Living with Congestive Heart Failure

Compiled and reviewed by the Regional Cardiac Education Committee, clinical staff and physicians in Providence Health & Services’ Portland Service Area.

This book has been provided to you based on a review of your medical records. It contains helpful information and tips for those who are at risk of developing or who already have heart failure. We hope this book aids your comfort and healing by teaching you how to manage this condition. Your physician and cardiac team are available to assist if you need help or have questions about the appropriateness of this book for you.

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www.providence.org/heart
Don’t forget to ask

Questions for your doctor, nurse and other health care providers

Doctor: Phone:

Next appointment:

Questions:
1. 

2. 

3. 

4. 

5. 

6. 

7. 
This manual was put together specifically for you and your loved ones. It’s normal to feel overwhelmed or anxious when you or a family member is diagnosed with congestive heart failure. Heart failure is a chronic condition. In most cases, it will not disappear. Without proper treatment this condition can worsen. However, we know that with a treatment plan, including medications and lifestyle changes, patients have a significant chance of improvement.

The doctors, nurses, dietitians and other health care professionals who provide you with care all played a role in putting this heart failure guide together. Our goal is to help you manage your heart failure so it interferes as little as possible with your daily life. When it comes to living with heart failure, knowledge is power!
At home: living with congestive heart failure

Medications:

- Your job: right medication, right time, right dose! (see page 5).
- Take your medications at about the same time each day.
- Do not stop or skip doses unless you consult your heart doctor.
- Do not take any supplements or over-the-counter medicines without consulting your heart doctor or pharmacist FIRST.
- Ask questions about anything that is unclear.

Diet:

- Do not add salt to foods as you cook or at the table.
- Read the Nutrition Facts food label to find the sodium content of a food.
- Learn which foods are high in sodium (see page 27) and make healthier, low-sodium choices.
- Limit fluid intake to 2 quarts a day (2 quarts = 8 cups) or as instructed by your physician.

Weight:

- Weigh yourself every day – at the same time of day. Use the same scale each time. Write it down (see page 6).

Call your doctor if you:

- Gain weight – 3 to 5 pounds in one to two days
- Have more swelling or shortness of breath than usual
- Have an upset stomach, vomiting or diarrhea
- Feel dizzy, have a headache or a change in blood pressure from your normal readings
- Have muscle aches or a fever
- Run out of a medication
### Medication list

<table>
<thead>
<tr>
<th>Medication</th>
<th>Morning</th>
<th>Noon</th>
<th>Late Afternoon</th>
<th>Dinner</th>
<th>Bedtime</th>
<th>As Needed</th>
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**Warning:** Check with your doctor or a pharmacist BEFORE taking over-the-counter medications, supplements or herbals.
**Daily weight log**

**Daily weight log for:**

1. Make 12 copies of this blank chart so you have enough for one full year.

2. Weigh yourself every day and write it down.
   - Weigh yourself every morning when you get up. Do this before you eat and after going to the bathroom.
   - Use the same scale. (Place scale on a hard surface – not on a rug.)
   - Wear the same amount of clothing each time you weigh yourself.

3. Call your doctor if you gain a lot of weight – 3 to 5 pounds in one to two days. Your doctor may need to adjust your medications.

4. Bring this daily weight log when you visit your doctor’s office.

   **Month/Year ______________________**

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# Exercise log

**Exercise log for:**

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Activity (example: walking)</th>
<th>Duration (minutes you exercised)</th>
<th>Comments/Symptoms</th>
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Part 1: Living with congestive heart failure

What is heart failure?

Heart failure results when your heart loses its ability to pump enough blood through your body. In most cases, heart failure develops slowly, over a period of years. However, following a severe heart attack or a virus, heart failure can develop very quickly. How serious your condition is depends on how weak your heart becomes – in other words, how much pumping action your heart loses.

Heart failure is a chronic condition. In most cases it will not disappear and it can’t be cured. Taking the right medication at the right time, and paying attention to the foods you eat and how much fluid you drink every day, will help your heart continue to do its job. In most cases, this leads to improved heart function.

What causes heart failure?

The cause of heart failure can be one or more of the factors listed below, or sometimes the cause is unknown.

- A heart attack
- Narrowing or clogging of the heart arteries
- Uncontrolled high blood pressure
- Diseases of the heart valves
- Diseases of the heart muscle
- Infection of the heart valves or muscles
- Defects in the heart that are present at birth
- Irregular heartbeats
- Being overweight
- Having diabetes
- An enlarged heart or a family history of such
- Drinking too much alcohol
- Chronic lung or kidney disease
- Pregnancy
How a healthy heart works

Your heart is a muscle. It has four chambers – two on the left side and two on the right side. The upper chamber on each side, called the atrium, receives and collects blood. The lower chamber on each side, called the ventricle, pumps blood out of the heart. Four valves control the flow of blood within the heart. These valves act like one-way doors. They allow blood to move forward, and they prevent it from backing up into the chamber it came from. The four heart chambers work together to pump blood through your body. As it travels around, blood delivers oxygen and nutrients to cells.

An impaired or damaged heart pumps blood with less force. This causes blood to flow more slowly around the body. It also causes blood to back up into the lungs and/or veins and other body tissues. Over time, your heart may stretch or increase in size as it works harder and harder to pump the blood around your body. As it gets bigger, your heart also becomes weaker.

Blood flow through a healthy heart
A weakened heart cannot pump blood efficiently, so your heart and lungs become bogged down with excess fluid. This makes it difficult for you to breathe, especially at night when lying down. Also, you’ll have less energy or tire more quickly as less oxygen and nutrition are delivered to your muscles and other tissues.

**Early signs of heart failure to watch for include:**

- Fatigue or lack of energy
- Shortness of breath
- Loss of appetite or nausea
- Swelling of feet, ankles, legs or fingers
- Swelling of the abdomen or feeling bloated
- Progressive weight gain from the body holding on to extra fluid (3 to 5 pounds in one to two days)
- Having to urinate more often during the night
- Needing more pillows to sleep

**Later signs of heart failure include:**

- Feeling dizzy or forgetful from too little oxygen-rich blood reaching the brain
- Dark, strong-smelling urine or not being able to urinate as much as normal from kidney problems caused by too little oxygen-rich blood getting to the kidneys
How does my health care provider know I have heart failure?

