower.
- Wrap up in a terry cloth towel or robe instead of drying yourself.
- Use oxygen in the shower if you use oxygen when you are active. Put the oxygen tubing over the shower rod to keep it out of the way.
- You can take a sponge bath instead of a tub bath. It is not necessary to get wet all over to get clean.

Household Chores

How to rearrange your kitchen

- Set up work areas so similar items are grouped together, such as dishwashing, cooking or mixing items.
- Streamline your kitchen. Throw or give away things you do not use.
- Plan meals ahead of time. Know which recipes are quick and easy or need more preparation.
- Keep a grocery list on the refrigerator.
- Shop for nonperishables once a week (or less if you have enough storage) and perishables as few times as your storage allows.
- Shop in a store that has carts which the cashier unloads.
- Let your dishes air dry.
- Sit when peeling vegetables, mixing and washing dishes.
- Use electric appliances (such as a mixer or blender) when you can.
- Prepare and freeze extra food for later use.
- Use paper napkins instead of linen.

How to do laundry

- Sort clothes on a table and use a rolling laundry cart.
- Buy easy-care permanent press clothing.
- Sit down to iron. Place a rack next to the ironing board to hand freshly ironed clothes.
- Fold sheets, towels and underwear. Do not iron them.
- Put a front-loading washer on blocks to raise the opening and eliminate bending.

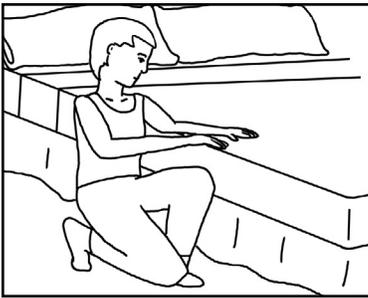


How to load and unload a washer.



How to load and unload a dryer.

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© Allina Health System

**Make one side of the bed,
then the other.**

How to make the bed

- Arrange the bed so neither side is against the wall.
- Unfold the covers on the bed. Do not shake the covers.
- Make one side of the bed completely. Then, make the other side.
- Consider not making the bed every day!

How to dust and clean

- Store all of your cleaning equipment for one type of job together. For instance, keep the kitchen cleaners in the kitchen, keep dusting items together and keep bathroom cleaners in the bathroom.
- Keep small items in a carrying basket.
- Use pick-up tongs and long-handled sponges to decrease reaching.
- Use vacuum cleaner attachments to dust.
- Use long-handled dust pans.
- Sit on a tub or bedside if using a long-handled scrub sponge to clean.
- Avoid knickknacks you will have to clean.
- Keep your furnishings simple.

Chapter 6: Tobacco Use

You can help your heart by living a healthy lifestyle.

People who smoke cigarettes are 2 to 4 times more likely to develop heart disease than people who do not smoke. They are at an increased risk for heart attack, stroke, circulatory problems, cancer and lung disorders.

What's In Tobacco

Did You Know

Smokeless tobacco contains *a lot* of sugar. This can make it harder to control your glucose levels.

Nicotine has effects like both caffeine (“upper”) and alcohol (“downer”).

Cigarette smoke contains more than 7,000 chemicals. More than 70 can cause cancer.

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral nicotine products.

Using tobacco exposes your body to chemicals such as:

- benzene (fuel additive)
- formaldehyde (embalming fluid)
- cyanide and arsenic (poisons)
- methanol (wood alcohol)
- acetylene (fuel)
- ammonia (cleaning fluid)
- acetone (nail polish remover)
- carbon monoxide (poisonous gas).

Did You Know

E-cigarettes can cause many harms to your body such as rapid heart rate, abnormal heart rhythms, asthma attacks, seizures, lightheadedness, vomiting and nausea.

E-cigarettes

- E-cigarettes are known by many names such as e-cigarettes, e-cigs, vapes and electronic nicotine delivery systems (ENDS).
- These products use an “e-liquid” found in pre-filled or refillable cartridges, disposables or pods.
- The liquid is heated to create an aerosol that the user breathes in. The heat can turn some of the chemicals into known cancer-causing chemicals.
- Private and federally-funded tests found many of the same chemicals in ENDS products that make cigarettes so dangerous.
 - benzene (found in car exhaust)
 - heavy metals (nickels, tin, lead)
 - arsenic (found in rat poison)

- formaldehyde (used to preserve dead tissue)
- glycerin and glycol (used in antifreeze).

