

Guide for Delivery of the Initial In-Person Education Session

This document provides information about preparing for and delivering the education session.

Goals:

1. Increased knowledge/awareness about the four areas of Heart Failure Self-Management
2. Patient knows how and when to get weight
3. Patient knows when to call doctor

Preparation Checklist:

Educator:

1. Copy of [Version 1 \(Spanish\)](#) or [Version 2 \(Spanish\)](#) of the Education Materials for patient
2. [Heart Failure Clinical Assessment](#) from clinician which includes:
 - Fluid status (e.g. euvolemic)
 - Guidance on exercise
 - Diuretic & dosage
3. Telephone number patient can call for changes in symptoms – [to be written in workbook materials]
4. Supplemental materials:
 - Highlighter pen to make notations in workbook
 - Empty pill bottle of Lasix
 - Food package with Nutrition Facts label
 - Food model - (e.g., ½ cup beans)
 - Black marker to complete Water Pill Guide
5. Materials needed if teaching Diuretic self-adjustment:
 - [Water Pill Guide \(Spanish\)](#) (2 copies - 1 for patient and 1 for educator)
 - Copies of [Daily Water Pill Plan \(Spanish\)](#) for self-monitoring and practice of diuretic self-adjustment & monitoring during TTG session (provide enough copies for amount of time monitoring)
 - Red marker to mark diuretic pill bottle
 - Label printed with contact information for inside front cover of education materials
 - Addressed/Postage paid envelopes to return Daily Water Pill Plans to educator each month
 - Patient contact information sheet

Patient:

1. Home scale or weight history
2. Medication bottles (including diuretic)
3. Reading glasses (if needed)

Introduction

1. Review the plan for the session
2. Present workbook and explain it is theirs to keep and to study later (possibly bring to clinic appointments and/or follow-up sessions about managing their heart failure)

Overview of Heart Failure

1. (Page 1) **What is Heart Failure (HF)? Your heart is a muscle that pumps blood throughout your body**
 - a. **Heart Failure means that your heart cannot pump the blood well**
 - b. **This can make you feel weak, tired or dizzy**
 - c. **This can cause water to build up in legs or lungs**
 - d. **Water in legs causes swelling**
 - e. **Water in lungs makes you short of breath**

You may experience these things from your heart failure, BUT

2. (Page 2) **There are things you can do to live well w/HF**
 - a. [Encourage pt to get involved w/their care]
 - b. You Can Do It
 - c. **4 Things you can do:**
 - i. **Take your medicines**
 - ii. **Eat less salt**
 - iii. **Exercise**
 - iv. **Check yourself for changes each day**

How to Take Your Medications

1. (page 3) **Take your pills every day at the right times**
2. **Don't skip doses— even if you feel good**
3. **Talk to your doctor if you have any problems taking your medications (i.e. side-effects, paying for meds,)**
4. (Page 4) **“Have you ever run out of medicines?” Don't run out of pills**
 - a. **How do you know if you might be at risk of running out of meds?**
 - b. **Check the number of refills on your pill bottles**
 - c. **Identify the location for determining the number of refills**
 - d. **Have patient read the number of refills remaining**
 - e. **Don't wait - Instruct pt to call Doctor for refills before bottle is empty**
5. (Page 5) **“Do you have a system to help you take your pills correctly”?**
 - a. **Keep a list - show sheet [My Daily Medications \(Spanish\)](#)**
 - b. **Page 5 lists several tips including keeping a pill box**
 - c. **Take enough medication with you when you travel**
6. (Page 6) **Bring your pill bottles and medication list to each Dr. visit**
7. (Page 7) **Know your “Water Pill”**

- a. **Water pill controls how much salt and water you have in your body**
 - b. [Use Pill bottle to help patient identify name of medicine]
 - c. [Document the Patient's diuretic in workbook on page #7]
8. (Page 8) **You Can Do It**
- a. **Here is some space to write down ideas, goals or questions for each topic located throughout workbook**
 - b. **You can write down ideas for taking your medicines correctly**
9. **Talk to your doctor if you have questions or concerns**