1. From **problems** that you report, such as being short of breath, feeling more tired than usual or feeling as if you have the flu (“wiped out”)

2. From **heart tests**, which may include:
   - **EKG/ECG** to measure if there has been damage to your heart muscle and to evaluate any abnormal heart rhythm
   - **Chest X-ray** to look for fluid buildup around your heart and lungs and to see if your heart is enlarged
   - **Echocardiogram** to look at the heart valves and to determine how efficiently your heart is pumping
   - **Exercise stress test** to see what your heart does when you exercise. It measures your blood pressure, heart rate and ECG while you walk on a treadmill or pedal a bike.
   - **Nuclear imaging scans** to compare images of your heart at rest with images taken after your heart is stressed (by medicine or by walking on a treadmill)
   - **Cardiac catheterization/angiogram**, which uses contrast (X-ray dye) injected through a catheter to take pictures of your heart and the blood vessels of your heart. (The catheter is put into a blood vessel in your arm or upper leg and guided to your heart.)

3. From **lab tests**:
   - **BNP (B-type natriuretic peptide) blood test**, which is used to diagnose heart failure and measure its severity. Your heart’s pumping chambers make extra BNP, a hormone, when they can’t pump enough blood to meet your body’s needs. A high BNP level means you probably have heart failure. The higher the BNP level at diagnosis, the worse your heart failure is likely to be.
Part 1: Living with heart failure

What is the treatment for heart failure?

Step 1: Figuring out the cause (if possible)

Step 2: Taking medications

Step 3: Changing your lifestyle habits

• Avoiding smoking
• Controlling how much fluid and sodium you consume every day
• Balancing rest and exercise

When it comes to smoking – just say no!

Smoking reduces the amount of oxygen your blood can carry, raises your blood pressure and damages artery walls. In the event of a heart attack, a smoker also is more likely to die than a nonsmoker.

Avoid secondhand smoke, and if you do smoke, quit! Ask your doctor for help, or use the following information to get started.

Providence Resource Line: 503-574-6595

Providence online resource: www.providence.org/stopsmoking

QuitNet: www.quitnet.com

Toll-free Quit Line: Call 1-877-270-STOP (7867)
In more severe cases, other possible advanced treatments for heart failure include:

- **Biventricular pacemaker**, a new type of pacemaker made especially for people with heart failure who have a specific electrical abnormality of the heart seen on the EKG. This device “paces” or retimes the beat of both your heart’s ventricles (pumping chambers), a process called cardiac resynchronization therapy (CRT). Getting the right and left ventricle to beat with proper timing makes them pump blood more efficiently, which makes you feel better. Not everyone with heart failure will improve with CRT – your doctor will discuss whether this pacemaker will help you.

- **Implantable cardioverter defibrillator (ICD)**, a small mechanical device that is permanently implanted inside your body (placed under your skin near your collarbone) to treat a serious abnormal rhythm. Some people with heart failure develop a rapid abnormal heartbeat that is deadly if not treated immediately. By detecting this abnormal rhythm and delivering an electrical shock to the heart, an ICD restores the heart’s normal rhythm.

- **Ventricular assist device (VAD)**, a mechanical device implanted during surgery that helps your heart pump blood. Part of the device is placed in your heart and abdomen, and part remains outside your body. You carry the outside part of the device on a belt around your waist or on a shoulder strap. If both pumping chambers (ventricles) of your heart are failing, two VADs (“heart pumps”) may be used, one for each ventricle.

  A person with severe heart failure or someone waiting for a heart transplant may benefit from a VAD. Your doctor will talk with you about this device.

- **Heart transplant**, an option in some cases when the heart is no longer working well enough and the person is at risk of dying. During surgery, the diseased heart is removed and replaced with a healthy human heart provided by a donor. A complex set of rules and guidelines governs heart transplants. Your health care team will discuss this with you.
Part 2: Using medications to treat heart failure

To manage heart failure, you may need to take several different types of medications every day. Your job is to take the right dose of the right medication at the right time. By doing this, you will feel better and you won’t have to be admitted to the hospital as often. It can also help you live longer! Your nurse, pharmacist or doctor will help you design a schedule.

**Right medication, right time, right amount**

1. Keep a written record of all the medications you take, including over-the-counter medications, and always carry it with you (see page 5). If your doctor, pharmacist or nurse changes the amount of a drug you take, be sure to change it on your medication list also.

2. Get organized – buy a plastic pill box at your local drugstore.

3. Get into a routine. Take your pills at the same time each day. Use an alarm or timer to help you remember.

4. If you will be away from home, take your pills with you so you don’t miss a dose.

5. **Talk to your HEART doctor, nurse or pharmacist before you stop taking any medication.** For example, perhaps you are having too many side effects, you can’t afford to pay for a medication, or your primary care doctor wants you to stop taking a medication. The medications you take are typically used to control high blood pressure. In your case, they are being used to treat heart failure, and different rules often apply, so check with your heart doctor first.

**Watch your blood pressure!**

The medications used to treat heart failure tend to lower blood pressure. To avoid becoming dizzy throughout the day, sit or stand up SLOWLY. You also will need to monitor your blood pressure every day. Your health care provider or pharmacist can show you how to do this. Keep a written record and show it to your doctor at every visit. An automated blood pressure cuff makes the job easy. You can buy one at your local drugstore.
Aspirin

Common names: Ascriptin, Bufferin, Ecotrin

Purpose: lowers your chance of a heart attack or stroke; helps to stop blood clots from forming by preventing platelets in the blood from sticking together.

Side effect: bruising more easily

Reminders:
- Take a buffered or enteric-coated product to help protect your stomach.
- If you have had a bleeding ulcer, tell your doctor before starting aspirin therapy.

Diuretics (water pills)

Common names: furosemide (Lasix), bumetanide (Bumex), hydrochlorothiazide (HCTZ)

Purpose: to make you urinate more to help your body get rid of excess salt and water. This reduces the workload on the heart.

Side effects: leg cramps, feeling dizzy, lightheaded or weak, lower than normal blood pressure, more trips to the bathroom.

