

MY PERSONAL HEART FAILURE REMOTE PATIENT MONITORING (RPM) ACTION PLAN

My Action Plan is intended to assist with the self-management of heart failure in consultation with my provider.

I will make follow-up appointments to review my Heart Failure Action Plan twice a year.

Name: _____ Date of Birth: _____ PHN: _____ Date: _____

GREEN SAFE ZONE	<p>SAFE: I am in control and doing well:</p> <ul style="list-style-type: none"> ✓ No new shortness of breath ✓ My weight is stable ✓ I have little or no swelling ✓ I can do my normal activities & 10-15 minutes exercise ✓ I have no chest pain 	<p>My Action Plan to continue feeling well:</p> <ul style="list-style-type: none"> ✓ I will take my medications daily as prescribed ✓ I will take and record my vitals and symptoms every day (BP, oxygen, weight & heart rate) ✓ I will limit fluids: 1.5 to 2 liters/day as directed ✓ I will limit my sodium (salt) to _____mg/day 	<p>PRESCRIPTIONS: Remember to ask your Primary Care Provider for an extra prescription for Lasix if your medications are in blister packs.</p>
YELLOW CAUTION ZONE	<p>CAUTION! If I have symptoms, I will talk to my provider:</p> <ul style="list-style-type: none"> ❖ Increased or new shortness of breath ❖ Trouble sleeping/using more pillows to breathe easier ❖ Sudden weight gain (2 lbs/day; 5 lbs/week) ❖ Increased swelling: abdomen, ankle, foot or leg ❖ Less energy or loss of appetite ❖ Having side effects from my medications 	<p>My Action Plan when I have symptoms is to:</p> <ul style="list-style-type: none"> ❖ Instructions: If I gain 2 lb in a day, I will take an extra diuretic (water pill): Medication/Dose: _____-_____-_____ ❖ If on oxygen, adjust _____ ❖ Limit my fluid to _____ ❖ Watch my sodium (salt) intake _____ ❖ Call my provider (name & #): _____ 	
RED DANGER ZONE	<p>If green or yellow actions haven't helped, I am in DANGER... I need immediate help!</p> <ul style="list-style-type: none"> • I am struggling to breathe/have SOB even when resting • I have a fast heart beat that does not slow at rest • I have chest pain that does not go away with rest/medicine • I have trouble thinking clearly/I am confused • I have fainted 	<p>My Action Plan is call my provider or 911 at once. This is a medical emergency!</p> <ul style="list-style-type: none"> • I will call 911 or go to the Emergency Department • I won't wait to see if symptoms improve, or try to treat this myself 	

Health PEI
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