



Self-Monitoring your Congestive Heart Failure (CHF)

For patients with heart failure, the main focus of self-care programs are medication management, daily monitoring for signs/symptoms, and adherence to a low-sodium diet and routine exercise.

Self-care for medication management includes:

- Obtaining initial and refill prescriptions
- Incorporating medication administration into the daily routine
- Adhering to the daily medication schedule
- Understanding and implementing prescription changes
- Recognizing common side effects of medications
- Managing changes of routine such as travel or acute illness

Patient medication instructions

- To take each medication each day at the times indicated by using a system (medication list, pill box, etc.).
- Not to allow prescriptions to expire or bottles to become empty before refilling.
- To use the same pharmacy each time.
- Not to skip doses, even when they are feeling well.
- To bring all their medications to each doctor's visit.
- To contact their doctor immediately if they feel they are having side effects from medications, rather than stopping them without telling anyone.
- To discuss barriers to obtaining medications (such as cost difficulties) with the physician.

Instructions for patients able to perform medication management

- Which pill is their diuretic.
- How to change the dose of the diuretic according to the HF action plan.
- To carry out any additional changes that should accompany diuretic dose changes (e.g., need for earlier refills, addition of potassium supplementation).

Daily monitoring of signs and symptoms

We recommend that patients collect information about their signs and symptoms and share this information with their clinicians, despite the limitations of this information as described below. The intent is to determine if there is a change in their condition in between office visits, giving the opportunity for early intervention. Meanwhile, there is a persistent need to identify optimal ways to leverage the data.

Self-care programs typically include the following suggestions for monitoring of signs and symptoms:

Daily weights

Patients should be instructed to:

- Use a scale with large enough print to be readily visible
- Use a scale that is big enough for the patient to stand on easily
- Use a scale that is easy to "zero," such as a digital scale
- Weigh themselves at the same time every morning
 - After urinating but before eating or drinking
 - Before getting dressed or in the same amount of clothing each day
- Record the results in a log book or other permanent record
- Compare results with previous day and with previous week
- Know their target weight

**Greater than a 5-pound weight gain in one week requires immediate call to the designated physician or nurse.

Daily check for edema (swelling)

Patients should be instructed to:

- Look at their legs each day for swelling or an increase in existing swelling
- Describe how far up the leg the swelling reaches (ankle, shin, knee)

**A large increase in swelling or change in appearance needs to be reported to your doctor.

Daily check of symptom severity

Patients should perform the following checks daily:

- Monitor their exercise tolerance (e.g., using a scale ranging from no shortness of breath, shortness of breath after moderate exertion, shortness of breath after mild exertion, shortness of breath at rest).
- Monitor their breathing at night (e.g., using a scale ranging from no shortness of breath lying flat, needing two pillows or more, sleeping upright or awakening with sudden shortness of breath).
- Watch for dizziness or lightheadedness (e.g., using a scale ranging from not dizzy, dizzy for a while after standing, near syncope/syncope or fall).

**Early identification of worsening clinical status through symptom monitoring may be helpful in avoiding hospitalization

Sodium restriction

Reducing dietary salt may prevent volume (fluid) overload. For ambulatory patients with HF, we counsel patients to adhere to a moderate restriction of sodium intake (i.e., less than 3 g/day). For patients who choose to restrict their sodium intake, we refer the patient to a dietician for counseling and provide educational materials to help develop the following skills and knowledge [37] (see "[Patient education: Low-sodium diet \(The Basics\)](#)" and "[Patient education: Low-sodium diet \(Beyond the Basics\)](#)"):

- Understanding of relationship between sodium intake and edema



- Knowledge that sodium and "salt" are the same
- Ability to read a nutrition label
- Ability to calculate total sodium intake in a day
- Recognition of "hidden" sources of salt intake (e.g., sauces/seasonings, canned goods, instant hot cereals)

The goal of education is for the patient to perform the following actions:

- Select low-salt foods and avoid high-salt foods (including processed meats and salted hot cereals)
- Reduce salt added during home cooking
- Ask for reduced-salt meals at restaurants and avoid known sources of salt
- Rinse canned goods before cooking and/or eating
- Avoid instant foods and salty snacks

Other ways to help manage your CHF:

- Fluid Restriction- drinking 2L or less a day is reasonable.
- Exercise
- Stop smoking
- Stop drinking alcohol