

Heart Care Zone Tool

Everyday	<ul style="list-style-type: none"> • Weigh yourself in the morning before breakfast and write it down on the back of this sheet • Take your medication as prescribed • Eat low salt foods; limit to 2000 mg of salt each day • Look for swelling in your feet, ankles, stomach or hands • Balance your daily activities with rest • Keep track of the amount of fluid you drink each day
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What zone are you in today? **Green, Yellow or Red**

Green Zone This is where you want to be	<ul style="list-style-type: none"> • No shortness of breath or trouble breathing • No weight gain of more than 2 pounds in one day • No swelling in your feet, ankles, stomach or hands • No chest discomfort, heaviness or pain 	If each is true, no action is needed
Yellow Zone Call today	<ul style="list-style-type: none"> • Weight gain of 3 lbs. in one day or 5 lbs. in one week • More swelling of your feet, ankles, stomach or hands • It is harder for you to breathe when lying down and you need to sit up • Chest discomfort, heaviness or pain • You feel more tired or have less energy than normal • New or worsening dizziness • Dry hacky cough • You feel uneasy and you know something is not right 	If your answer is YES to one or more of these, call your doctor's office today.
Red Zone Emergency Area Call 9-1-1	<ul style="list-style-type: none"> • You are struggling to breathe and this does not go away when you sit up • Stronger and more regular amounts of chest discomfort • New confusion or can't think clearly • Fainting or near fainting 	If you have ANY of these symptoms, CALL 9-1-1 IMMEDIATELY

If you smoke, the best thing you can do to help your heart and lungs is quit.
Call Tobacco Quit Line for help in Oregon at 877-270-7867, in Washington at 800 QUIT-NOW.

Patient Log

Name: _____

- Record your weight (Wt) every day
 - Same time (preferably before breakfast)
 - Same clothing
 - Same scale
- If you are able, record your blood pressure (BP) every day
- Record the number of ounces of fluid you drink every day (one glass is about 8 ounces)
- Place a check next to the ZONE you are in every day
- Take this log with you to your doctor appointments

Month	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:
Check → Your ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:
Check → Your ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:
Check → Your ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:	Date: Wt: BP: Fluid:
Check → Your ZONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adapted from United Hospital/Allina Hospitals and Clinics, Minneapolis, Minnesota, USA. IHI Tool & http://improvingchroniccare.org/index.php?p=Critical_Tools&s=162.
Developed as a combined effort among PSVMC, PPMC, PHome Health, PHealth Plan and PMG.