

## Congestive Heart Failure Zones for Management

### Green Zone: All Clear

Your Goal Weight: \_\_\_\_\_

- No shortness of breath
- No swelling
- No weight gain
- No chest pain
- No decrease in your ability to maintain your activity level

### Green Zone Means:

- Your symptoms are under control
- Continue taking your medications as ordered
- Continue daily weights
- Follow low salt diet
- Keep all physician appointments

### Yellow Zone: Caution

If you have any of the following signs and symptoms:

- Weight gain of 3 or more pounds in 2 days
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity
- Increase in the number of pillows needed
- Anything else unusual that bothers you

### Yellow Zone Means:

- Your symptoms may indicate that you need an adjustment of your medications
- **Call your physician, nurse coordinator, or home health nurse.**

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Instructions: \_\_\_\_\_

- **Call your physician if you are going into the YELLOW zone**

### Red Zone: Medical Alert

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or loss of more than 5 pounds in 2 days
- Confusion

### Red Zone Means:

This indicates that you need to be evaluated by a physician right away

- **Call your physician right away**

Physician: \_\_\_\_\_

Number: \_\_\_\_\_

**Call your physician immediately if you are going into the RED Zone**

For the Month of \_\_\_\_\_

# My Weight and Symptom Calendar

**Symptoms of Fluid Overload**  
(Enter the number that describes how you feel that day)

\* = Symptoms that need to be reported when they occur.

0. No symptoms.

\*1. Weight gain of 2-3 pounds in 24 hours or 5 pounds in a week.

\*2. Waking up breathless at night.

\*3. Unable to breathe if lying flat.

4. Unable to tolerate usual activity.

5. Swollen feet, ankles, and legs.

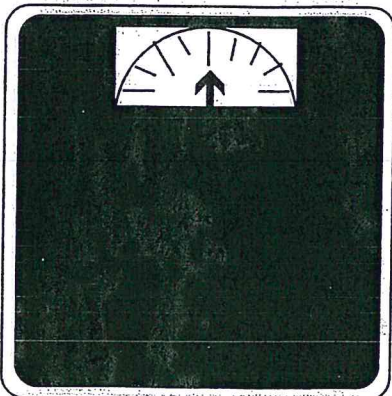
6. Dry irritating cough.

7. Shortness of breath upon exertion that is different.

8. Unusually tired or weak.

9. Dizziness or fainting.

10. Nausea with swelling, pain or tenderness in stomach.



	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>
_____	_____	_____	_____	_____	_____	_____	_____
<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>
_____	_____	_____	_____	_____	_____	_____	_____
<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>
_____	_____	_____	_____	_____	_____	_____	_____
<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>
_____	_____	_____	_____	_____	_____	_____	_____
<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>	<b>Wt.</b>
_____	_____	_____	_____	_____	_____	_____	_____

Take this with you when you visit your Healthcare Provider