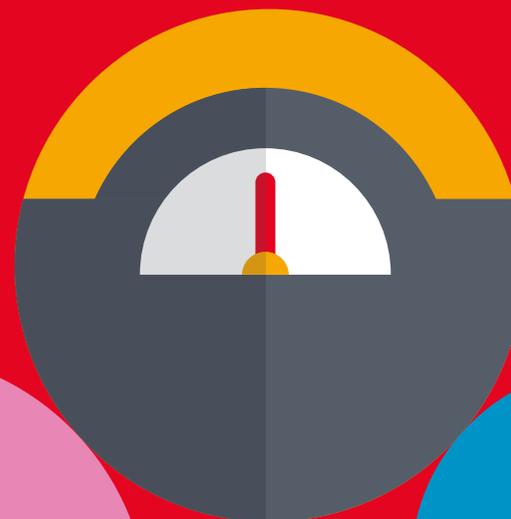
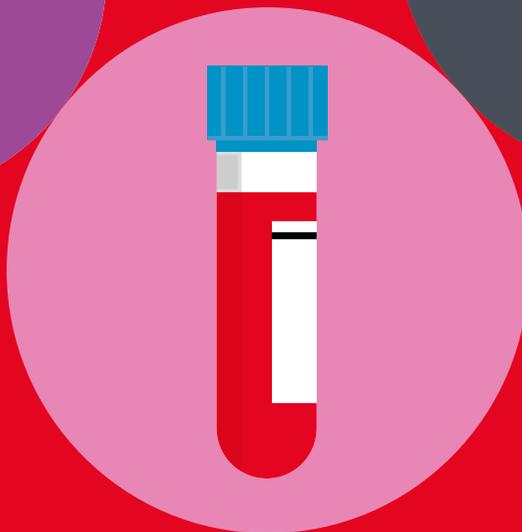




# An everyday guide to **LIVING WITH HEART FAILURE** Personal record



**FIGHT  
FOR EVERY  
HEARTBEAT**

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# HOW TO USE THIS RECORD

This personal record accompanies our publication *[An everyday guide to living with heart failure](#)*. It is designed to help you keep all the important notes about your experience of heart failure, including symptoms, medication and treatment, in one place. It will help both you and your different health professionals to keep track of your progress more easily.

Bring this record, together with any echocardiogram or ECG reports you may have, to all your appointments at the hospital and the GP surgery, and to your heart failure clinic.

The information recorded here should remain confidential to you and all your health professionals.

Note to health professionals: This record documents the patient's health status with regard to their heart failure and is not a substitute for the patient's medical notes.

*An everyday guide to living with heart failure:* Personal record has been adapted from the Patient Held Record developed by

**Tracey Dare**

BHF Heart Failure Specialist Nurse, Dorset County Hospital, NHS Foundation Trust.

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## CONTACT DETAILS

### Your details

|               |
|---------------|
| Name          |
| Date of birth |
| Phone         |

### Hospital details

|                           |
|---------------------------|
| Hospital consultant       |
| Patient's hospital number |
| Heart failure nurse       |
| Phone number              |
| Other contacts            |

### GP details

|                         |
|-------------------------|
| GP                      |
| Phone                   |
| Address                 |
| Out of hours GP service |

If this record is found, please return it to the GP surgery

# MEDICATION



We have information on how to manage your medications and their possible side effects on pages 19-34 of [\*An everyday guide to living with heart failure\*](#).

| Name of medication | What it's for | Dose | Morning | Lunchtime | Evening | Bedtime | Other times | Comment |
|--------------------|---------------|------|---------|-----------|---------|---------|-------------|---------|
|                    |               |      |         |           |         |         |             |         |
|                    |               |      |         |           |         |         |             |         |
|                    |               |      |         |           |         |         |             |         |
|                    |               |      |         |           |         |         |             |         |
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|                    |               |      |         |           |         |         |             |         |
|                    |               |      |         |           |         |         |             |         |

# PROGRESS



This is a record of your progress that should be filled out each time you visit your nurse or doctor. For more information about heart failure and symptoms, please see pages 5-17 of *An everyday guide to living with heart failure*.

| Date | HR | BP        | ECG | ET | PND | Pillows | Oedema | Fatigue | NYHA | JVP | Weight |
|------|----|-----------|-----|----|-----|---------|--------|---------|------|-----|--------|
|      |    | Sitting:  |     |    |     |         |        |         |      |     |        |
|      |    | Standing: |     |    |     |         |        |         |      |     |        |
|      |    | Sitting:  |     |    |     |         |        |         |      |     |        |
|      |    | Standing: |     |    |     |         |        |         |      |     |        |
|      |    | Sitting:  |     |    |     |         |        |         |      |     |        |
|      |    | Standing: |     |    |     |         |        |         |      |     |        |
|      |    | Sitting:  |     |    |     |         |        |         |      |     |        |
|      |    | Standing: |     |    |     |         |        |         |      |     |        |
|      |    | Sitting:  |     |    |     |         |        |         |      |     |        |
|      |    | Standing: |     |    |     |         |        |         |      |     |        |

**HR** heart rate, **BP** blood pressure, **ECG** heart tracing, **ET** exercise tolerance, **PND** paroxysmal nocturnal dyspnoea (waking up suddenly short of breath/panicky), **Pillows** number of pillows you sleep on at night, **Oedema** swelling, **NYHA** New York Heart Association score (1,2,3,4), **JVP** Jugular venous pressure. For more information on these terms, see page 9.