Reminders:
- It is not uncommon to take two different diuretics at the same time.
- Take your diuretics as early in the day as possible (with breakfast). This will help cut down on trips to the bathroom at night. If you take a diuretic twice a day, take the second dose at 4 p.m.
- Weigh yourself every day. If you gain 3 to 5 pounds in one to two days, call your doctor.
- If you take Lasix, you most likely will need to take a potassium supplement also. (When water goes, potassium also goes.)
Part 2: Medications to treat heart failure

**Aldactone, eplerenone**

**Common names:** spironolactone (Aldactone), eplerenone (INSPRA)

**Purpose:** a special type of diuretic; it’s used in heart failure to help slow the damage to heart tissue that occurs as the heart stretches or enlarges

**Side effects:** feeling tired, dizzy, lightheaded or weak, upset stomach, headache, more trips to the bathroom

**Reminders:**
- If you take spironolactone (Aldactone) or eplerenone (INSPRA), you should NOT take a potassium supplement or use salt substitutes made with potassium unless your doctor gives you the OK. Your potassium blood levels also may have to be checked once a month.
- Take as early in the day as possible (with breakfast). This will help cut down on trips to the bathroom at night. If you take this medication twice a day, take the second dose at 4 p.m.
- Weigh yourself every day. If you gain 3 to 5 pounds in one to two days, call your doctor.

**ACE inhibitors**

**Common names:** captopril (Capoten), enalapril (Vasotec), lisinopril (Prinivil, Zestril), ramipril (Altace), trandolapril (Mavik)

**Purpose:** to open blood vessels so it’s easier for the heart to pump blood and to help slow stretching or enlarging of your heart

**Side effects:** excessive fatigue, dry cough, feeling lightheaded or dizzy, swelling of lips or throat

**Reminders:**
- To give your body time to adjust, you will start by taking a small dose. Over time, you will build up to a larger dose.
- Avoid direct sunlight or use sunscreen, as you will be more likely to get sunburned when taking this medication.
- Your doctor may require you to have regular blood tests to monitor your kidneys. Follow the schedule you are given.
Angiotensin II receptor blockers (ARBs)

Common names: valsartan (Diovan), losartan (Cozaar), irbesartan (Avapro, Avalide)

Purpose: to slow the process of your heart enlarging, which happens with heart failure. This slowing helps to prevent your heart from getting weaker. (This drug is often given if you can’t tolerate an ACE inhibitor or a beta-blocker.)

Side effects: excessive fatigue, feeling lightheaded or dizzy, swelling of lips or throat

Reminder:
- This medication may make your skin more sensitive to the sun and cause it to burn. Use sunscreen when in the sun.

Doctor’s orders: Take your medicine!

Studies show that people with heart failure who take their medications as directed by their doctor – especially the ACE inhibitors, beta-blockers and angiotensin II receptor blockers (ARBs) – live longer and need to be admitted to the hospital less often. Join the winning group! Take your medications at the right time and in the right amount.
Part 2: Medications to treat heart failure

Vasodilators

Common names: nitroglycerin (Transderm-Nitro patch or Nitrospray), isosorbide mononitrate (Monoket, Imdur, ISMO), isosorbide dinitrate (Isordil), hydralazine (Apresoline), nesiritide (Natrecor)

Purpose: to relax or open blood vessels, which helps the heart pump blood through your body more easily

Side effects: feeling lightheaded or dizzy, headaches (especially with the Nitro-patch), blurred vision, upset stomach

Reminders:
- Check your blood pressure every day. (When you first start this medication, check your blood pressure at least three times a day.) Write it down.
- Take at lunchtime or at least three hours apart from the other medications you take for heart failure.
- You may break long-acting (LA) or slow-release (SR) tabs in half; however, do NOT crush them.
- It’s normal to need more of this drug over time; your doctor will let you know when you need to take more.
- Nesiritide, a special type of vasodilator, is a man-made form of B-type natriuretic peptide, a naturally occurring hormone secreted by the heart as part of the body’s response to acute heart failure. This medication is injected into your vein and must be given over a period of hours in a hospital.
**Beta-blockers**

**Common names:** carvedilol (Coreg), metoprolol (Toprol XL, Lopressor), bisoprolol (Zebeta)

**Purpose:** to slow your heart rate and to lessen the effects of hormones that make your heart enlarge. This causes your heart to need less oxygen.

**Side effects:** feeling dizzy or lightheaded, lack of energy, shortness of breath, upset stomach, impotence

**Reminders:**
- It is normal to experience many side effects when you first start this medicine, especially in the first five days. The amount you take will be increased very slowly to give your body time to adjust. Try to stick with it, as most people report feeling much better in a few weeks.
- Take with food.
- **DO NOT** take over-the-counter cold medicines or nasal decongestants, such as Sudafed.
Part 2: Medications to treat heart failure

Warfarin

Common name: Coumadin

Purpose: to reduce your chance of blood clots or stroke; thins the blood to help stop blood clots from forming and to keep clots from getting larger

Side effects: bruising, increased risk of bleeding

Reminders:
• How much warfarin you take is determined by a blood test called protime, or INR. When you start taking warfarin therapy, you need to have your INR checked at least twice a week.
• As your blood level becomes constant, you most likely will need an INR once a month.
• Take your warfarin at the same time each day. If you forget to take a dose, call your doctor. Do not take two tablets the next day to “catch up.”
• Remind all your doctors that you are taking warfarin when they start or stop any of your other medications.
• If you are sick and unable to eat for two days or more, or you have vomiting and diarrhea that last 24 to 48 hours, contact your doctor. Your dose may need to be changed.
• Foods high in vitamin K – broccoli, spinach, lettuce (except for iceberg), green cabbage, turnip greens, collard greens, Brussels sprouts, endive, parsley and watercress – may interfere with how warfarin works. You do not have to stop eating these foods; however, keep eating the same amounts from day to day.
• Call your doctor about any unusual bleeding, such as bruising for unknown reasons, unusual bleeding while brushing your teeth or shaving, or nosebleeds.
Digitalis

Common names: digoxin (Digitek, Lanoxin)

Purpose: to help your heart pump more strongly and to prevent or decrease irregular heartbeats

Side effects (from too much in your body): loss of appetite or upset stomach, flu-like symptoms, unusual fatigue or weakness, diarrhea, confusion, changes in vision, headache, weight loss

Reminders:
- Check your heart rate every day; call your doctor if it drops below 60.
- Take it on an empty stomach and at least two hours away from your other medications. Bedtime is best.
- Antacids interfere with this medicine, so take at least two hours apart.
- In keeping with your doctor’s orders, have your blood tested regularly to check the digoxin level in your body.