Testing has also found chemicals known to cause cancer in humans and scarring in the lungs.

- E-cigarettes are not safe. E-cigarettes are a tobacco product.
- The U.S. Food and Drug Administration (FDA) is starting to regulate ENDS products. This is a slow process.
- The FDA has not approved e-cigarettes as a way to quit smoking.

What Tobacco Does To Your Heart

Did You Know

Tobacco use is the most preventable cause of death in the U.S.

Cigarette smoking is the most common form of nicotine addiction in the U.S.

Tobacco use is especially dangerous to your blood vessels and arteries. It can cause atherosclerosis, a build-up of plaque (fatty substances found in your blood). Over time, the plaque hardens and narrows your blood vessels and arteries.

Smoking also makes the blood vessels and arteries sticky. This leads to “obstructions” in blood flow, meaning that your blood cannot flow easily. The side effects of using tobacco can result in needing stents, coronary artery bypass surgery or both to keep your blood vessels and arteries open. It can also lead to heart attack or stroke.

Tobacco use:

- causes heart disease and stroke
- increases your heart rate
- increases your blood pressure
- lowers your good (HDL) cholesterol
- can cause irregular heart beats
- makes your heart work harder (adding stress to scarred or weakened blood vessels and arteries)
- can interfere with how well your heart medicines work
- causes heartburn and peptic ulcers
- can delay healing from surgery.

A damaged heart has to try to cope with the effects of tobacco. Quitting smoking and avoiding secondhand smoke can help reverse heart and blood vessel damage and reduce your heart disease risk.

What Secondhand Smoke Does To Your Body

Did You Know?

Secondhand smoke has more than 7,000 chemicals. Hundreds of those are toxic and about 70 can cause cancer.

Source: Centers for Disease Control & Prevention

Secondhand smoke is a mixture of smoke coming from the burning tips of cigarettes, pipes and cigars and smoke exhaled by someone who is smoking.

Anyone around secondhand smoke breathes in the chemicals from the tobacco smoke. Secondhand smoke causes death and disease in people who do not smoke.

No amount of secondhand smoke is safe. The only way to protect your family from secondhand smoke is to live in a smoke-free environment.

How Your Body Heals After Quitting Smoking

Did You Know?

In 1 year of quitting smoking, your risk of heart disease is reduced by more than half. Quitting also reduces the risk of a second heart attack if you've already had one.

Source: National Institutes of Health

The benefits of quitting happen right away and last for many years.

- **8 hours:** The carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
- **24 hours:** Your chance of a heart attack decreases.
- **48 hours:** Nerve endings start to grow again. Your senses of smell and taste improve.
- **2 weeks:** Your circulation improves and your lung function increases.
- **1 to 9 months:** Your cough, stuffy nose, and shortness of breath decrease. Your energy level increases.
- **1 year:** Your chance of heart disease is cut in half.
- **5 years:** Your chance of a stroke is the same as a nonsmoker. Your chance of dying from lung cancer is cut in half.
- **5 to 10 years:** Normal cells replace pre-cancerous cells.
- **10 years:** Your risk of cancer, stroke, and heart disease is close to the same of someone who has never used tobacco.

Source: World Health Organization

Quitting Tobacco Use

Quitting may be hard but it is not impossible. To get help quitting, talk with a member of your health care team.

Preparing to quit

- Instead of looking at quitting as success or failure, remember that every effort to quit is another practice at living your life without tobacco.
- The good news is there are many ways to quit. It's important to choose methods that appeal to you.
- Talk with your health care provider about medicines that may help you quit tobacco.
- Track your triggers to get a better idea of what situations, emotions or both make you want to use tobacco.
- Talk with your family, friends or coworkers about how to support you while you quit. Be specific. See if others would like to quit with you.
- Plan your reward for each day you don't smoke. Keep them easy, and affordable. And above all, do them!.

