

HEART FAILURE ZONES

<h2>Every Day</h2>	<ul style="list-style-type: none"> • Weigh yourself before breakfast. Compare today's weight with your <i>dry weight</i>. My dry weight is _____ lbs. Dry weight is your weight when you do not have extra fluid in your body. <u>Make sure you know your dry weight.</u> Your dry weight is your weight on the first day you are home from the hospital or the weight your healthcare provider tells you. • Take ALL medications as prescribed. • Check for swelling in your feet, ankles, legs and stomach. • Do not go over your daily sodium limit. <p>My sodium limit is _____ mg/day. If your healthcare provider did not give you a sodium limit, do not have more than 2,500 mg of sodium per day.</p> <ul style="list-style-type: none"> • Be active and exercise every day.
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Which zone are you in today? Green, Yellow or Red?

<h2>Green Zone</h2>	<p>ALL CLEAR – This zone is your goal. You do not have symptoms or they are mild. You have:</p> <ul style="list-style-type: none"> • No new or worsening: <ul style="list-style-type: none"> • Shortness of breath • Swelling in your feet, ankles, legs or stomach • Fatigue/feeling tired • Stable weight (weight is within 4 pounds of your dry weight)
<h2>Yellow Zone</h2>	<p>CAUTION – This zone is a warning zone. Call your heart failure healthcare provider if you:</p> <ul style="list-style-type: none"> • Gain or lose 4 or more pounds from your dry weight • Have new or worsening symptoms, such as: <ul style="list-style-type: none"> • Shortness of breath when active or at night when lying down • Swollen feet, ankles, legs or stomach • Feeling more tired than usual • Feeling dizzy for more than a minute • Need to urinate more often at night • Dry cough • Feel uneasy and know something is not right • Are less hungry than usual <p>Healthcare provider to call: _____</p>
<h2>Red Zone</h2>	<p>EMERGENCY Call 911 or have someone drive you to the nearest emergency room if you:</p> <ul style="list-style-type: none"> • Struggle to breathe or are short of breath when sitting still • Have chest pain that is new or gets worse • Are confused or cannot think clearly

It is important to have an office visit in one week (7 days) after you leave the hospital, *even if you feel well.*

My appointment: Date: _____ Time: _____

IMPORTANT PHONE NUMBERS

Facility	Main	Heart Failure Center/ Chronic Care Clinic
Akron General Medical Center	330.344.6000	330.344.4243
Ashtabula County Medical Center	440.997.2262	Cardiac Services 440.997.6614
Cleveland Clinic Main Campus	216.444.2200	216.444.8155
Euclid Hospital	216.531.9000	Cardiopulmonary Dept. 216.692.8730
Fairview Hospital	216.476.7310	216.476.7932
Hillcrest Hospital	440.312.4500	440.312.4659
Lutheran Hospital	216.696.4300	216.363.5757
Marymount Hospital	216.581.0500	216.584.4344
Medina Hospital	330.725.1000	330.721.5373
SouthPointe Hospital	216.491.6000	216.491.7942
Stephanie Tubbs Jones Health Center	216.767.4242	216.767.4294
Cleveland Clinic Florida-Weston	954.659.5290 Choose Option 3	
Cleveland Clinic Connected Care (home care, hospice, home visits and other services)	216.444.4663	



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