Heart failure medications: putting it all together

Here is a sample schedule you can follow to make sure you take the right medication at the right time. If your nurse or doctor puts together a different plan, follow that one.

Morning with breakfast
Diuretic
ACE inhibitor and/or beta-blocker

Lunchtime
Vasodilator, if you take one

Late afternoon (4 p.m.)
Diuretic – second dose if you take twice a day

Dinner
ACE inhibitor and/or beta-blocker

Bedtime
Digoxin
Part 3: Eat right to feel right

Kidney disease and diabetes

If your physician has told you that you have kidney disease:

Please remember these additional dietary guidelines for your kidney disease when reviewing the diet information in Part 3 of this booklet.

1. Fruits, vegetables and other foods may have high levels of the mineral potassium. Potassium intake may need to be managed for your kidney function. Ask your physician or registered dietitian if you need to adjust the amount of high-potassium foods in your diet. Some high-potassium foods are dry beans, potatoes, orange juice, dried fruits, bananas, broccoli and avocados.

2. Follow the fluid limits set by your physician. In many cases, you may need to drink less fluid than the recommended amounts in this booklet due to your kidney function.

3. There are other foods that your doctor may want you to manage. The best way to learn about these foods is a visit with your doctor, who can refer you to a registered dietitian for more individualized help.

If your physician has told you that you have diabetes:

Please remember these additional dietary guidelines for blood sugar management when reviewing the diet information in Part 3 of this booklet.

Please remember these additional guidelines to better manage your blood sugar.

1. Be moderate in eating sweetened foods and sugar.

2. Balance carbohydrate intake with medication and exercise.

3. Controlling food portion sizes helps manage carbohydrate intake.

4. Lean cuts of meat, chicken and fish have less saturated fat, so are better protein choices.

5. Choose foods high in fiber. Whole grains, fresh fruits and vegetables are great sources of dietary fiber and will help with blood sugar control.

To learn about foods and meal guides for kidney disease or diabetes, your doctor can refer you to a registered dietitian for more individualized care.
With heart failure, your heart is no longer able to pump as strongly as it needs to. As a result fluid tends to build up in your feet, ankles, legs, hands and fingers. Fluid also can build up in your heart and lungs, making you feel tired and short of breath.

You must help your heart by watching the amount of salt (sodium) and fluid that you have each day. People with heart failure generally feel better and most likely need less medication if they follow these guidelines:

- **Sodium:** 2,000 to 3,000 milligrams a day  
  (1 teaspoon of table salt = 2,300 mg sodium)  
- **Fluid:** 2 quarts a day (eight 8-ounce cups)

*If your doctor gives you other limits for sodium and/or fluid, follow those guidelines.

**Keeping track of sodium**

Keep life simple! First, focus on eating less sodium. Once you have this habit firmly in place, you can work on other parts of your eating plan. Rather than counting milligrams of sodium at every meal, think of 2,000 to 3,000 milligrams as a budget you have to spread over the entire day. Learn which foods are naturally low in sodium (eat more of these) and which foods you will need to avoid or limit because they are too high in sodium.

Sodium can be found in all five food groups that make up a balanced, healthy diet:

- Breads and cereals
- Some vegetables
- Meat and meat alternatives (eggs, beans, soy foods)
- Milk, yogurt and cheese

Some of these groups contain many high-sodium foods. Also, “extras” (fats, oils and sweets), can be high in sodium. **Your job is to put your time and energy into choosing “green-light” foods, making smart choices from the “yellow-light” foods, and removing “red-light” foods from your daily eating plan.** Use the chart that follows to guide your choices.
Green-light foods: Low in sodium, so enjoy on a regular basis.

<table>
<thead>
<tr>
<th>Low-sodium</th>
<th>Portion</th>
<th>Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit: fresh, frozen or canned</td>
<td>1 cup or 1 serving</td>
<td>0-20 mg</td>
</tr>
<tr>
<td>Vegetables: fresh or frozen (no sauces)</td>
<td>½ cup-1 cup</td>
<td>5-30 mg</td>
</tr>
<tr>
<td>Rice or pasta, cooked</td>
<td>½ cup-1 cup</td>
<td>10-30 mg</td>
</tr>
<tr>
<td>Milk: skim or low-fat</td>
<td>1 cup</td>
<td>120 mg</td>
</tr>
<tr>
<td>Yogurt</td>
<td>6-8 ounces</td>
<td>90-190 mg</td>
</tr>
<tr>
<td>Eggs</td>
<td>1</td>
<td>65 mg</td>
</tr>
<tr>
<td>Chicken, white or dark meat (skin removed)</td>
<td>3.5 ounces</td>
<td>70-90 mg</td>
</tr>
<tr>
<td>Hamburger (made with low-fat ground beef)</td>
<td>3.5 ounces</td>
<td>60-80 mg</td>
</tr>
<tr>
<td>Pork loin</td>
<td>3.5 ounces</td>
<td>70 mg</td>
</tr>
</tbody>
</table>

Yellow-light foods: Proceed with caution. Check labels of similar items and choose the lowest sodium level for the same serving size.

<table>
<thead>
<tr>
<th>Medium-sodium</th>
<th>Portion</th>
<th>Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bread</td>
<td>1 slice</td>
<td>95-240 mg</td>
</tr>
<tr>
<td>Bagel</td>
<td>1 (3½ ounces)</td>
<td>250-370 mg</td>
</tr>
<tr>
<td>Crackers</td>
<td>1 ounce</td>
<td>120-300 mg</td>
</tr>
<tr>
<td>Cereal</td>
<td>¼ cup</td>
<td>0-370 mg</td>
</tr>
<tr>
<td>Peanut butter</td>
<td>2 tablespoons</td>
<td>5-220 mg</td>
</tr>
<tr>
<td>Cheese, natural or processed</td>
<td>1 ounce</td>
<td>75-350 mg</td>
</tr>
<tr>
<td>Frozen entrees</td>
<td>Varies</td>
<td>Choose 650 mg or less Limit one per day</td>
</tr>
</tbody>
</table>
## Red-light foods: Avoid these items!

