LIVING BETTER WITH HEART FAILURE

CARING FOR YOUR HEART





YOUR CARE TEAM

The patient is ultimately responsible for their health and serves as a key member of the treatment plan. Together, you and your care team can improve your health every day.

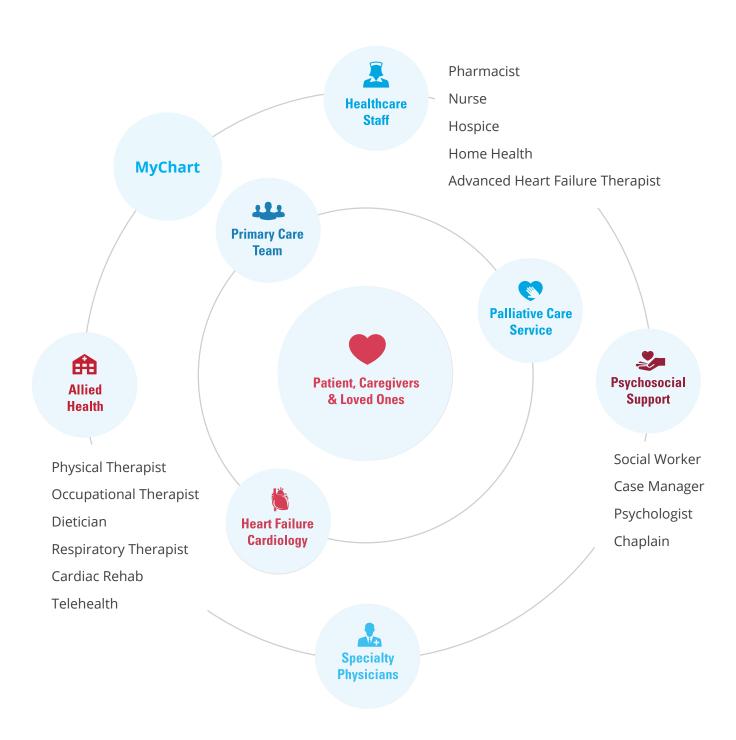


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HOW THE HEART WORKS

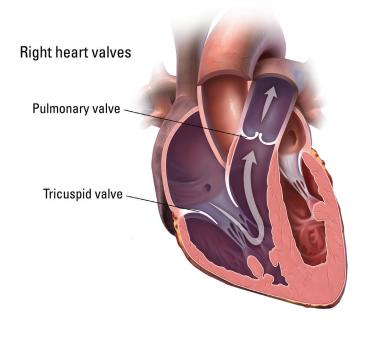
Your heart is a strong, muscular pump a little larger than a fist. It works 24/7 to pump blood to your lungs and to all your body's tissues.

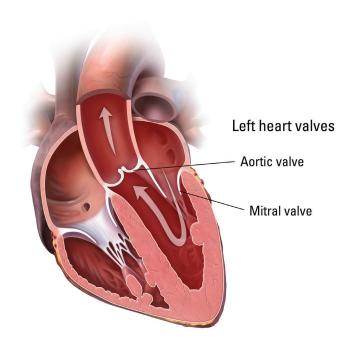
The heart has four chambers, two on the right and two on the left:

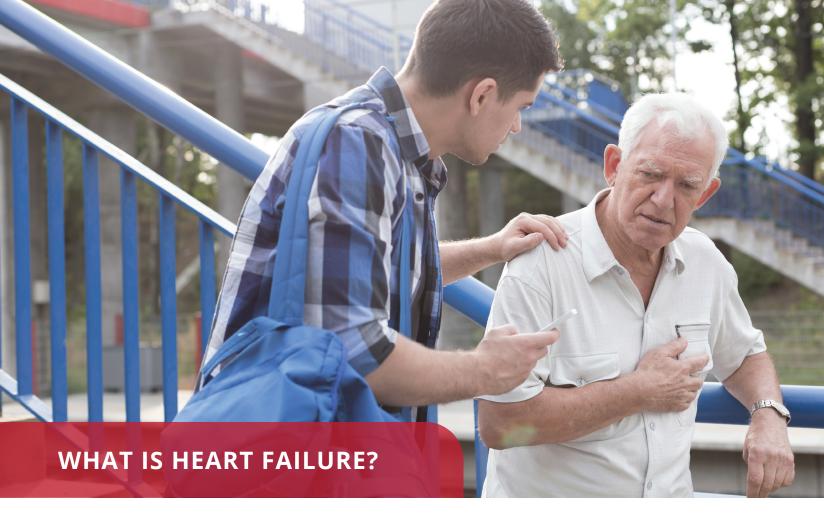
- Two upper chambers called atria (one is an atrium)
- Two lower chambers called ventricles

The right atrium takes in oxygen-depleted blood from the rest of the body and sends it back out to the lungs through the right ventricle.

Oxygen-rich blood travels from the lungs to the left atrium, then on to the left ventricle, which pumps it to the rest of the body.







Heart failure means your heart cannot pump the blood well. When your heart doesn't pump well, you may feel weak, tired, faint or dizzy. Heart failure develops in response to significant injury to the heart. Common causes of heart failure include:

- Heart attacks
- Uncontrolled high blood pressure
- Heart valve disease
- Heart infections
- · Irregular heart rhythms
- Uncontrolled diabetes
- Drinking excessive alcohol or illicit drug use
- Chemotherapy or radiation therapy

These conditions change the shape and structure of the heart resulting in poor functioning. When the heart does not pump enough oxygen-rich blood to supply the body, there is additional stress on an already weak heart.

TYPES OF HEART FAILURE

Systolic Failure: Pump failure of the heart muscle to pump blood out of the heart.

Diastolic Failure: Failure of muscle to relax to allow blood to fill the heart.

Left-Sided Heart Failure: The left side of the heart is responsible for pumping oxygen-rich blood to the body. When the pump fails, blood backs up into the blood vessel around the lungs causing fluid to leak into the lungs. This fluid causes congestion, which leads to difficulty breathing.