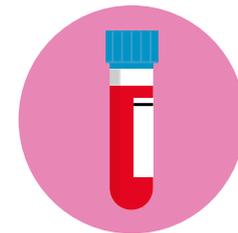
# PROGRESS

Ask your doctor or nurse to record anything you should change.



| Date | Comments/problem | Action | Signed |
|------|------------------|--------|--------|
|      |                  |        |        |
|      |                  |        |        |
|      |                  |        |        |
|      |                  |        |        |
|      |                  |        |        |
|      |                  |        |        |
|      |                  |        |        |
|      |                  |        |        |

# BLOOD RESULTS

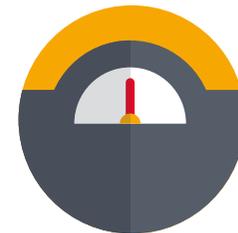


One of the most common types of blood test you will have is a 'U&E', or kidney function check, comprising sodium, potassium, urea and creatinine levels. People with heart failure often have slightly out of range results (the normal values are listed in brackets). Do not be alarmed if your results are out of range as this might be normal for you. You can have a chat with your doctor or nurse about this.

You can find more information about tests on page 5 of [\*An everyday guide to living with heart failure\*](#).

| Date | Sodium (132–145) | Potassium (3.5–5.0) | Urea (3–6.5) | Creatinine (50–120) | Comments |
|------|------------------|---------------------|--------------|---------------------|----------|
|      |                  |                     |              |                     |          |
|      |                  |                     |              |                     |          |
|      |                  |                     |              |                     |          |
|      |                  |                     |              |                     |          |
|      |                  |                     |              |                     |          |
|      |                  |                     |              |                     |          |
|      |                  |                     |              |                     |          |

# DAILY WEIGHT CHART



Please see page 47 of [\*An everyday guide to living with heart failure\*](#) for guidance on how to weigh yourself properly. Remember, if you gain 1-2 pounds (about 1 kilo) or more in 2-3 days, you may be retaining fluid. Call your doctor, nurse or GP for advice.

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

|        |  |           |
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| Date   |  | Comments: |
| Weight |  |           |

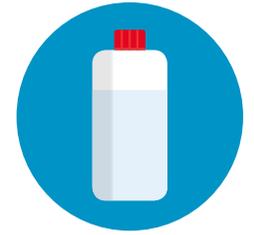
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| Weight |  |           |

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| Weight |  |           |

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

|        |  |           |
|--------|--|-----------|
| Date   |  | Comments: |
| Weight |  |           |

# DAILY FLUID RECORD



For information about managing your fluid balance and how to record your daily fluids, please read pages 42-46 of [\*An everyday guide to living with heart failure.\*](#)

| Day/date                  | Fluid in drinks | Fluid in food | Total fluid for the day |
|---------------------------|-----------------|---------------|-------------------------|
| <b>Monday</b><br>Date:    |                 |               |                         |
| <b>Tuesday</b><br>Date:   |                 |               |                         |
| <b>Wednesday</b><br>Date: |                 |               |                         |
| <b>Thursday</b><br>Date:  |                 |               |                         |
| <b>Friday</b><br>Date:    |                 |               |                         |
| <b>Saturday</b><br>Date:  |                 |               |                         |
| <b>Sunday</b><br>Date:    |                 |               |                         |

# LIST OF ABBREVIATIONS/MEDICAL TERMS



Your health professionals may use some of these terms when making notes about your progress.

| Term           | Explanation  |
|----------------|--|
| <b>BP</b>      | Blood pressure   |
| <b>CABG</b>    | Coronary artery bypass graft   |
| <b>ECG</b>     | Electrocardiogram – an electrical tracing of the heart   |
| <b>ECHO</b>    | Echocardiogram – an ultrasound scan of the heart   |
| <b>ET</b>      | Exercise tolerance<br><br><ol style="list-style-type: none"> <li>1 Good. No limitations. Can manage more than 1 mile. Takes regular exercise</li> <li>2 Fair. Can manage up to ½ mile on the flat. Walking up inclines causes SOB</li> <li>3 Moderate. Limited to 100 yards at best. Washing and dressing causes SOB</li> <li>4 Poor. SOB at rest</li> </ol> |
| <b>Fatigue</b> | <ol style="list-style-type: none"> <li>0 None</li> <li>1 After moderate physical effort, eg, walking down the corridor or showering</li> <li>2 After mild exertion, eg, washing and dressing</li> <li>3 After minimal exertion, eg, standing from the chair, pottering around the room</li> <li>4 At rest</li> </ol>   |
| <b>HR</b>      | Heart rate   |
| <b>JVP</b>     | Jugular venous pressure (measurement of fluid overload)  |

| Term          | Explanation   |
|---------------|---|
| <b>LV</b>     | Left ventricle – this is the main pumping chamber of the heart  |
| <b>MI</b>     | Myocardial infarction = heart attack  |
| <b>NYHA</b>   | New York Heart Association score, used for measuring degree of heart failure symptoms<br><br><ol style="list-style-type: none"> <li>1 No symptoms</li> <li>2 Symptoms on moderate exertion</li> <li>3 Symptoms on mild exertion</li> <li>4 Symptoms at rest</li> </ol>  |
| <b>OEDEMA</b> | Swelling / water retention in the tissues. Can occur in the feet, ankles, lower limbs and abdomen<br><br><ol style="list-style-type: none"> <li>1 None</li> <li>2 Mild (resolves after rest)</li> <li>3 Moderate (eg, mid calf / below knee)</li> <li>4 Above knee</li> <li>5 Thigh / sacral / abdomen</li> </ol> |
| <b>PND</b>    | Paroxysmal nocturnal dyspnoea – sudden wakening in the night due to SOB   |
| <b>SOB</b>    | Shortness of breath   |



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FOR EVERY  
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