<table>
<thead>
<tr>
<th>A few examples of high-sodium foods</th>
<th>Portion</th>
<th>Sodium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canned vegetables, regular</td>
<td>½ cup-1 cup</td>
<td>350-1,100 mg</td>
</tr>
<tr>
<td>Tomato or V-8 juice, regular</td>
<td>6 ounces</td>
<td>950 mg</td>
</tr>
<tr>
<td>Cottage cheese</td>
<td>1 cup</td>
<td>920 mg</td>
</tr>
<tr>
<td>Ham</td>
<td>3.5 ounces</td>
<td>1,200 mg</td>
</tr>
</tbody>
</table>

### Breads and cereals
- Biscuit mixes
- Bread stuffing mixes
- Self-rising flour
- Pancakes, pancake mixes
- Salted bread sticks, rolls
- Croissants
- Flour tortillas, burrito size
- Frozen waffles, pancakes
- Bisquick baking mix

### Vegetables
- Canned, regular
- Olives
- Most pickles
- Tomato juice, regular
- V-8 juice, regular
- Sauerkraut
- Pickled vegetables
- Canned beans: refried, baked

### Meat: Avoid all smoked, canned, salt-cured, dried and kosher meat and fish!
- Canned meat or fish*
- Hot dogs
- Most TV dinners
- Frozen breaded fish or meat
- Liverwurst
- Sausage
- Bacon
- Corned beef hash
- Canadian bacon
- Lunch meats (bologna, salami, pastrami, etc.)

*Canned tuna: Look for “very low sodium” chunk white albacore in water.

### Milk, yogurt, cheese
- Cottage cheese
- Buttermilk
- Cheese spreads

### Bakery, desserts, snacks
- Cinnamon rolls, coffee cakes
- Pie
- Instant cake mixes*
- Instant pudding mixes
- Doughnuts*
- Pretzels*
- Potato chips and corn chips*
- Nuts, salted or dry roasted

*You can find lower-sodium options. Read labels and compare.
Part 3: Eat right to feel right

Red-light foods: Avoid these items!

Sauces, condiments, gravies
Salt: including sea salt, rock salt and kosher salt
Catsup
Steak sauce
Hollandaise sauce
Garlic, onion, celery salts
Spaghetti sauce*
Monosodium glutamate (MSG)

Gravy mixes
Tartar sauce
Bouillon, broth
Seasonings
Meat tenderizer

Soy sauce
Teriyaki sauce
Barbecue sauce
Salsa*
Bottled salad dressings*

*You can find lower-sodium options. Read labels and compare.

Convenience foods
Instant rice and pasta mixes
Dehydrated and canned soups
Ramen noodles
Ethnic foods (Mexican, Italian, Chinese)
Deli foods (potato and macaroni salads, etc.)

Instant potatoes (au gratin, scalloped, cheese)
Packaged macaroni and cheese
Casserole mixes
Sports drinks
Fast food

Say goodbye to salt!

1. Fresh is best! The more a food has been processed or made into a convenience item, the higher the sodium content is likely to be.

2. Hide the salt shaker so you don’t use salt in cooking or at the table. Family members and friends can salt their own portions if needed.

3. Be aware of over-the-counter medications. Many, including antacids, laxatives and cough medicines, contain large amounts of sodium. Look at the ingredient list or check with your doctor or pharmacist before taking these products.

4. Say no to baking soda. Don’t brush your teeth with it or use it as an antacid – it’s high in sodium.

5. Check with your doctor before using a salt substitute. Not everyone can use salt substitutes because of the large amount of potassium they contain. (If your doctor gives you the go-ahead to use a salt substitute, do not cook with it.)

6. Check the Nutrition Facts on food labels for the sodium content of the foods you eat. You also can buy a reference book (check your local bookstore) that lists the sodium content in hundreds of foods.
Reading food labels

First: Check the Nutrition Facts label on food packages. Find the serving size and the amount of sodium listed for that specific amount. If you choose to eat more or less than the serving size listed, the amount of sodium you eat will change also.

Keep in mind that % Daily Value is based on a goal of consuming 2,400 mg or less of sodium each day. If your goal for the day is lower, the item will contribute more than the listed % Daily Value.

Second: Check the ingredients list. Avoid or limit foods that contain:

- Salt
- Sodium
- Monosodium glutamate (MSG)
- Sodium-containing additives: sodium bicarbonate (baking soda), baking powder, disodium phosphate, sodium alginate, sodium benzoate, sodium nitrite, sodium propionate, sodium sulfite

Rule of thumb: If salt is listed as one of the first five ingredients, the item is too high in sodium.

Third: On the front of a canned item, look for one of the best indications that it’s a low-sodium food: “No Salt Added.”
Reading food labels

Canned Tuna

Heart smart

Heart unhealthy
(too high in sodium)

Very Low Sodium
Chunk White Albacore
(In Water)

Solid White Albacore
(In Water)

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
<th>Nutrition Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serving Size</strong></td>
<td>Serving Size 2 oz drained</td>
</tr>
<tr>
<td><strong>Servings Per Container</strong></td>
<td>Servings Per Container 2.5</td>
</tr>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td><strong>Amount Per Serving</strong></td>
</tr>
<tr>
<td><strong>Calories</strong></td>
<td>Calories 70</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>Calories from Fat 10</td>
</tr>
<tr>
<td><strong>Total Fat</strong></td>
<td>1.0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Saturated Fat</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Trans Fat</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>25mg</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Sodium</strong></td>
<td>35mg</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Total Carbohydrate</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Dietary Fiber</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Sugars</strong></td>
<td>0g</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>15g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>27%</td>
</tr>
</tbody>
</table>

Ingredients: White tuna, demineralized water.