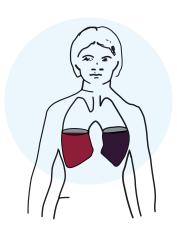
Right-Sided Heart Failure: The right side of the heart receives the oxygen-poor blood from the body and pumps it to the lungs to pick up oxygen. After that, it is pumped to the left side of the heart. When the right-side pump fails, blood backs up in the veins causing swelling in the belly and legs/ankles/feet.

HEART FAILURE SYMPTOMS

Common heart failure symptoms can include:

- Shortness of breath with activity or lying down
- Nonproductive cough or frothy sputum (bubbly)
- Decreased level of activity due to fatigue or tiredness (weakness)
- · Decreased ability to concentrate
- · Decreased alertness
- Changes in urine output
- Edema/Swelling (extra fluid) in the feet, ankles, legs, abdomen*, or generalized throughout the whole body.
- · Rapid or irregular heartbeat
- Rapid weight gain
- Persistent cough or wheezing (white, pink, or blood tinged sputum)
- Chest Pain if heart failure caused by heart attack

*Edema in the abdomen can cause stomach discomfort, nausea, decrease or loss in appetite, and constipation.



Heart failure causes water to leak out of your blood vessels. This water can fill up your lungs: make you cough, short of breath and have trouble breathing lying down.



It can also cause your legs or abdomen to swell.

DIAGNOSING HEART FAILURE COMMON DIAGNOSTIC TESTING

- Echocardiogram (Echo): an ultrasound used to examine the size, shape, function and motion of the heart. It also measures your heart's ejection fraction (EF). Ejection fraction is a measure of the amount of blood that the heart pumps out to your body. A normal EF is 50% or higher.
- **Chest X-ray:** a picture of the lungs that shows if you have congestion.
- BNP (Brain Natriuretic Peptide): a blood test used to find out if a person has heart failure. BNP is made by your heart and shows how well your heart is working. The level of BNP increases when heart failure symptoms worsen, and decreases when heart failure symptoms improve.
- Stress test During a stress test, you
 might be asked to run or walk on a
 treadmill while you have an ECG or other
 heart tests. Physical activity makes the
 heart pump harder and increases the
 heart's need for blood. This test helps
 providers see if the heart is getting
 enough blood when it is under stress. If
 you cannot walk or run, you might get a
 medicine to stress test instead.
- Cardiac CT A cardiac CT scan is a painless X-ray test that produces 3D pictures of your heart and surrounding arteries. A cardiac CT helps identify and measure the presence of plaque in your arteries.
- Cardiac MRI As part of a comprehensive heart assessment, we often combine a cardiac CT scan with a cardiac MRI. A cardiac MRI produces detailed pictures of your heart using radio wave energy and a strong magnetic field.
- Myocardial Biopsy Also referred to as cardiac biopsy or heart biopsy, during this procedure a small piece of heart tissue will be removed to examine under a microscope.

THINGS YOU CAN DO TO LIVE WELL WITH HEART FAILURE



TRACK YOUR TOTAL SALT DAILY/EAT MORE FRUITS & VEGETABLES



TAKE YOUR
MEDICINES EACH DAY/
SET A REMINDER!





SMOKE





TRACK YOUR TOTAL

FLUID DAILY

LIMIT THE AMOUNT OF ALCOHOL YOU DRINK



EXERCISE REGULARLY



KEEP FOLLOW-UP APPOINTMENTS!



MONITOR SYMPTOMS FOR LIFE

Heart failure can cause you to have symptoms and feel bad. If you catch these symptoms early, you can take action to feel better and stay out of the hospital.

DAILY CHECK-UP CHECKLIST

W eight gain (> 3 lbs/day OR > 5lbs/week) • rthopnea (Difficulty breathing while laying down; may need to sleep in a recliner or with extra pillows) R esting more than usual **S** hortness of breath (with or without activity) **E** dema (swelling in lower legs, abdomen and/or scrotum) N on-productive cough (not always a cold, this could be fluid backing up into your lungs)

HELPFUL HINT

Share this information with your provider.

HEART FAILURE MEDICINES

Medicines are very important for people with Heart Failure. Studies show that these medicines can reduce your swelling, help you breathe better, increase activity level and improve heart function. Most people will need several medicines for improvement. Below are the medicines your healthcare provider may prescribe for you to treat your heart failure.

TYPES OF MEDICATIONS	WHAT THEY DO FOR YOU	
ACE Inhibitors	Widens blood vessels, lowers blood pressure, and improves blood flow which decreases the amount of work that the heart has to do	
Aldosterone Antagonist	Mild diuretics that blocks action of a stress hormone (aldosterone) which decreases strain on the heart	
Angiotensin II Receptor Blockers (ARBs)	Widens blood vessels, lowers blood pressure, and improves blood flow which decreases the amount of work that the heart has to do	
Angiotensin Receptor- Neprilysin Inhibitor (ARNI)	Widens blood vessels, lowers blood pressure, helps your body get rid of extra fluid, and improves blood flow which decreases the amount of work that the heart has to do	
Beta Blockers	Slows heart rate and lowers blood pressure which decreases the amount of work the heart has to do; can limit or reverse some damage to your heart	
Calcium Channel Blockers	Relaxes blood vessels, slows heart rate, and lowers blood pressure which decreases the amount of work that the heart has to do	
Digitalis	Increases the force of each heart beat, allowing more oxygen rich blood to your body	
Diuretics (Fluid Pills)	Helps your body get rid of extra fluid, thus making it easier to breathe, easier for your heart to pump and helps lower blood pressure	
Hydralazine and Nitrate	Relaxes and widens blood vessels, lowers blood pressure and improves blood flow which decreases the amount of work that the heart has to do; decreases chest pain	
Potassium or Magnesium Supplements	Replaces potassium or magnesium that may be lost in urine when taking a diuretic	
SGLT2-Inhibitors	Reduces inflammation and promotes the release of sodium and glucose into the urine to help your body get rid of extra fluid, making it easier for your heart to pump	

