

Self-Management Plan for Heart Disease

Name: _____

Date: _____

<p style="text-align: center;">Green Zone = All Clear</p> <ul style="list-style-type: none"> No shortness of breath No swelling No weight gain No decrease in your ability to maintain normal activity level 	<p style="text-align: center;">Green Zone Means</p> <ul style="list-style-type: none"> Your symptoms are under control. Continue taking your medications. Continue to follow your diet. Keep your Home Care Nurse appointments. Keep physician appointments. Continue daily weights
<p style="text-align: center;">Yellow Zone = Caution</p> <ul style="list-style-type: none"> Increased weight (2-3 lbs in one day or 4-5 lbs in the past 5 days) Increased cough Increased swelling of legs, ankles and/or feet Increased shortness of breath with activity Chest pain Increased number of pillows needed to sleep or need to sleep in a chair Anything else unusual that bothers you 	<p style="text-align: center;">Yellow Zone Means</p> <ul style="list-style-type: none"> Your symptoms indicate that you may need an adjustment in your medications. Call your Home Health Nurse and/or your physician. <p style="text-align: center;">24-hour phone number is</p> <p>Primary Physician: _____</p> <p>Phone Number: _____</p> <p><i>(Please notify your Home Care Nurse or go see your physician.)</i></p>
<p style="text-align: center;">Red Zone = Medical Alert</p> <ul style="list-style-type: none"> Unrelieved shortness of breath Unrelieved chest pain Wheezing or chest tightness at rest Chest pain not relieved or reoccurs after taking _____ Nitro tablets Mental changes 	<p style="text-align: center;">Red Zone Means</p> <p>You need to be evaluated by a physician right away.</p> <p>Primary Physician: _____</p> <p>Phone Number: _____</p> <p style="text-align: center;">24-hour phone number is</p> <p><i>(Please notify your Home Care Nurse if you go to the emergency room or are hospitalized.)</i></p>