<table>
<thead>
<tr>
<th>Nutrition Facts</th>
<th>Nutrition Facts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serving Size</strong></td>
<td>Serving Size 2 oz drained</td>
</tr>
<tr>
<td><strong>Servings Per Container</strong></td>
<td>Servings Per Container 2.5</td>
</tr>
<tr>
<td><strong>Amount Per Serving</strong></td>
<td><strong>Amount Per Serving</strong></td>
</tr>
<tr>
<td><strong>Calories</strong></td>
<td>Calories 70</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>Calories from Fat 10</td>
</tr>
<tr>
<td><strong>Total Fat</strong></td>
<td>1.0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Saturated Fat</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Trans Fat</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Cholesterol</strong></td>
<td>25mg</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Sodium</strong></td>
<td>250mg</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Total Carbohydrate</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Dietary Fiber</strong></td>
<td>0g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Sugars</strong></td>
<td>0g</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>15g</td>
</tr>
<tr>
<td>% Daily Value*</td>
<td>27%</td>
</tr>
</tbody>
</table>

Ingredients: White tuna, water, vegetable broth, salt, pyrophosphate.
Keeping track of liquids

Aim to drink **2 quarts (eight 8-ounce cups) of fluid a day**. Any more and you make your heart work too hard. (If your doctor recommends another amount of fluid per day, follow those guidelines.)

Fluids include everything you drink and any item that melts at room temperature. **Count these as part of your daily fluid intake:**

<table>
<thead>
<tr>
<th>Water</th>
<th>Coffee, tea**</th>
<th>Fruit or vegetable juice, drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>Soda, diet soda</td>
<td>Lemonade, iced tea</td>
</tr>
<tr>
<td>Broth, soup</td>
<td>Gelatin</td>
<td>Ice cream, frozen yogurt</td>
</tr>
<tr>
<td>Sherbet</td>
<td>Popsicles</td>
<td>Ice</td>
</tr>
<tr>
<td>Alcohol*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Alcohol: Check with your doctor about drinking alcohol. For many medications, alcohol is not recommended. **Limit: one drink a day for women, two drinks a day for men** (one drink = 12 ounces of beer, 3.5 ounces of wine, 1.5 ounces of hard liquor).

** Coffee, tea: Limit yourself to one caffeinated cup (8 ounces) a day.
The best way to know if you are getting too much or too little fluid is to keep track of your fluid intake for three days. Check the size of your glasses, cups, mugs and soup bowls. Knowing how much each holds will make it easier to stay within your limit.

**Helpful tips:**

- 2 quarts = eight 8-ounce cups
- 8 ounces = 1 cup
- 4 ounces = ½ cup
- 2 tablespoons = 1 ounce
- 1 ice cube = 1 ounce
- 1 adult-sized gulp = 1 ounce

---

**I’m thirsty!**

Chew sugarless gum.

Suck on a piece of sour hard candy.

Rinse your mouth with water – don’t swallow.

Eat ice-cold fruits and vegetables.

Add lemon juice to water and ice cubes, it’s very thirst-quenching.

Avoid eating high-sodium foods. More salt means greater thirst.

Use your fluids wisely – take your medications with mealtime beverages.
Watch the scale

Part of taking care of yourself is tracking your weight. How much sodium you eat and the amount of fluid you drink greatly affect your weight and how hard your heart has to work.

Be aware of signs that you are retaining fluid:

- You’re more short of breath or need to sleep propped up on pillows.
- Your belly seems more swollen, your belt seems tighter or your clothes don’t fit as well.
- Your feet and ankles become swollen, your shoes become tight or your shoelaces seem shorter than normal.

Your job is to:

1. **Weigh yourself every day and write it down** (on a calendar or use page 6).
   - Use the same scale. (Place scale on a hard surface, not on a rug.)
   - Weigh yourself every morning when you get up. Do this before you eat and after going to the bathroom.
   - Wear the same amount of clothing each time you weigh yourself.
   - Write your weight down.

2. **Call your doctor if you gain a lot of weight** – 3 to 5 pounds in one to two days. Your doctor may need to adjust your medications.

3. **As soon as you notice that you have any signs of increased swelling or holding on to fluid, follow these guidelines:**
   - Cut back on sodium. Eat 500 mg less for two days (today and tomorrow).
   - Cut back on the liquids you drink. Drink 1 to 1½ cups less for two days (today and tomorrow).
   - If your weight does not drop after you have had less salt and fluid for two days, **call your doctor.**
Tips for dining out with confidence

Living with heart failure doesn’t mean you can’t eat out a few times a month. Eating away from home, however, does have plenty of challenges. Fast food, such as pizza, deluxe burgers and breakfast sandwiches, and most deli items, such as submarine sandwiches and pre-made salads, contain too much sodium. Choose family-style restaurants where you have more options and can request that foods be made without added salt.

**No matter where you dine, always ask that condiments be served on the side.**

Use these tips and recommendations to stay on course:

### Appetizers

**Go for it**
- Fruit juice
- Fresh, canned fruit
- Jell-O
- Relish plate with raw veggies

**Not recommended (too much sodium)**
- Vegetable juice
- Fried vegetables, potato skins
- Nachos, chips and salsa
- Soups
- Relish plate with pickled items

### Salads

**Go for it**
- Fresh garden salad, dressing on the side
- Sliced tomatoes
- Fruit salad

**Not recommended (too much sodium)**
- Garden salad, dressing already on it
- Cole slaw
- Macaroni or potato salad
- Cottage cheese
### Entrees

**Go for it**
- Any lean meat, fish or poultry roasted, baked, boiled or poached

**Not recommended (too much sodium)**
- Fatty, fried or breaded meats
- Stews and casseroles

Reminder: Ask to have entrees prepared without salt.

### Vegetables

**Go for it**
- Stewed, steamed or boiled

**Not recommended (too much sodium)**
- Fried or breaded vegetables
  - In a sauce or au gratin
  - With butter or cooked in egg yolk

### Starchy sides

**Go for it**
- Mashed, baked, boiled or steamed potatoes
- Steamed rice
- Boiled noodles

**Not recommended (too much sodium)**
- Fried, scalloped or au gratin potatoes
- French fries
- Fried rice
- Noodles in a cream sauce

### Breads

**Go for it**
- Hard or soft roll, breadsticks
- Plain bread or toast
- Unsalted crackers, Melba toast, matzos

**Not recommended (too much sodium)**
- Butter roll, biscuit, croissant
- Sweet rolls, coffee cake
- Salted crackers
### Condiments (Limit to 2 tablespoons a day)

<table>
<thead>
<tr>
<th>Go for it</th>
<th>Not recommended (too much sodium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salad dressing, oil and vinegar</td>
<td>Mayonnaise-type dressing</td>
</tr>
<tr>
<td></td>
<td>Gravy, cheese sauce</td>
</tr>
<tr>
<td></td>
<td>Bacon bits</td>
</tr>
<tr>
<td></td>
<td>Olives, dill pickles</td>
</tr>
</tbody>
</table>

Reminder: Ask to have all condiments served on the side.