HEART FAILURE MEDICINES AND SIDE EFFECTS

EXAMPLES OF MEDICINES		POSSIBLE SIDE EFFECTS		
Type: ACE Inhibitors				
Benazepril (Lotensin) Captopril (Capoten) Enalapril (Vasotec) Fosinopril (Monopril) Lisinopril (Prinivil, Zestril)	Moexipril (Univasc) Perindopril (Aceon) Quinapril (Accupril) Ramipril (Altace) Trandolapril (Mavik)	Lowers blood pressure Dizziness Cough Problems with kidneys Increases potassium level Swollen face, tongue, throat (get medical help immediately)		
Type: Aldosterone Antago	nists			
Aldosterone (Spironolactone Eplerenone (Inspra)	Raises potassium level Breast tenderness and enlargement			
Type: Angiotensin II Recep	tor Blockers (ARBs)			
Azilsartan (Edarbi) Candesartan (Atacand) Eprosartan (Teveten) Irbesartan (Avapro) Losartan (Cozaar)	Olmesartan (Benicar) Telmisartan (Micardis) Valsartan (Diovan)	Lowers blood pressure Dizziness Problems with kidneys Increases potassium		
Type: Angiotensin Recepto	or-Neprilysin Inhibitor (ARNI)			
Sacubitril/Valsartan (Entrest	Lowers blood pressure Increases potassium level Problems with kidneys Dizziness			
Type: Beta Blockers				
Bisoprolol (Zebeta) Carvedilol (Coreg) Metoprolol (Lopressor, Toprol XL)		Feeling tired Dizziness Lowers blood pressure Masks low blood sugar Possibly worsens asthma symptoms		

EXAMPLES OF MEDIC	INES	POSSIBLE SIDE EFFECTS
Type: Calcium Chann	nel Blockers	
Amlodipine (Norvasc) Diltiazem (Cardizem) Felodipine (Plendil)	Nifedipine (Adalat, Procardia) Nisoldipine (Sular)Verapamil (Calan, Verelan)	Lowers blood pressure Swelling in legs, ankles and feet Constipation
Type: Digitalis		
Digoxin (Lanoxin, Digi	Blurred or colored vision Nausea or vomiting Abnormal heart rhythm	
Type: Diuretics (Fluid	d Pills)	
Bumetanide (Bumex) Chlorothiazide (Diuril) Chlorthalidone (Hygroton)	Furosemide (Lasix) Hydro-chlorothiazide (Hydrodiuril) Metolazone (Zaroxolyn) Torsemide (Demadex)	Lowers blood pressure Dizziness Decreases potassium and magnesium levels Dehydration
Type: Hydralazine ar	nd Nitrate	
Hydralazine/Isosorbide Dinitrate (Bidil) Hydralazine (Apresoline) Dizziness Isosorbide Dinitrate (Isordil) Lowers blood pressure Isosorbide Mononitrate (Imdur) Nausea		
Type: Potassium or N	Magnesium Supplements	
Potassium chloride (K Magnesium Oxide	Dur, Klor-con)	Raises potassium or magnesium levels Magnesium may cause diarrhea
Type: SGLT2-Inhibito	rs	
Dapagliflozin (Farxiga) Empagliflozin (Jardian Canagliflozin (Invokan Ertugliflozin (Steglatro	ce) a)	Urinary tract infection Increased urine output Nausea Problems with kidneys

HOW TO TAKE YOUR MEDICINES

Heart failure can be controlled with medicine. Taking your medicine will help your heart work better and can make you feel better and live longer.

- Take each of your medicines, everyday, at the right times.
- Do not skip doses of your medicines, even when you feel good.
- If you think you are having side effects from your medicines, call your healthcare provider or pharmacist immediately.
- Leave a message with your provider if you can't speak directly with nurse or provider.
- Use MyChart to leave a message, ask a question, or schedule a virtual appointment.

- Have all of your medicines filled at the same pharmacy. It is helpful to have one pharmacist review all of your medicines to avoid drug interactions that could be harmful to you.
- If you are having trouble paying for your medicine, talk with your healthcare provider.
- Talk to your pharmacist about current medicines you are taking before purchasing any over the counter drugs, especially for pain or for cold & flu symptoms.



TAKE ALL YOUR MEDICINE

Think of a way to take your medicines that will help you remember how and when to take them.



Keep a list of your medicines with instructions for how many pills to take and when to take them.



Keep your medicine bottles in a safe, convenient place that makes it easy for you to remember to take them.



Some people use a pill box to put their medicines in for each day of the week. Fill the box on Sunday, then you will know each day if you have taken all of your medicine.



If you are going to be away from home when your medicine is due, take your medicine with you.



When you travel, bring your medicine containers with you to identify what medicines you are carrying.



When you are traveling by plane, do not pack all of your medicines in your checked bags.



Ask your pharmacy to automatically refill your medications.



Bring your current medicine list each time you go to your healthcare provider.

- Be sure you have included any over-the-counter medicines, herbal medicines or dietary supplements you are taking.
- Avoid non-steroidal anti-inflammatory drugs (NSAIDs) as they may worsen fluid retention. Examples: Advil®, Aleve®, Ibuprofen, Motrin®, Naproxen
- Make sure you always have enough of your medicines.
- When your healthcare provider changes your medicines, ask for an updated medicine list before you leave your visit.
- When the label says "NO refills" or "Refills: 0", you can request refills by phone or via Sentara MyChart— call your healthcare provider right away to get more refills.
- Cold & flu remedies contain hidden salt and NSAIDS.

Don't let your medicines run out! Ask about Auto refills.







WHOLE GRAINS



Consume Less Than



(2,000 MG) of Sodium a day

including sodium found in packaged or prepared foods.

HOW TO EAT LESS SODIUM (SALT)

- Salt is also called "sodium" and is found in many foods.
- Most foods you eat have salt even if you can't see or taste it.
- Salt acts like a sponge and makes the body hold water.
- Eating too much salt can cause your weight to go up and cause swelling in your feet, ankles, legs or belly and make it hard to breathe.
- It is recommended that you limit your salt intake to less than 2,000 mg/day. Ask your healthcare provider what amount is right for you.
- Ask your healthcare provider about salt substitutes.

HOW TO EAT LESS SODIUM (SALT)

Tips For Eating Out

You can more easily control sodium and fat in your food when you cook at home. Dining out can be more challenging. Follow these simple suggestions, and you can still enjoy restaurant dining occasionally.

