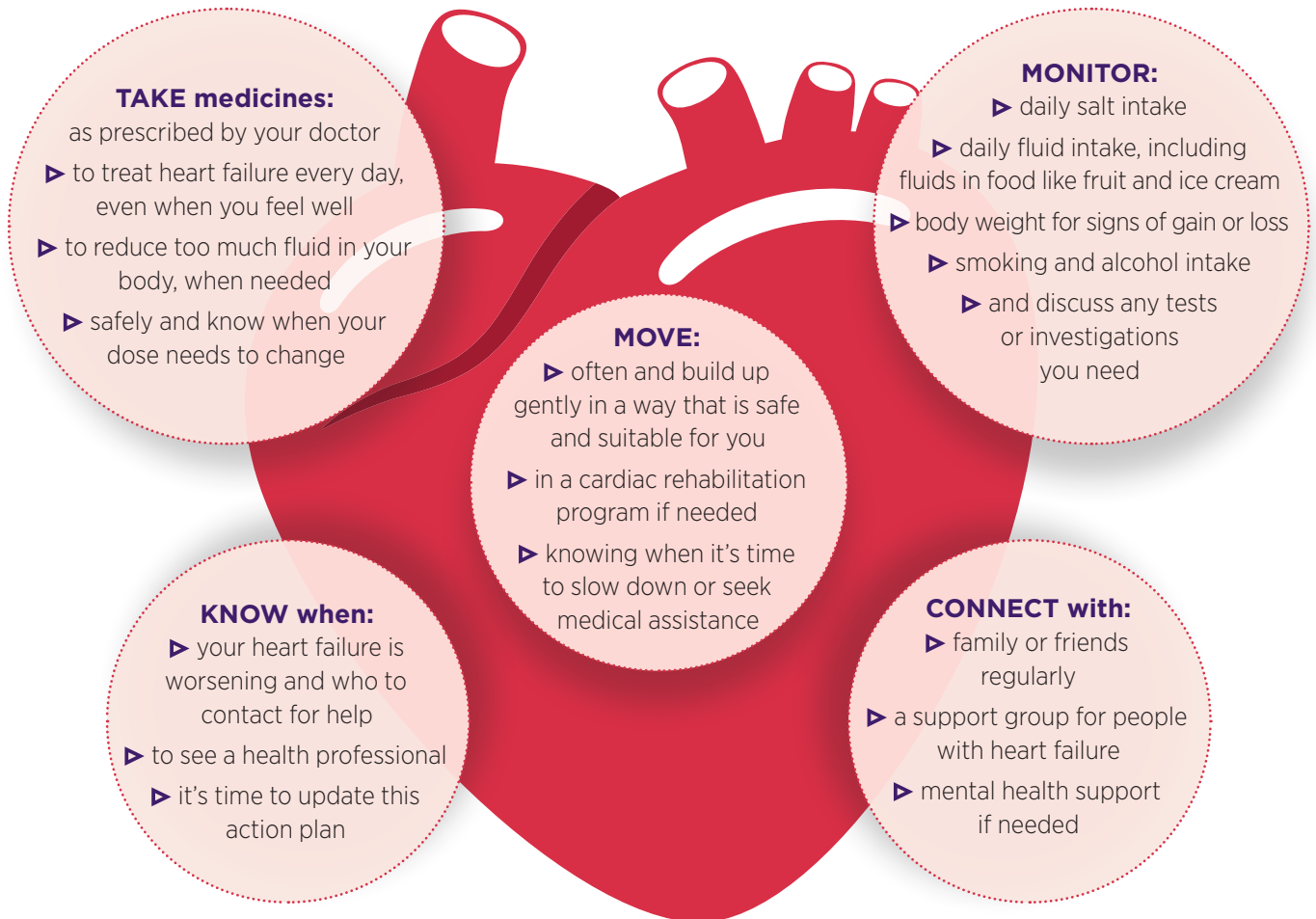


# HEART FAILURE: MORE THAN JUST YOUR HEART

Managing heart failure has many parts. You may need to change your daily life to help you feel better. Use this plan to identify the most important parts of your heart failure management to focus on now. Remember that these may change over time.

Your plan might include any of the following actions:



To learn more about heart failure, download the booklet *Living Well with Heart Failure* from the Heart Foundation website ([www.heartfoundation.org.au/conditions/heart-failure](http://www.heartfoundation.org.au/conditions/heart-failure)).

If you do not have a current medicines list, go to [www.nps.org.au/medicineslist](http://www.nps.org.au/medicineslist) and download or print one today. Or download the free MedicineWise app from [Google Play](#) or the [App Store](#). Fill out your medicines list with your trusted health professional and always have it with you. Keep it in a place that is always accessible to you and anyone who cares for you.

**CALL 000 AND ASK FOR AN AMBULANCE IF YOU (OR SOMEONE YOU CARE FOR) HAVE ANY SYMPTOMS OF A HEART ATTACK. COMMON SYMPTOMS INCLUDE:**

▶ pain, pressure, heaviness or tightness in the chest, arm, back, jaw, neck or shoulder, dizziness, or difficulty breathing.

Go to [www.heartfoundation.org.au/conditions/heart-attack](http://www.heartfoundation.org.au/conditions/heart-attack) to find out more about the warning signs of a heart attack.



**If you have any concerns about your medicine or symptoms, please contact your GP urgently.**

Name:

Date:

Review date:

# ACTION PLAN

## Managing heart failure: putting the pieces together



### Take medicines

My medicines list has all the medicines that I need to take for my heart failure and other conditions.

I need to see ..... (name of health professional) if I notice that: .....  
..... (eg, symptoms, side effects, etc)



### Move

My goal is to ..... every day and/or ..... every week

I will reach this goal by (provide details to safely improve fitness).....  
.....

I need to see ..... if this activity is making me feel: .....  
..... (eg, signs and symptoms, etc)



### Monitor

To feel better, I need to: .....  
..... (eg, weight loss, daily fluid limit, daily salt limit, stop smoking)

I will do this by: .....  
(eg, dietary changes, programs and support services, required tests and investigations)

I need to see ..... if these changes are making me feel: .....  
..... (eg, signs and symptoms, etc)



### Know

What's 'normal' for me and not concerning (weight, activity level, fatigue, etc)

I need to see my GP within 24 hours if .....  
..... (eg, new or worsening symptoms, a specific amount of weight gained over a period of time)



### Connect

After this appointment I will connect with:

- cardiac rehabilitation group
- family or friends
- support group
- psychologist
- (Heart Foundation) walking group
- other .....

Details: .....  
.....

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