What you can do

If you require this guide in a different language or larger type size please contact us and we will do our best to help.

Telephone our patient advice and liaison service: 01296 831120 or email: bht.pals@nhs.net

Infection control is important too. Try to avoid people with infections. Remember to make sure you have had your annual flu vaccine. Ask all healthcare staff to wash hands before and after contact with you.

www.buckshealthcare.nhs.uk **@buckshealthcare**

Com Heart Failure Nurses
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Heart Diary

A short guide to help you manage your heart condition

What is heart failure?

Heart failure is where the heart is not pumping as well as it should. It is the term used when the heart muscle becomes weak and is unable to deliver enough blood and oxygen around the body to meet its needs.

There are several symptoms or clues which may suggest your condition is not as well controlled as it should be, which will be discussed overleaf.

It is important to report changes in your condition to your GP and if you are under the care of a heart failure specialist nurse, then to them also.

*Heart failure plan – British Heart Foundation

Contact Details

Wycombe Heart Failure office
07816 857 077 (Mon-Fri 8-4)
Buc-tr.CommHF@nhs.net

In case of emergencies, please contact your GP or dial 999.

Clinic Date	Outcome

What are the symptoms of heart failure?

Symptoms of heart failure can vary from person to person and will depend on the type of heart failure you have.

One of the main symptoms of heart failure is **fluid accumulation**. The red flags of fluid retention are:

- Swelling in the legs, ankles and sometimes the stomach.
- An increase in shortness of breath
- A quick increase in weight

Other symptoms include

- **Shortness of breath,** especially on exertion
- **Fatigue**

What you can do

A little extra care and a few simple lifestyle changes can make a big difference to how you will feel and your quality of life. More information on all of these can be found in the British Heart Foundation 'An everyday guide to living with heart failure' booklet (www.bhf.org.uk / 0300 330 3311).

Here are some tips and guidelines you should follow to take good care of yourself:

Physical signs

•Weigh yourself daily. Report any sudden weight change; a gain or loss of 1 – 2 kg or 3 – 4lbs over the last three days

•Tell us or your GP if the swelling around your ankles or legs has increased

•Report any increase in breathlessness

Medicines

•Always take your medicine as prescribed and do not stop without consulting your GP

•Make sure that you do not run out of tablets

•If you are unsure about any of your medicines, always seek advice from your GP / pharmacist

•Avoid infections – it is important to be immunised for flu every year and to have a one off injection of the pneumococcal vaccine.

Next appointment Date

Heart Failure Medicines

The following medications are commonly used to treat heart failure. Many of these medicines require routine blood tests to monitor your kidney function as well as salt levels in your body.

You may be on one, or a combination of these drugs, depending on what is most suited to you.

Diuretics

e.g. furosemide or bumetanide

These medicines help remove excessive fluid by making you produce more urine. It is important to monitor your weight and have blood tests to monitor your kidney function and salt levels.

ACE inhibitors

e.g. ramipril, lisinopril, usually ends in ‘pril’

These reduce the work load of the heart, by reducing the amount of fluid pumped around the body. They also help the heart by relaxing blood vessels, which then reduces the amount of force needed to pump blood from the heart.

Angiotensin II Receptor Blockers

e.g. candesartan, valsartan, usually end in ‘artan’

These work in a similar way to ACE inhibitors. They can be an alternative in case of side effects.

Sacubitril Valsartan

This works in two ways, firstly by increasing the body’s natural defences against heart failure and secondly it blocks the body’s natural system which has a harmful effect on the heart. It combines two drugs, one called ‘sacubitril’ and another called ‘valsartan’.

Beta blockers

e.g. bisoprolol, carvedilol, usually end in ‘lol’

Their job is to make the heart beat slower but stronger. They can also be helpful with controlling heart rhythm issues and angina symptoms.

Mineralocorticoid Receptor Antagonists

e.g. spironolactone, eplerenone, usually end in ‘one’

These block the effect of a hormone called aldosterone, causing a mild diuretic effect. They can help slow down progression of heart failure.

SGLT2 inhibitors

e.g. dapagliflozin, empagliflozin usually end in ‘gliflozin’

These increase glucose (sugar) in the urine, and lower glucose levels in the blood. They have been shown to have a benefit in heart failure.

Ivabradine

This medication slows down your heart rate so that this reduces the workload of your heart.

Isosorbide Mononitrate/Dinitrate and Hydralazine

Nitrates relax the blood vessel walls which increases the flow of blood. Hydralazine also widens the blood vessels. Together these reduce the workload of the heart. This combination is often used if you are unable to take other medications.

Digoxin

Digoxin helps to strengthen the force of the heartbeat which increases the amount of blood pumped out from the heart. It also helps with some heart rhythm issues which you may have.

Notes

Diet and exercise

A healthy, nutritious, lower salt diet is best – follow dietary advice given in the British Heart Foundation "An everyday guide to living with heart failure" booklet.

• Exercise – regularly do gentle physical activity which makes you breathe more deeply but does not leave you out of breath. For more advice see the British Heart Foundation Information Diary "An everyday guide to living with heart failure".

• Relaxation – It is important to pace your activity and allow time for rest too.

• Try not to drink more than 1.5 – 2 litres of fluid a day. Too much fluid contributes to water retention, like swelling in the ankles and legs. This can mean your heart has to work harder than it really needs to. Your GP or heart failure nurse may offer more specific advice depending on what is best for you.

Lifestyle

•Stop smoking – smoking is extremely harmful to your heart and your general health. To find out more about free support and advice visit the Bucks Live Well, Stay Well website.

•If you are overweight, seek advice about the best way to reduce your weight gradually.

You Should **CONTACT YOUR GP OR HEART FAILURE TEAM** if you notice any of these **URGENT SYMPTOMS:**

Increasing **breathlessness**	Worsening **fatigue**
Weight increase or decrease of 1 to 2kgs or 3 to 4lbs over three days	Worsening **swelling of ankles, feet, and legs**
Waking up at night **gasping for breath**	Experiencing more **dizzy episodes** than usual
Increase in frequency or severity of **angina**	Experiencing **diarrhoea or vomiting** for more than 24 hours

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How to record your weight

Observing and recording changes in your weight from day to day is a good way of knowing whether you are gaining or losing fluid. It is one of the best ways to pick up early changes in your condition which may need treating. Use the daily weight chart, from page 9, to record your weight.

Weigh yourself at the same time every morning

♥After emptying your bladder
♥Before you get dressed
♥Before you have anything to eat or drink
♥Always use the same scales on a flat, non-carpeted surface.

Write your weight in this diary

I've gained weight

♥Are you more breathless?
♥Are your ankles more swollen?
If your weight has increased over the last three days by 1 – 2 kilos or 3 – 4 pounds contact your GP

I've lost weight

♥Do you weigh less than usual?
♥Are you dizzy?
♥Is your mouth or skin dry?

If yes your water tablet may need reducing, contact your GP

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Daily Weight Chart

Remember if your weight has increased by 1 to 2kgs or 3 to 4lbs over the last three days contact your GP.

Date	Weight		Date	Weight

Date	Weight		Date	Weight

Notes

Date	Weight		Date	Weight

Date	Weight		Date	Weight

Date	Weight		Date	Weight

Date	Weight		Date	Weight

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