- Request food to be prepared without salt.
- Ask for sauce, salad dressing and gravy to be served on the side so you can control the amount to use.
- Ask for meat and fish to be broiled without seasoning.
- Bring your own salt-free seasoning.
- Recognize words that indicate high-sodium content: marinated, pickled, smoked, au jus, teriyaki, soy sauce, broth, gravy.
- Watch portion sizes ask for half of your meal to be boxed up to take home with you.



Tips on How to Eat Less Sodium (Salt) Away from Home

- Ask for food cooked with no salt.
- Stay away from butter, cheese, or sauces.
- Stay away from fried foods.
- Choose grilled, baked, broiled or steamed foods.
- Choose oil and vinegar salad dressing.
- Limit fast food items or choose items with less sodium.
- Stay away from bacon, sausage, or ham.



Tips on How to Eat Less Sodium (Salt) at Home

- Don't add salt to food when you cook or eat. Take the salt shaker off the table.
- Season foods with herbs and seasonings that do not have salt.
- Make your own or choose low sodium soups, sauces, salad dressings, breads, and desserts.
- Stay away from "instant foods" that come in a bag or a box.
- Rinse canned foods before cooking.
- What Salt Goal is recommended by your provider?
- Limit each meal to 1/3 of your total allowed salt goal.

Good Food Choices

- Fresh or frozen fruits without added salt or sugar
- Fresh or frozen vegetables without sauces, added salt or gravies
- Fresh or frozen leafy greens without sauces – spinach, kale, turnip tops
- Fresh lean meats Check the package label for the sodium content per serving
- Low-sodium cheeses
- Unsalted nuts and seeds
- Eggs and egg substitutes
- Dried beans
- Whole grains brown rice, barley, quinoa, oats

Foods to Avoid

- Canned vegetables, meets, spreads, even those labeled "no salt added" as these have potassium, which can be harmful to patients with heart failure
- Frozen dinners, snacks, vegetables with sauces
- Prepackaged snacks and foods
- Instant cooking foods (just add hot water)
- Mixes cornbread, biscuits, cakes, puddings
- Deli or lunch meats bologna, ham, turkey
- Curator smoked meats sausage, corn beef, hot dogs, bacon
- Canned meats or spreads
- Processed cheeses and cheeses containing more than 140 mg of sodium per serving
- Condiments mustard, ketchup, salad dressings
- High sodium seasonings bouillon cubes or granules, meat tenderizer, garlic salt, celery salt, onion salt
- Prepared sauces Worcestershire sauce, soy, barbecue, steak, pizza or spaghetti, cheese sauces
- Dried fruits prepared with sodiumcontaining additives

Seasoning Without Salt

Many herbs and spices do not contain salt and deliciously season foods. Here are some suggestions:

- **Beef:** bay leaf, dry mustard, green pepper, margarine, fresh mushrooms, nutmeg, onion, pepper, sage, thyme
- Chicken: green pepper, lemon juice, margarine, fresh mushrooms, paprika, parsley, sage, thyme
- Fish: bay leaf, curry powder, dry mustard, green pepper, lemon juice, paprika
- **Lamb:** curry powder, garlic, mint, mint jelly, pineapple, rosemary
 - Pork: apple, apple sauce, garlic, onion, sage
 - **Veal:** apricot, cinnamon, cloves, ginger
 - Eggs: dill, dry mustard, garlic, green pepper, onion, pepper, parsley, rosemary, tarragon
 - Pasta: basal, caraway seed, garlic, oregano, poppyseed
 - **Rice:** chives, green pepper, saffron, onion
 - Vegetables: garlic, lemon juice, onion, vinegar, dill, ginger, marjoram, nutmeg
 - **Potatoes:** green pepper, garlic, onion, paprika, parsley, mace
- Squash: cinnamon, nutmeg, mace, ginger
- Desserts: allspice, anise, cinnamon, cloves, ginger, mace, nutmeg, vanilla extract, other extracts

When cooking with herbs and spices, remember that the flavors become stronger over time. You may not taste the flavor you want immediately. Let the flavor of the spices develop before adding more. A little goes a long way.



READING A FOOD LABEL

Step 1:

Look at serving size.

Step 2:

Look at calories per serving.

Step 3:

Look at the sodium (salt) per serving. Choose foods with less than 140 mg sodium per serving.

Look at ingredients for artificial sweeteners, high fructose corn syrup and others.

Nutrition Facts Serving Size 1 cup (110g)

Servings Per Container About 6

Amount Per Serving	
Calories 250	Calories from Fat 30
	% Daily Value*
Total Fat 7g	11%
Saturated Fat 3g	16%
Trans Fat 0g	
Cholesterol 4mg	2%
Sodium 300mg	13%
Total Carbohydra	ate 30g 10%
Dietary Fiber 3g	14%
Sugars 2g	
Protein 5g	
Vitamin A	7%
Vitamin C	15%

32% Iron * Percent Daily Values are based on a 2,000 calorie diet. Your daily value may be higher or lower depending on your calorie needs.

Calcium

20%

	Calories:	2,000	2,500
Total Fat	Less than	55g	75g
Saturated Fat	Less than	10g	12g
Cholesterol	Less than	1,500mg	1,700mg
Total Carbohydrate		250mg	300mg
Dietary Fiber		22mg	31mg



EXERCISING WITH HEART FAILURE

- Being active is one of the best things you can do.
- Talk to your healthcare provider before beginning your exercise program.
- Ask your physician if cardiac rehab is right for you.
- Your body needs time to get used to being more active. You will notice that it will get easier and you will be able to do more.
- Don't be afraid to ask your healthcare provider when it is safe to resume sexual activity. Typically, your healthcare provider will want to know if you can climb two flights of stairs comfortably or walk three blocks at a brisk pace before you can have sex safely.

WALKING PROGRAM TIMELINE - BEGIN WALKING 2ND DAY HOME

Track your progress





WEEK#	ONE	TWO
Walk Time	5-10 minutes	10-15 minutes
Frequency	5 times a day	3-4 times a day

Exercising will get easier. Here are some steps for doing more:

- Start slowly. Only do what is comfortable for you.
- Do some activity that makes your heart beat a little faster for 10 minutes. Try to do this most days of the week.
- After a couple of weeks, add 5 minutes to your exercising time. Continue to add 5
- minutes until you can exercise for 30 minutes at a time.
- Stop if you feel chest pain, dizziness, or have severe shortness of breath.
- Don't forget to do cool down exercises at the end of your exercising.