How to Eat Less Salt

1. **"Has your doctor told you to eat less salt"?**
2. (page 9) **Now we are going to talk about why you should eat less salt**
 - a. **Salt acts like sponge and makes the body hold water**
 - b. **Too much salt causes your weight to go up, swelling in you legs, water in your lungs.**
 - c. **Most foods have salt even if you can't see it or taste it**
 - d. **Salt is also called sodium**
3. **Here are some tips to eat less salt**
 - a. **Choose foods low in salt**
 - b. **Don't add salt when you cook**
 - c. **Take the salt shaker off the table**
4. **"Have you made changes to how much salt you use?" – Great**
5. (Page 10) **Lets do a brief review high salt foods**
 - a. [review foods on page 10] **These foods have a lot of salt - it's good to know what these foods are Avoid or limit these foods**
6. (page 11) **Lets review low salt foods**
 - a. [review foods on page 11] **These foods have very little salt - good to know which foods these are. Choose these foods more often**
7. (page 12 & 13) **At home you can review these pages with tips to eat less salt when you eat out or at home**
8. **"Who does the shopping and cooking for you at home?" Share this information with them.**
9. (page 14) **I said that many foods have salt even if you can't see or taste it – so how do you know how much salt something has in it?**
 - a. **By reading a food label – to read a label you:**
 - i. **Step 1 – Look at the serving size**
 - ii. **Step 2 – Look at the sodium per serving**
 - iii. **Step 3 – Choose foods with less than 140 mg / serving**
 - b. **This food has 30mg of sodium in ½ cup.**
 - c. **Evaluate this food item -- Good choice!**
 - d. **Watch how much you eat – [show examples of serving sizes]**
10. (Page 15) **Choose items labeled**
 - a. **Low Sodium,**
 - b. **No Salt Added,**
 - c. **Sodium Free**

11. Watch Out /Review items labeled
 - a. Lower Sodium / Reduced Sodium
 - b. [Review example on this page]
12. (Page 16) You can do it!
 - a. At home you can set some goals for reducing your sodium intake.
 - b. Can you think of any foods that you eat a lot that have a lot of salt? Is there any way you could eat less of those foods?

Exercising Well With Heart Failure

****** Verify doctor's approval of physical activity. If not approved for exercise - SKIP to next section**

1. (Page 17) Exercise is good for your heart and your mood
 - a. "Are you exercising now?"
 - b. [If yes] "what exercise do you like to do?" "How often?"
 - c. [If no] **Start slowly, Choose something you enjoy doing**
2. You may have some SOB with exercise
 - a. **Stop if you feel much more than usual: chest pain, dizziness or have severe shortness of breath**
3. (Page 18) [Review some of the exercises on the page]
4. (Page 19) **Exercise will get easier –**
 - a. **your body needs time to get used to it**
 - b. **Over time you will be able to do more.**
 - c. [Review steps for doing more]
 - d. **It is important to stay with it and keep doing as much as you can do**
5. (Page 21) You Can Do it
 - a. **At home you can review some exercise options**
 - b. **Use this page to set a goal for your exercise**
6. **Talk to your doctor about a good choice for exercising**

Daily Check Up

1. (page 22) **HF can cause you to feel bad – if you can catch warning signs early, you can take action to feel better and may be able to stay out of the hospital.**
2. **You can expect to have good days and bad days – but you should be looking for a sudden worsening in the way you feel**
3. **Lets do a brief review - we've talked about a few ways to help take care of your heart:**
 - a. **Taking meds**
 - b. **Eating less salt**
 - c. **Exercising**
4. **There are a few more things you can do:**
5. **EVERY DAY check yourself to find out if you are getting worse – Daily Check-up**