Actually quitting

- Make your home and vehicle a tobacco-free zone. Give yourself a "safe place."
- Change your environment to help reduce cravings.
 - Get rid of all cigarettes and chewing tobacco.
 - Throw away your ashtrays and lighters.
 - If you're having withdrawal symptoms or cravings, try to avoid smoke-filled places and people who use tobacco.
- Make a plan for situations that trigger you to use tobacco.
- Think positively. Believe you can quit. Tell yourself: "I can do this!"
- Get enough rest.
- Take it one day at a time. Any step you take without tobacco is going to help you. Small steps are better than nothing!

Remember: most cravings last only 3 to 5 minutes ... so wait it out! The craving will go away whether you use tobacco or not!

Quitting aids

Medicines are proven to be helpful and increase your chance of long-term success.

Talk with your doctor about which way(s) to quit may help you the most.

- Over-the-counter products include nicotine gum, nicotine lozenge and the nicotine patch.
- Prescription products include Zyban®, nicotine nasal spray, nicotine inhaler.

Resources For Quitting



Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236
 - plantextractsinc.com

***There may be a cost to you. Check with your insurance provider.**

Allina Health (if you had a recent hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - My Life, My Quit™ (ages 13 to 17): text “Start My Quit” to 36072 or call 1-855-891-9989 to talk with a coach
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - asiansmokersquitline.org

- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center's Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**

Chapter 7: Glossary

ACE (angiotensin converting enzyme) inhibitors

ACE inhibitors are medicines that relax blood vessels. This makes it easier for your heart to pump blood.

Angina

This is pain or discomfort in your chest when there isn't enough blood flow to your heart. It is caused by narrowing of the coronary arteries.

ARB (angiotensin receptor blocker)

An ARB is a medicine that relaxes your blood vessels. This allows your heart to pump easier.

Bendopnea

Shortness of breath you have when bending over when doing a task like tying your shoe or putting on socks.

Beta blockers

Beta blockers are medicines that reduce your heart's workload and decrease the amount of oxygen your heart needs to work.

Cardiomyopathy

This is a disease of the heart muscle.

Coronary arteries

These are blood vessels that wrap around your heart. They supply your heart with blood.

Coronary artery disease

Plaque (fatty deposits) on the insides of your arteries reduces or blocks the amount of blood that flows through them.

Digoxin

Digoxin is a medicine that makes your heart stronger so it can pump stronger and better.

Diuretics

Diuretics (water pills) help your body get rid of extra fluid by increasing the amount of urine you make. This reduces the workload on your heart.

Edema

Swelling in your hands, feet, ankles and legs caused by extra fluid in your tissues.

Ejection fraction

A measurement used to determine how well your heart is pumping out blood.

Heart attack (myocardial infarction)

When blood cannot flow to your heart, damage or death to the heart muscle may occur. A heart attack leaves your heart permanently damaged or scarred.

Heart failure

Your heart cannot supply your body with enough blood.

High blood pressure (hypertension)

When the amount of pressure inside your arteries is high, your heart has to pump with greater force to push the blood through the blood vessels.

Hydralazine/nitrates

Hydralazine and nitrates are medicines that relax your blood vessels and increase blood and oxygen supply to your heart. This eases the workload on your heart. They are taken together.

Orthopnea

Shortness of breath you have while lying flat but improves when you sit or stand.

Valves

Valves are gate-like “doorways” that open and close to let blood move between the chambers of the heart.

Valve disease

This is a disease that causes blood to flow in the wrong direction.

Warfarin

Warfarin is a medicine that lowers your blood's ability to form clots.



Heart Failure Quiz

1. Heart failure means:

- A. My heart can't pump blood as well as it should.
- B. Extra fluid can pool in my lungs and body.
- C. My body isn't getting enough oxygen in my blood.
- D. All of the above.

2. How long do you need to take medicines to control your heart failure symptoms:

- A. Until the symptoms go away.
- B. For the rest of my life.
- C. Until I feel better.
- D. None of the above.

3. The most sodium (salt) you can have every day is:

- A. 1,000 to 1,500 mg
- B. 1,500 to 2,000 mg
- C. 2,000 to 2,500 mg
- D. None of the above.