IMPACT OF OTHER DISEASES ON HEART FAILURE

Atrial Fibrillation (Afib)

Atrial fibrillation (Afib) is an irregular heart beat. Especially when the heartbeat is too fast, the heart does not fill up with blood effectively to pump it out to the body. When the heart does not pump effectively, heart failure symptoms are likely to develop.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) is a chronic inflammatory lung disease that causes reduced airflow in the lungs. When the heart and kidneys receive low oxygen levels, blood and fluid back up and cause shortness of breath. COPD can worsen heart failure symptoms.

Sleep Apnea

Sleep apnea is when breathing stops briefly or becomes very shallow while sleeping. This reduces the flow of oxygen to organs, which makes the heart work harder. Untreated, this can lead to many heart problems including heart failure, high blood pressure, and atrial fibrillation. Symptoms include snoring, feeling unrested after sleep, or waking up suddenly feeling like you are gasping or choking. Sleep apnea is serious and should not be ignored. A sleep study is performed to diagnose sleep apnea. The most common treatment is positive airway pressure therapy, such as CPAP or BiPAP. However, there are other options. Talk with your healthcare team to discuss the best treatment option for you.



THREE	FOUR	FIVE	SIX
15 minutes	20 minutes	25 minutes	30 minutes
2-3 times a day	1-2 times a day	1 time a day	1 time a day

Diabetes Mellitus

Diabetes is a disease that affects your body's ability to produce or use insulin. Hyperglycemia, or high blood sugar, causes tissue inflammation that injures blood vessels and nerves. This limits blood flow and can weaken the heart, kidneys, and other organs. This is why having diabetes increases the risk of heart disease and stroke. It is important that people with diabetes maintain normal blood glucose levels to slow the development of heart disease. Medications and lifestyle changes, such as diet and exercise, are often needed to control blood glucose levels. Talk with your healthcare team about speaking with a diabetes specialist, consultant or educator.

Kidney Disease

Acute Kidney Injury (AKI) is a new decrease in kidney function and Chronic Kidney

Disease (CKD) is the progressive loss of kidney function. The job of the kidneys is to filter waste and excess fluids from the body, which is removed either by urine or dialysis. The heart and kidneys work together to maintain a fluid and electrolyte balance within the body. However, keeping this balance is a struggle with both heart failure and kidney disease. With kidney disease, the kidney releases stress hormones that cause the body to hold onto salt and extra fluid. The extra fluid puts more stress on the heart and the kidneys, which worsens blood flow circulation.

Some medications can worsen kidney function and interfere with your diuretics (water pills) from working. You may have a nephrologist to monitor your kidney function as well as a cardiologist to monitor your heart.



IMPACT OF HEART FAILURE (HF)

Heart failure, in most cases, is a chronic disease that often worsens over time. You play an important role in the slowing or speeding up the disease process. "HF exacerbation" occurs when symptoms are so severe that hospitalization is required. Each time you experience an HF exacerbation, your heart becomes even weaker. Your healthcare team is dedicated to teaching identification, treatment and management of HF symptoms to help you prevent your heart from becoming weaker.

ADVANCE CARE PLAN

With any chronic disease, it is a good idea to complete an advance care plan. An advance care plan allows you to clearly state your medical wishes. Think about what type of treatment you would want, or not want, if you couldn't speak for yourself due to a serious decline in your health. For example, would you want a breathing tube if you weren't able to breathe well on your own? Would you want chest compressions if your heart stopped? Your healthcare team wants to follow your wishes, so if you have medical preferences, please let us know! Preparing an advance care plan can help reduce stress for yourself, your caregivers, and loved ones. Request to speak with an Advance Care Plan Facilitator to learn more or to receive help with completing an advance care plan.

WHAT IS AN ADVANCED DIRECTIVE?

An advance directive is a legal document that allows you to clearly state your medical wishes. Think about what type of treatment you would want, or not want, if you couldn't speak for yourself due to a serious decline in your health. For example, would you want a breathing tube (intubation) if you weren't able to breathe well on your own? Would you want chest compressions (CPR) if your heart stopped?

Every patient has the right to make their own decisions. You also have the right to refuse treatment, medications, or procedures. Preparing an advance directive can help reduce stress for yourself, your caregivers, and loved ones. The advanced directive allows you to appoint an agent or medical proxy to make decisions for you when you are not able to. You will be able to indicate which treatments you would like to have and at what point to stop life-prolonging treatments such as tube feedings, dialysis, ventilator (breathing machine), and/or CPR.

WHAT IS PALLIATIVE CARE?

Palliative care is specialized medical care for people living with a serious, chronic disease such as heart failure. This type of care focuses on providing symptom relief and the stress of the illness. The goal is to improve quality of life for both you and your caregiver(s) and in some cases help to prevent hospital admissions. A specially trained team will work together with your providers to create an extra layer of support and improve quality of life. They are experts in management of complex physical and emotional symptoms including pain, depression, anxiety, fatigue, shortness of breath, constipation, nausea, loss of appetite and difficulty sleeping. Studies show that palliative care improves quality of life.

WHAT IS HOSPICE CARE?

Hospice is a type of care that focuses on controlling symptoms when medical treatments fail. Hospice is recommended when life expectancy is six months or less. The hope is to provide patients with more comfort at the end of their life by focusing on quality of life. Hospice providers focus on the same symptoms as the palliative team.

Palliative care can be provided separately from hospice care while patients are still receiving treatment for heart failure. Once the treatment is no longer helping and your provider recommends hospice, a patient can make the change if they choose to do so. Both palliative and hospice care takes into consideration how heart failure affects the whole person. Hospice can be provided in the home, extended-care facility or at an inpatient hospice facility. The hospice team coordinates and supervises your care. There will always be someone available by phone to assist when needed.

THINK POSITIVE THOUGHTS

It is normal to feel sad, overwhelmed, down in the dumps or nervous at times. Some medicines can affect your mood. If you feel this way, talk with your healthcare provider.