### Desserts

<table>
<thead>
<tr>
<th>Go for it</th>
<th>Not recommended (too much sodium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruit</td>
<td>Pastries, cakes, pies</td>
</tr>
<tr>
<td>Angel food cake</td>
<td></td>
</tr>
<tr>
<td>Sherbet, Italian ice, fruit sorbet, low-fat frozen yogurt</td>
<td></td>
</tr>
<tr>
<td>Jell-O</td>
<td></td>
</tr>
</tbody>
</table>

### Beverages

<table>
<thead>
<tr>
<th>Go for it</th>
<th>Not recommended (too much sodium)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit juice</td>
<td>Vegetable juice</td>
</tr>
<tr>
<td>Skim, low-fat milk</td>
<td></td>
</tr>
<tr>
<td>Soda, diet soda</td>
<td>Alcohol, unless allowed by your doctor</td>
</tr>
<tr>
<td>Tea, coffee (limit to 1 cup a day if caffeinated)</td>
<td></td>
</tr>
</tbody>
</table>
Spice up your diet

Products to buy:

• Mrs. Dash
• Fresh and dried herbs: oregano, paprika, parsley, thyme, etc.
• Lemons and limes, lemon juice, lime juice
• Pepper
• Vinegar
• Garlic and garlic powder
• Ginger
• Curry powder
• Fresh onions, scallions, chives
• Fresh horseradish

Products to make:

Tomato sauce
Buy fresh tomatoes. Mash them and then blend or food process until they no longer look like tomatoes, but like liquid. Pour through a strainer.

To create a thicker tomato sauce, simmer the mixture over low heat until the desired thickness.

Spice blends: Combine all ingredients and mix well. Place in a shaker for use while cooking or at the table.

Chili powder
2 tablespoons paprika
2 teaspoons oregano
1 ¼ teaspoon cumin
1 ¼ teaspoon garlic powder
¾ teaspoon ground red pepper (cayenne)
¾ teaspoon onion powder
**American favorite blend**

1 tablespoon garlic powder  
1 tablespoon paprika  
1 tablespoon dry mustard  
5 teaspoons onion powder  
1 teaspoon thyme  
½ teaspoon white pepper  
½ teaspoon celery seed


**Spicy seasoning**

3 tablespoons celery seed  
2 tablespoons crushed oregano  
1 tablespoon onion powder  
1 tablespoon crushed thyme  
1½ teaspoon ground bay leaf  
1½ teaspoon black pepper  
1½ teaspoon ground cloves  
1 teaspoon garlic powder

Cookbooks and other helpful books


Living with heart failure doesn’t mean you have to sit on the sidelines. In fact, you should keep moving as much as possible and keep up with activities that you enjoy, like walking, swimming and gardening. If you haven’t been very active, it’s not too late to start. The more fit you and your heart are, the better you will feel.

Your heart is just like any other muscle in your body: to keep it as healthy and strong as possible, you need to put it to work. A strong heart is able to pump blood (which carries oxygen) through your body more easily. At the same time, your body uses this oxygen better. As you become fit, you’ll have more energy and feel less short of breath. This means that daily tasks, such as taking a shower and brushing your teeth, will seem easier. You’ll most likely also sleep better, handle stress better, and find it easier to reach and stay at a healthy weight.

**What are the best types of exercise to do?**

The best activities for your heart are those that use large muscle groups (this means your legs) and that you can do (or work up to doing) for 30 minutes at a time. Some examples are walking, riding a stationary bike and swimming. Even less intense activities, such as strolling, gardening and housework, can bring benefits. It all adds up!

**When it comes to exercise, think F.I.T. (Frequency, Intensity and Time)**

**Frequency: How many days per week do I need to exercise?**

- As many days as you can – at least four days a week; more is even better. The key is to find activities that you like to do and then do them on a regular schedule. Get moving and keep moving.

**Intensity: How easy or hard should it feel when I exercise?**

- You want to work at a moderate pace – fairly light to somewhat hard. You should be able to talk at all times while exercising. If you’re just beginning an exercise program, you will need to start at an easier pace.
Time: How long should I exercise?

- If you’ve been doing little or no exercise, get started by doing five minutes or less. Work your way up slowly, by adding one to two minutes to the total time each week. If possible, work up to exercising for 30 minutes at a time.

- Aim for 30 minutes of activity at one time. If you feel good, you can certainly do more.

- Some days, you may choose to break your exercise up into smaller bouts. For example, you could walk 10 minutes in the morning, 10 minutes at lunch and 10 minutes in the evening. It all counts!

Reminders:

- Everyone starts at a different level – just focus on what you can do.

- It’s OK to take a rest. For example, you can exercise until you feel tired or short of breath, take a short rest, and then continue.

- Always start with a warm-up. This prepares your heart, muscles and joints for activity. For the first 10 to 15 minutes, exercise at a slower pace than normal. After you warm up, you can pick up the pace.

- Always end with a cool-down. When you’re nearing the end, don’t stop what you are doing quickly and stand still. This may make you feel dizzy or lightheaded. Instead, cool down and give your heart a chance to recover by taking several minutes to slow your pace down before coming to a stop.
What about stretching – do I have to do that?

Take a few minutes to do some gentle stretching movements after you exercise, when your muscles are warm. You will feel less stiff and sore the next day, and it helps to protect your joints and muscles from harm.

Follow the pictures for examples of some easy stretches to do. Hold each stretch for 15 seconds or longer. Always stretch slowly and smoothly – do not bounce or jerk. It’s OK to feel some tightness, but do not stretch to the point of feeling pain. And, most important of all, don’t forget to breathe as you stretch!

**Arm stretch**

Gently pull elbow (with arm bent) across chest toward opposite shoulder. Switch arms.