4. You will be able to eat deli meats, pickles, olives and canned soups:

- A. True
- B. False

5. You need to weigh yourself every day:

- A. True
- B. False

6. If you gain 3 pounds in 1 day or 5 pounds in 1 week:

- A. Call your health care provider right away.
- B. Start dieting to lose weight.
- C. Take extra medicine.
- D. Don't worry about it.

7. It is OK to have one beer once a week:

- A. True
- B. False

8. The most liquids you can drink in one day is:

- A. 1 liter
- B. 2 liters
- C. 3 liters
- D. 4 liters

9. Exercising every day is important to:

- A. Maintain a healthy weight.
- B. Help your muscles get stronger.
- C. Help your heart pump oxygen-rich blood through your body.
- D. All of the above.

10. Understanding what to do if your symptoms change from day to day is important to:

- A. Avoid a hospital stay.
- B. Prevent the symptoms from becoming worse.
- C. Help you feel as good as you can.
- D. All of the above.

11. The “Heart Failure Action Plan” (on page 5):

- A. Is a helpful list I will look at when my symptoms change.
- B. Is just a suggestion I only need to follow if I want to.
- C. Is important for me to understand what to do when my symptoms become worse.
- D. A and C.

12. You and your health care team will work together to find the best treatments for you.

- A. True
- B. False

Answers:

1. D 2. B 3. B 4. B 5. A 6. A 7. B 8. B 9. D 10. D 11. D 12. D 13. A

Personal Health Profile

Personal Health History

Please list any illnesses or health problems you have had (such as rheumatic fever, pneumonia) or any chronic (long-lasting) illness you have (such as diabetes, high blood pressure, cancer).

Date	Illness or Problem
<hr/>	<hr/>

Hospital Stays

Please list any illnesses or surgeries that required you to stay in a hospital.

Date	Reason	Hospital
<hr/>	<hr/>	<hr/>

Health Records

Exam	Date Done	Date Due	Comments
Complete physical exam			
Lipids (cholesterol, LDL, HDL, triglycerides)			
Rectal exam			
Hemoccult (check for blood in the stool)			
Colon screening (flex sig or colonoscopy)			
Prostate exam			
Breast exam			
Pap smear			
Mammogram			
Eye exam			
Dental visit			

Shot	Date Done	Date Due	Comments
Flu (influenza)			
Pneumonia			
Tetanus (due every 10 years)			
Other			

Home Exercise Program

When you complete your timed exercise, please fill out the boxes below.

Date	Time	Morning	Afternoon	Evening	Symptoms/Feelings
	4 min.				
	5 min.				
	6 min.				
	7 min.				
	8 min.				
	9 min.				
	10 min.			May decrease exercise to twice a day.	
	11 min.				
	12 min.				
	13 min.				
	14 min.				
	15 min.				
	16 min.				
	17 min.				
	18 min.				
	19 min.				
	20 min.		May decrease exercise to once a day.		
	21 min.				
	22 min.				
	23 min.				
	24 min.				
	25 min.				
	26 min.				
	27 min.				
	28 min.				
	29 min.				
	30 min.				

Home Exercise Program

When you complete your timed exercise, please fill out the boxes below.

Date	Time	Morning	Afternoon	Evening	Symptoms/Feelings
	4 min.				
	5 min.				
	6 min.				
	7 min.				
	8 min.				
	9 min.				
	10 min.			May decrease exercise to twice a day.	
	11 min.				
	12 min.				
	13 min.				
	14 min.				
	15 min.				
	16 min.				
	17 min.				
	18 min.				
	19 min.				
	20 min.		May decrease exercise to once a day.		
	21 min.				
	22 min.				
	23 min.				
	24 min.				
	25 min.				
	26 min.				
	27 min.				
	28 min.				
	29 min.				
	30 min.				

Current Medicine List

Pharmacy: _____ Phone: _____

Doctor: _____ Phone: _____

Medicine allergies: _____

Medicine and reason for taking	Dose	Break-fast	Lunch	Midday	Supper	Bedtime	Comments



Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

Make health care easier with an online, all-in-one way to manage care.

Get started at
AllinaHealth.org/account

Allina Health 



Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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