- a. **How do you feel? - are you having shortness of breath or feeling dizzy or faint?**
 - b. **Do you have swelling (in your legs??)**
 - c. **Weigh yourself**
- 6. Now let's talk about how to do your daily check-up...**
- a. **You are looking to identify any change from what is usual for you...compared to your best day**
 - b. **(Pages 23-25)Ask yourself – How do I feel today?**
 - c. **[Review color coding - green, yellow, red]**
 - i. **Green - GO - Feeling well / like you usually do**
 - ii. **Yellow – Warning Signs - HF Getting worse – able to do less than usual**
 - iii. **Red – STOP - Feeling very bad / CALL MD**
 - d. **Key Idea is to Identify worsening symptoms and look for the warning signs that HF is getting worse**
 - e. **If you notice a problem early, you may be able to avoid going to hospital by:**
 - i. **Taking meds**
 - ii. **Limiting salt intake**
 - f. **But you need to know when you should call your doctor**
- 7. How do I feel today?**
- a. **(Page 23) Am I more short of breath walking?**
 - i. **Red - SOB at rest**
 - b. **(Page 24) Am I more short of breath sleeping? Do you have to sleep with your head more propped up than usual?**
 - i. **Red – sleeping up in a chair**
 - c. **(Page 25) Am I feeling more faint or dizzy?**
 - i. **Red – have to hold onto something / almost passed out or fainted**
 - d. **(Page 26) Do you have more swelling than usual?**
 - i. **[Demonstrate how to check for swelling]**
 - ii. **Check in the morning**
 - iii. **Red – swelling all the way up to the knee**
- 8. (Page 27) Weigh yourself each day**
- a. **Change in weight may be early sign that HF is getting worse (Body is holding on to water and salt)**
 - b. **When – in the Morning:**
 - i. **After you urinate**
 - ii. **Before you eat breakfast**
 - iii. **Before you get dressed**
 - c. **Target Weight:**
 - i. **Determined by your Doctor**
 - ii. **Weight where your heart is working best**
 - iii. **Used to monitor fluid status**
 - iv. **Talk with your doctor about a plan for weight changes**

No Diuretic Self-Adjustment– Conclusion (Pages 28-30)

1. I hope you have learned more about caring for your heart
2. To help you at home we are giving you:
 - a. Digital Scale(if applicable)
 - b. Caring for your heart workbook
3. (Page 28) Let's Put it all together - We suggest that you do these things:
 - a. Daily Check Up - looking for warning signs that heart failure is getting worse or that you need to call you doctor
 - b. Take Medicines every day like your doctor tells you to do
 - c. Watch your salt intake
 - d. Exercise
4. (Page 29)Call Your Doctor if
 - a. [Review 5 indications for call]
 - b. [Write in phone number to call on top of page]
5. If scale is provided or brought in - ensure patient knows how to use scale
 - a. [Demonstrate use of scale]
 - i. Remove shoes, coats, objects from pockets (if possible)
 - ii. Place feet completely on scale
 - iii. Do not hold on to anything while standing on scale
 - iv. [Have patient step on scale to obtain weight:]
 - v. [Ask pt if he/she can see weight]
 - vi. [Ask pt to state weight displayed]
 - b. [Review basic information about using the scale]
 - i. Place scale on flat, non-carpeted surface
 - ii. Remove shoes
 - iii. Make sure feet are completely on scale
 - iv. Don't hold on to anything when taking weight
6. Discuss plan for follow-up (see page)

Diuretic Self-Adjustment - Conclusion (Pages 28-31)

1. **Ok, now we are going work out a plan for you to care for your heart. This is really a great program and I think you will feel like you have a lot more control over how you feel. My goal is that you feel confident that you know what to do.**
2. (Page 28) A Plan for weight changes
 - a. **First, let's talk about a plan for when your weight changes.**
 - b. **Remember, heart failure causes your body to hold onto water and that can make your weight increase because of the extra water. Checking your weight everyday can help you see when your heart isn't doing well.**
 - c. **The first thing we need to do is figure out your target weight. Let's have you stand on your scale since this is the scale you will be using in the morning** (or let's review your weights over the past week on your scale at home – verify the correct timing of weight)
 - d. [Demonstrate use of scale]
 - i. **Remove shoes, coat, objects from pockets (if possible)**
 - ii. **Place feet completely on scale**
 - iii. **Do not hold on to anything while standing on scale**
 - iv. [Have patient step on scale to obtain weight:]
 - v. [Ask pt if he/she can see weight]
 - vi. [Ask pt to state weight displayed]
 - e. [Review basic information about using the scale]
 - i. **Place scale on flat, non-carpeted surface**
 - ii. **Remove shoes**
 - iii. **Make sure feet are completely on scale**
 - iv. **Don't hold on to anything when taking weight**
 - f. **Set patient's Target weight**
 1. see document [Guidelines for Setting Target Weight](#)
 - ii. **Your target weight is the weight where your body has the right amount of water**
 - g. [Complete Patient's [water pill guide \(Spanish\)](#)]
 - i. [Enter Target Weight and weight range on Water Pill Guide in center of green zone]
 - ii. [Enter weigh changes in one pound increments up and down the water pill guide]
 - iii. [Enter the diuretic dosage for each color zone as weight increases and decreases (see [Heart Failure Clinical Assessment](#))]
 - h. [Review Water Pill Guide with Patient]
 - i. **This guide will help you decide how many water pills to take every day.**
 - ii. [Explain the weight column and the # of pills column]