**Shoulder stretch**

With arms overhead, hold elbow of one arm with the hand of the other arm. Gently pull elbow behind head. Switch arms.
**Quadricep stretch**

Stand with support, and pull lower leg toward buttocks, grasping pant leg or ankle. Keep upper leg and hip straight, knees together. Switch legs.

**Modified quadricep stretch**

If unable to hold ankle or pant leg, place leg on chair that is at or slightly above knee height.

**Hamstring stretch**

Extend one leg. Keeping torso straight, lean forward, sliding hands down leg until a stretch is felt in back of thigh. Switch legs.

**Calf stretch**

Stand with hands supported on wall, elbows slightly bent, front knee bent, and back knee straight. Keep feet parallel and both heels on the floor. Lean into wall by pushing hips forward. Switch legs.
How will I know if I should stop exercising?

Listen to your body! If you feel lightheaded or dizzy, feel nauseous (sick to your stomach), have chest pain (angina), or are more tired or short of breath than usual slow down immediately and then stop what you are doing! If you don’t feel better after resting for a few minutes, call your doctor.

Give yourself the best chance at feeling good when you exercise:

• Wait one to two hours after meals before you exercise.
• Wear comfortable clothing and footwear.
• Don’t exercise outdoors on hot days or on very cold days.
• Avoid cold or very hot showers, steam rooms and saunas after exercise. Choose moderate temperatures only.

Get moving, keep moving!

1. Make exercise a priority. Write it on your daily schedule just the way you do other appointments.
2. Pick activities you enjoy.
3. If you need company, join a class or exercise with a friend.
4. Plan ahead for roadblocks — taking a trip, bad weather, guests in town — with a plan B. For example, walk indoors in a mall on cold, rainy days.
5. Keep an exercise log (see page 7). Share it with your doctor. Be proud of all you do!
Part 5: Finding comfort and support

Living with a chronic illness

It’s normal to feel sad, anxious, overwhelmed and even angry about having to live with heart failure. Although there is currently no cure for congestive heart failure, you don’t have to stop enjoying life. People living with heart failure who take charge of their health and stay connected to their family and friends report feeling better. They have more energy, spend less time going to doctor appointments and, very often, can take less medication.

Reach out and connect with others to boost your own energy and strength. It’s a lot better for your heart than trying to go it alone.

Support people: Your family and friends – the people closest to you – know you the best. Talk to them about how you are feeling and come up with solutions to problems together. Listen and take their suggestions. Your local pastor, priest or rabbi can also be helpful. Being part of a spiritual community, such as a local church, synagogue or temple, can be a big boost to your daily well-being.

Health care team: Your doctor, nurses and other health care providers, such as dietitians, exercise experts and pharmacists, are all trained to deliver the best care. They will work with you to design a treatment plan just for you.

Your spiritual center: All of us are spiritual beings whether we practice a particular religious faith or not. Explore and connect with the parts of yourself and your life that personally give you energy and strength. Having a deeper meaning and purpose in life helps us manage everyday stress and enjoy life to its fullest.

Turning to a chaplain for care and support

While at the hospital, you can ask your nurse to contact Providence Pastoral and Spiritual Care Services for you. A chaplain can be a good companion in times of illness, and he or she may help you find or rediscover your spiritual center. Providence chaplains respect the needs and wishes of people of all religious faiths and of people with no faith tradition.
Ready, set, breathe!

When you are feeling tired and short of breath, you can often feel better in a matter of minutes with a simple relaxation exercise. Give it a try. You will be amazed at how well it works!

1. Sit down in a quiet place. Close your eyes.
2. Allow all of your muscles to relax for a few minutes.
3. During this time, keep breathing. Take slow, deep breaths in through your nose and out through your mouth.
4. Let your mind clear.
Community resources

With the right medical care and lifestyle changes, your heart problem should not stop you from enjoying things you like to do. These resources may be helpful.

Your health insurance company may have a program to manage congestive heart failure. Be sure to check.

Medicare

If you have questions concerning Medicare insurance, contact:

Medicare Claims, Part A
Medicare Northwest
1800 S.W. First Ave., Suite 380
Portland, OR 97201

National Medicare Hotline

Social Security Administration

To inquire about Social Security disability benefits, call:

Social Security Administration
Part 5: Finding comfort and support

Veterans Affairs

If you served in the United States armed forces, you may be eligible for benefits through the Department of Veterans Affairs.

Oregon Department of Veterans Affairs
www.odva.state.or.us
800-633-6826

U.S. Department of Veterans Affairs
800-827-1000

Medicaid

Health assistance for low-income people, contact Seniors and People with Disabilities.

For general information or to find a local area agency
800-232-3020

Multnomah County
Senior and disabled helpline
503-988-3646
Downtown Portland/west side
503-988-5460
Southeast Portland
503-988-3660
North Portland: up to age 60
503-988-3429
ages 60 and older
503-988-5470
Mid-county
503-988-5480
Gresham
503-988-3840

Clackamas County
503-655-8640

Washington County
Hillsboro
503-640-3489
Beaverton
503-627-0362
Tigard
503-968-2312

Transportation

If you need help with a ride to doctors’ appointments, the grocery store or the pharmacy, please call:

- Ride Connection
  503-528-1720
  Application can take two to four weeks to process.
- TriMet (LIFT)
  503-802-8200
  Application can take three weeks to process.
Meals and grocery delivery services

- Loaves & Fishes (the Meals-On-Wheels people) 503-736-6325
- Store to Door – 503-413-8223
  (groceries, household goods, prescription delivery)

Private caregivers and housekeepers

Look for private caregivers in the Yellow Pages. They are listed under the category Home Health Services. **You must pay for these services yourself.**

Prescription-drug assistance programs

Your doctor’s office has applications for these programs and will be able to help you.

Health, wellness and lifestyle resources

Providence Health & Services:

- Heart failure clinic 503-215-6672
- Heart failure education classes 503-574-6595
  (Providence Portland Medical Center)
- Online heart health information www.providence.org/heart
- Resource Line 503-574-6595
- HeartWorks, supervised exercise program 503-215-8039
- Cardiac Rehabilitation Center 503-216-1250
- Heart Strong Cardiac Physical Therapy 503-216-5410

Cardiac support groups:

- Adventist Medical Center 503-251-6260
- American Heart Association 503-233-0100
  www.americanheart.org