- Take one day at a time.
- Be grateful.
- Be kind.
- Focus on the things you can do. These may include enjoying a hobby, taking time to meditate, praying, or spending time with the people you care about.
- Get enough rest and try to lessen the stress in your life.
- Enjoy your family and pets.
- Stay active and have fun with your friends.
- Consider joining a support group.



HEART FAILURE AND DEPRESSION

It is not uncommon for people with a chronic disease to experience depression at some point. Heart failure patients who are depressed have a four times higher risk of dying and double the risk of being hospitalized than those who are not depressed.

Some of the physical changes you will experience over the course of your disease are breathlessness, weight loss or gain, sleeplessness and decreased energy. These changes may cause you to experience feelings of loss and can lead to clinical depression.

Signs of Depression

- Fatigue, lethargy, or lack of motivation
- Memory loss
- Difficulty concentrating or making decisions
- Feeling irritable or angry towards others
- Crying a lot and feeling sad for weeks at a time
- Changes in sleep patterns

- · Feeling guilt or worthlessness
- Being overly sensitive to criticism
- Increased or decreased appetite
- Inability to enjoy yourself or find humor in things
- Feeling hopeless or suicidal

If you think you may be depressed or are experiencing symptoms of depression, please contact your healthcare provider. If you are having feelings of harming yourself, call 911 right away.

THINK SAFETY



Look around your house for anything you may trip on or over, such as rugs, cables or cords.



Use a walker or a cane if you are unsteady.



Write down your questions to make the most out of your next doctor appointment.



Get your pneumonia vaccine and your yearly flu vaccine.

Stay current with COVID-19 Vaccine recommendations.



Place your weight scale on a flat and even surface.



Install grab rails in bathing areas or slippery outdoor spaces.



Plan ahead with your pharmacy for medication refills.



Keep your medications in a safe, but easily accessible, place.

MY ACTION PLAN

I have received Heart Failure education I can understand.
I have a clear explanation of my diagnosis of Heart Failure.
I have reviewed my medicines and know when and how to take them.
I have chosen a preferred pharmacy near my home.
I understand the importance of and how to weigh myself, and the connection to the amount of fluid and salt I consume daily.
I understand the importance of and how to check for swelling, and signs of fluid overload.
I have the tools I need to track the salt I eat.
I have the tools I need to measure the amount of fluids I drink in a day.
I have an exercise plan recommended by my doctor.
I have a weight scale to measure and monitor my weight each day.
I have a follow-up appointment scheduled with my healthcare provider.

IMPORTANT QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER

1. What is my target weight range?	
2. What is my target blood pressure?	
3. What is my target daily fluid total?	
4. What is my target heart rate?	
5. What is my target sodium level?	
6. What is my target cholesterol level?	
NOTES	

MY WEIGHT LOG

DATE	WEIGHT	CHANGE + /-	TOTAL SALT	TOTAL FLUID

WEIGH YOURSELF EVERY DAY

It is important to monitor your weight. Ask your healthcare provider what your target weight should be.

My Target Weight:

Weigh yourself first thing every morning:

- at the same time
- after you empty your bladder
- · before you eat
- use the weight log provided or a calendar to write your weight down every day

HELPFUL HINTS

Wear same or similar clothes and use the same scale.

Call your healthcare provider if you gain 3 or more pounds in 1 day or 5 pounds in 1 week.

Don't forget to keep a weight log!



KNOW YOUR HEART FAILURE ZONES

Knowing your zones help you know when to ask for help.

DOING DAILY CHECKS HELP YOU MONITOR WHAT ZONE YOU ARE IN AND WHAT STEPS YOU SHOULD TAKE DEPENDING ON WHAT ZONE YOU ARE IN.

CALL YOUR HEALTHCARE PROVIDER IF YOU:

- are in the yellow zone
- have been to the emergency room
- · have been hospitalized

CALL 911 IF YOU ARE IN THE RED ZONE.

Call 9-1-1

Do not drive to the emergency room

HEART FAILURE ZONES — KNOW YOUR ZONE EVERY DAY

Daily Check:



- Weigh yourself first thing every morning after you empty your bladder and write it down
- Take your medicine
- Check for swelling in feet, ankles, legs and belly
- Eat a low sodium diet less than 2,000 mg each day
- Balance activity and rest periods
- Don't smoke and limit alcohol intake



Your symptoms are under control if you have:

- No shortness of breath
- No weight gain more than 2 pounds in 1 day
- No swelling of your feet/ankles/legs/belly
- No decrease in ability to maintain activity level
- No chest pain



Call your healthcare provider (#_____) if you have:

Weight gain (> 3 lbs/day OR > 5lbs/week)

- Orthopnea (Difficulty breathing while laying down; may need to sleep in a recliner or with extra pillows)
- R esting more than usual
- S hortness of breath (with or without activity)
- **E** dema (swelling in lower legs, abdomen and/or scrotum)
- N on-productive cough (not always a cold, this could be fluid backing up into your lungs)



Call 911 if you have any of the following:

- Struggling to breathe, more shortness of breath while resting
- Chest pain
- · Confused or can't think clearly
- Call 911 and get to the Emergency Room. Do NOT drive yourself!

HEART FAILURE

MOBILE RESOURCES



) Available in Google Play™



Medley For Heart Failure



Heart Failure Guide



Hello Heart



Available in the App Store®



Heart Failure Storylines



Heart Failure Manager



Heart Failure Log



Inclusion of a resource in this brochure does not imply endorsement by Sentara Healthcare. The material contained in this publication is not intended to be medical advice on any particular matter. Readers should seek appropriate professional advice before acting on the basis of any information contained in these programs. This information is courtesy of Sentara Healthcare. For more information, contact the Community Health and Prevention office at 1-833-484-0044 or visit www.sentara.com/tobaccocessation.

Atención: si habla español, tiene a su disposición servicios lingüísticos gratuitos. Llame al 844-809-6648.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-809-6648 번으로 전화해 주십시오.