- iii. **So, say your weight is [target +1], how many water pills will you take today?**
 - iv. **We expect some small changes from day to day, but mostly; your weight should be at or close to your target weight if you do not have any extra fluid.**
 - i. [Identify water pill]:
 - i. [Place 'W' with a permanent marker or a sticker on diuretic lid and make "W" mark on bottle next to the diuretic name].
 - ii. [If patient does not have pill bottle – give them sticker and instruct them to place it on diuretic lid (review on Call #1)]
 - iii. **Your normal dose of water pills is what you take when you are in the green zone. Your pills are (XXX) mg each, so you take(xx) # in the morning and(xx) # in the afternoon. When your weight gets too high, your doctor wants you to take (XXX). This will help your body get rid of some of the extra water. If your weight gets too low down here in this yellow zone you may not have enough salt and water in your body, and you need to take less.**
 - j. [[Daily water Pill Plan \(Spanish\)](#)] - Now, I want to show you how to fill out your Daily Water Pill Plan.
 - i. **Fill in the date in the first column – [put today's date]**
 - ii. **Enter your weight in the second column – [enter the weight that you just got on the scale]**
 - iii. **Enter the color zone in the third column – this would be the color that the weight falls in to, like green, yellow or red**
 - iv. **Then record the number of pills you took in the morning and the number of pills you took in the evening in the last 2 columns**
 - v. [Provide envelopes so they can mail in their plans or ask them to bring to each appointment]
3. (Page 29) **Putting It All Together:**
- a. **So every day you should do the following:**
 - i. **Check how you feel**
 - ii. **Check your swelling**
 - iii. **Check your weight and write it on your Daily Water Pill Plan**
 - iv. **Determine what zone you are in and write in on your Daily Water Pill Plan**
 - v. **Decide how many water pills to take and write it on your Daily Water Pill Plan**
 - vi. **Decide if you need to call your HF doctor**
4. (Page 30) **When should I Call?**
- a. [Review indications and when to call - on back of [Water Pill Guide \(Spanish\)](#) Call indication]:
 - i. **If short of breath at rest or more than usual**
 - ii. **If you sleep upright in a chair**
 - iii. **If you have more swelling in your legs (more than usual)**

- iv. **If you have a lot of dizziness**
 - v. **If your weight is in the RED zone – Take morning water pills & other pills and call MD**
 - vi. **If your weight is in the YELLOW zone for 3 days in a row – take pills and call MD**
 - vii. [Write Phone number to call]
5. [Practice the self-adjustment by giving patient 5 examples of different weight they could have and ask them to tell you:]
 - a. **how many pills would you take if you had that weight**
 - b. **would you do anything else** (i.e. phone the MD)
 - c. **fill out the Daily Water Pill** [for each example] **including date, weight, zone, and number of pills**
 - d. [Also, give an example of someone with worsening symptoms and ask what they would do].
 6. (Page 31) You can do it
 - a. **Write down ideas or questions about your daily check-up**
 - b. **That is a lot of Information, What do I need to review again?**
 7. Discuss plan for follow-up

Follow-up

1. Explain that they will receive follow-up phone calls or will have follow-up visits that will review this information, discuss progress on caring for their heart failure and answer questions.
 - a. For follow-up phone calls, use the [contact information sheet](#) to document the preferred phone number and time to call.
 - b. Schedule the first follow-up call or visit.
2. Ask that they bring the manual to follow-up appointments or have it available during the calls
3. Ask them to send in their completed [Daily Water Pill Plans \(Spanish\)](#) or bring them to appointments
4. Remind them to call the clinician not the educator for worsening symptoms of heart failure.