





HEART DISEASE *Risk Management Guide*

GREEN ZONE = GOOD	GREEN ZONE MEANS
<p>No shortness of breath.</p> <p>No swelling.</p> <p>No weight gain.</p> <p>No decrease in your ability to maintain normal activity.</p> <p style="text-align: right;">Your Normal Weight is: _____</p>	<p>Your symptoms are under control.</p> <p>Continue taking your medications as ordered.</p> <p>Continue to follow your diet.</p> <p>Keep your Home Care Nurse appointments.</p> <p><i>Keep Physician Appointments</i></p>
YELLOW ZONE = CAUTION	YELLOW ZONE MEANS
<p>If you have any of the following signs or symptoms:</p> <p>Increased weight (2-3 lbs, in one day or 4-5 lbs in the past 5 days).</p> <p>Increased cough.</p> <p>Increased swelling of legs, ankles and/or feet.</p> <p>Increased shortness of breath with activity.</p> <p>Chest Pain.</p> <p>Increased number of pillows needed to sleep or need to sleep in a chair.</p> <p>Anything else unusual that bothers you.</p>	<p>Your symptoms may indicate that you need an adjustment of your medication.</p> <p> Call your Home Health Nurse: 24 HOUR HOTLINE HOME HEALTH CARE SOLUTIONS 877-718-1306</p> <p><i>(Please notify your Home Care Nurse if you contact or go see your MD)</i></p>
RED ZONE = EMERGENCY	RED ZONE MEANS
<p>Unrelieved shortness of breath.</p> <p>Unrelieved chest pain.</p> <p>Wheezing or chest tightness at rest.</p> <p>Chest pain not relieved or reoccurs after taking _____ Nitro tablets.</p> <p>Mental changes.</p>	<p>This indicates that you need to be evaluated by your physician right away.</p> <p>Primary MD: _____</p> <p> Phone Number: _____</p> <p><i>(Please notify your Home Care Nurse if you go to the emergency room or are hospitalized)</i></p>

PHONE: (877-718-1306) FAX ONLY-PHYSICIAN ORDERS: (855-718-1309)

This is a standard guideline for HEART DISEASE Management for HHCS patient education purposes. Always follow your physicians orders pertaining to your care.