注意:如果您讲中文普通话,则将为您提供免费的语言辅助服务。请致电 844-809-6648。

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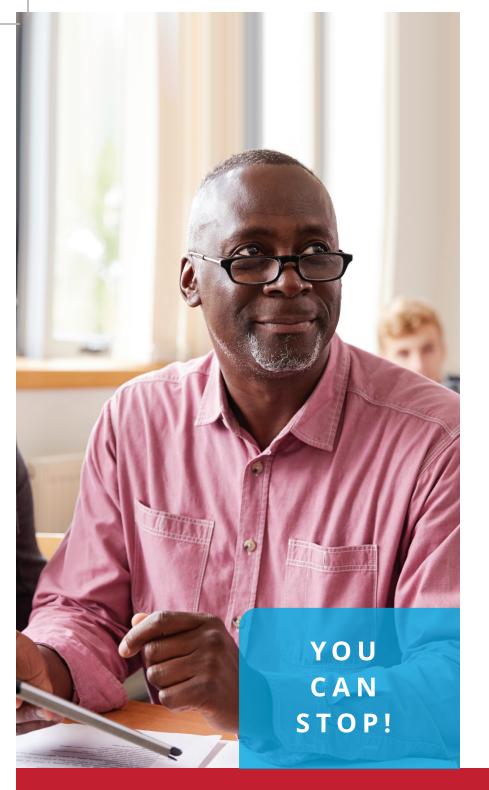
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TOBACCO CESSATION

RESOURCE GUIDE







WHEN YOU DECIDE TO QUIT USING TOBACCO, THERE ARE MANY RESOURCES AVAILABLE TO HELP YOU QUIT — FOR GOOD.

This resource guide contains tobacco cessation programs available to residents of Virginia and North Carolina. Whether you prefer a self-paced program, a support group setting or a more private approach, there is a method that can work for you. This guide lists group programs, individual programs, web-based programs and other valuable resources. Some programs have fees associated with them. Contact the program you are interested in to find out more information.

Remember, your physician/provider is an excellent source of information and guidance regarding tobacco cessation.

GROUP PROGRAMS

Sentara Healthcare

Health and Preventative Services

4417 Corporation Lane
Virginia Beach, VA 23462 | (757) 552-7534
Free Community Classes for residents of
Hampton Roads are provided at various
locations throughout the year.

Peninsula

Smokeless Program

Riverside Wellness & Fitness Center 12650 Jefferson Avenue Newport News, VA 23602 | (757) 875-7533

Quit Smart Program

Naomi Goldblum Ph.D. Clinical Associates of Tidewater 12695 McManus Boulevard, Bldg. #8 Newport News, VA 23692 | (757) 877-7700 quitsmart.com

Sentara Williamsburg Regional Medical Center

100 Sentara Circle Williamsburg, VA 23188 (757) 984-7112 or (757) 984-7242

Richmond

Sentara Health and Preventative Services

1604 Santa Rosa Road, Suite 100 Richmond, VA 23229 | (804) 510-7406

Quit Smart Program

Susan Cooke, M.S. Farmville, Powhatan, Amelia and Chesterfield, VA | (804) 363-9198

INDIVIDUAL PROGRAMS

Sentara Healthcare

"Get Off Your Butt: Stay Smokeless for Life"

Sentara Health and Preventive Services sentara.com/tobaccocessation Self Study Program

National Quitline Network

1-800-QUIT-NOW | 1-800-784-8669

Charolottesville

Region TEN CSB

500 Old Lynchburg Rd. Charlottesville, VA 22903 | 1-434-972-1829

Thomas Jefferson Health District

1138 Rose Hill Drive Charlottesville, VA 22903 | (434) 296-5525

Chesapeake

Sentara Intercoastal Family Practice

633 Battlefield Blvd. S., Suite 300 Chesapeake, VA 23322 | (757) 233-4700

Nicotine Anonymous

Great Bridge United Methodist Church 201 Stadium Dr. Chesapeake, VA 23322 | (757) 482-1049

Tidewater Family Medical Care PC

516 Innovation Dr., Suite 103 Chesapeake, VA 23320 | (757) 495-0606

Hampton

Sentara Careplex Hospital

3000 Coliseum Drive Hampton, VA 23666 | (757) 827-2415

INDIVIDUAL PROGRAMS

Harrisonburg

Norfolk

North Carolina

Peninsula

Sentara RMH Medical Center

Erica Rollins, Health Education and Awareness Coordinator Harrisonburg, VA 22801 (540) 433-4421

Sentara Family Medicine Physicians

301 Riverview Avenue, Suite 810 Norfolk, VA 23510 | (757) 252-9150

Sentara Internal Medicine

850 Kempsville Road, Suite 200-A Norfolk, VA 23502 | (757) 252-9010

Sentara Albemarle Medical Center

1144 N Road Street Elizabeth City, NC 27909 | (252) 384-4665

Clinical Associates of Tidewater

12695 McManus Blvd., Building #8 Newport News, VA 23692 (757) 877-7700

EVMS Portsmouth Family Medicine

600 Crawford St., Suite 300 Portsmouth, VA | (757) 397-6344

INDIVIDUAL PROGRAMS

Roanoke

Carilion Clinic - Community Health & Outreach

Be A Quitter Program 3 Riverside Circle, Roanoke, VA 24016 carilionclinic.org/community-health-outreach (540) 266-6000 or 1-800-422-8482

Norfolk

Virginia Beach

Sentara Family Medicine Physicians

301 Riverview Avenue, Suite 810 Norfolk, VA 23510 | (757) 252-9150

Sentara Internal Medicine

850 Kempsville Road, Suite 200-A Norfolk, VA 23502 | (757) 252-9010

Awakenings Counseling Center 1008 Old Virginia Beach Rd.

Virginia Beach, VA 23451 | (757) 422-2118 awakeningscounseling.com

Blackwood Family Medicine Center

1201 Lake James Dr., Suite 200 Virginia Beach, VA 23464 | (757) 523-0022

Clayton Hypnosis Clinic

C.L. Clayton, PsyD, CDH, CHt 2405 Keaton Ct., Virginia Beach, VA 23456 info@claytonhypnosisclinic.com (757) 471-7002

Smoking Cessation Websites

WEB-BASED PROGRAMS

Stop Smoking Center

stopsmokingcenter.net

Try to Stop

trytostop.org

Become an Ex

becomeanex.org

Smoking Cessation Center

webmd.com/smoking-cessation

Committed Quitters

quit.com

Freedom from Smoking Online

lungusa.org | ffsonline.org

Quit Net

quitnet.com

Smoke Free

smokefree.gov

Healthline

healthline.com

Nicotine Anonymous

nicotine-anonymous.org

National African American Tobacco Prevention Network

naatpn.org

Quit Now

quitnow.net/Virginia

WEB-BASED PROGRAMS

Action on Smoking and Health ash.org

asi1.0

Related Links

Navy Environmental Health Center, Tobacco Cessation Program

med.navy.mil/sites/nmcphc/health-promotion/tobacco-free-living/Pages/tobacco-free-living.aspx

National Center for Tobacco-Free Kids

tobaccofreekids.org

WebMD Health

webmd.com

Materials

American Cancer Society

cancer.org

American Lung Association

lungusa.org

American Heart Association

americanheart.org

National Toll-Free Quitlines

National Quitline Network

1-800-QUIT NOW | 1-800-784-8669

Cancer Information Service

1-800-4 CANCER | 1-800-422-6237

National Cancer Institute Quitline

1-877-448-7848



If formal programs are not available in your area or do not appeal to you—ask your doctor for help in quitting. Your health care provider can assist you in developing a plan especially suited to your particular needs.

Studies have shown that the following five steps will help you quit and quit for good. You have the best chances of quitting if you use them together.

1 | Get Ready

Set a date, get rid of ashtrays and tobacco products, review past attempts to quit, and once you quit don't take even one puff or dip!

2 | Get Support

You have a better chance of success if you have help. You can get support from family, friends, coworkers, your health care provider, a counselor, or a support group (such as Nicotine Anonymous).

3 | Learn New Skills and Behaviors

Distract yourself, change your routine, use stress reduction techniques, drink a lot of water, do abdominal breathing, etc. In addition to formal classes, there are many self-help materials available at low or no cost and many online resources exist that can help.

4 | Get and Use Medication

There are medications approved by the FDA that can help you: Nicotine replacement products (gum, patch, lozenge, nasal spray & inhaler) and non-nicotine products such as Welbutrin SR and Chantix. Ask your health care provider for advice and carefully read the package information. All of these medications will improve your chances of successfully quitting.

If you are pregnant, nursing, under age 18, smoking less than 10 cigarettes a day, or have a medical condition, talk to your health care provider before taking medications.

5 | Prepare for Relapse

Most relapses occur within the first 3 months. Don't be discouraged-most people try several times before they finally quit. Typical difficult situations to watch out for: other smokers, drinking alcohol, weight gain, bad mood or depression. Talk to your health care provider if you have problems with any of these.



MYHEALTH LOG & MEDICINE LIST



Allergies:	
Healthcare Providers	s:
Name	Phone Number
Pharmacy Information	on:
Emergency Contact:	

Notes:			

How to use this list:

Please carry this booklet with you at all times and remember to bring this to all your medical appointments.

Instructions for Medicine List:

- Update and change this list as your medicines or dosages are changed.
- Show this list to your healthcare providers and pharmacist with each visit or when admitted to the hospital.
- Include vitamins, herbs and over the counter medicines.
- If you have any questions about your medicines contact your healthcare provider or pharmacist.
- If you have difficulty buying or getting your medicines, check with your healthcare provider.
- Be sure to not run out of your medicines.

MY MEDICINE LIST

My Medicine List

Medicines	Taken For	Dose

Remember to fill your prescription. Include your over the counter medicines.

	,	
Frequency	Times Taken	Date Stopped

My Medicine List

Medicines	Taken For	Dose

Remember to fill your prescription. Include your over the counter medicines.

	,	
Frequency	Times Taken	Date Stopped

My Medicine List

Medicines	Taken For	Dose

Remember to fill your prescription. Include your over the counter medicines.

	,	
Frequency	Times Taken	Date Stopped

My Medicine List

Medicines	Taken For	Dose

Remember to fill your prescription. Include your over the counter medicines.

include your over the counter medicines.			
Frequency	Times Taken	Date Stopped	

My Medicine List

Medicines	Taken For	Dose

Remember to fill your prescription. Include your over the counter medicines.

include your over the counter medicines.			
Frequency	Times Taken	Date Stopped	

Notes:

MYHEALTH LOG

MONTH:

Sunday	Monday	Tuesday	Wedn es

Please use this calendar to record things such as weight, blood pressure, lab results or appointments.

n esday	Thursday	Friday	Saturday

MONTH:

Sunday	Monday	Tuesday	Wedn es

Please use this calendar to record things such as weight, blood pressure, lab results or appointments.

n esday	Thursday	Friday	Saturday

MONTH:

Sunday	Monday	Tuesday	Wedn es

Please use this calendar to record things such as weight, blood pressure, lab results or appointments.

n esday	Thursday	Friday	Saturday

THIS BOOK BELONGS TO:

Name:

Phone Number:





Visit these sites if you would like more information about staying healthy with heart failure.

Sentara Health

www.sentara.com/heartfailure

American Heart Association www.heart.org

National Institutes of Health

www.nhlbi.nih.gov/health/heart-failure www.healthyeating.nhlbi.nih.gov www.www.nhlbi.nih.gov/health-topics/allpublications-and-resources/getting-started-dash

U.S. Department of Agriculture Food and Nutrition Information Center

myplate-prod.azureedge.us/sites/default/files/cookbooks/HealthyEatingonaBudgetCookbook_0.pdf

U.S. Department of Health & Human Services Office of Disease Prevention and Health Promotion

www.health.gov

National Library of Medicine

www.nlm.nih.gov/medlineplus/healthtopics.html

Heart Failure Online

www.heartfailure.org, also available in Spanish

CardioSmart created by the American College of Cardiology

www.cardiosmart.org

PAN Foundation

www.panfoundation.org

My Plate: https://www.myplate.gov

Help with Medications:

Good Rx: https://www.goodrx.com

Novartis: https://www.scbn.org



sentara.com/heartfailure

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