

Personal heart failure care plan

Cardiology

Information for Patients

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What is heart failure?

Heart failure is a very common condition that affects 2% of the adult population in the UK.

The heart is like a pump that sends blood around the body. It carries around oxygen and vital nutrients.

Heart failure happens when this pump becomes less effective. Less blood is pumped out of the heart to the major organs like the lungs, kidneys and the brain. This can make you feel tired and lacking energy.

This can cause fluid to build up in areas like your legs and lungs. This can make you feel breathless and cause swollen legs.

What causes heart failure?

Heart failure can be caused by any condition that can damage and weaken the heart.

Heart attacks are the most common cause for heart failure. Heart attacks can happen because of drinking too much alcohol, infections and heart muscle disorders (cardiomyopathies).

Heart failure can happen because of any condition that puts a strain on the heart like:

- High blood pressure (Hypertension)
- Diseases of the heart valves ('narrowed' or 'leaky')
- Abnormal heart rates and rhythms (Arrhythmias)
- Thyroid gland disease
- Heart problems from birth (Congenital heart disease)

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What problems can heart failure cause?

- **Tiredness:** the muscles and major organs do not get enough blood making you lack energy.
- **Breathlessness:** with both fluid in the lungs and lack of oxygen supply to the lungs it can make you feel short of breath. This is often worse when lying flat or when you are active.
- **Leg swelling (oedema):** fluid build up can cause swelling of the feet and ankles. In worst cases this can be in the legs, thighs, groin and abdomen.
- Other symptoms include cough, not wanting to eat much, disturbed sleep and depression.

Not all patients with heart failure will have these symptoms. These symptoms are also found in people without heart failure and may be due to other medical conditions. This is why these tests are so important.

How is heart failure diagnosed?

To diagnose heart failure we need to do a test of your physical symptoms with some of the tests listed below:

- **Blood tests:** we look for anaemia, thyroid disease and look at kidney function. We can do a blood test that can help identify stretch across the heart that can be leading to heart failure. This is called NT ProBNP.
- **Tracing of the heart (electrocardiogram):** to look for signs of previous heart attack, or conditions causing strain.
- **Chest x-ray:** to look for an enlarged heart or fluid in the lungs.
- **Echocardiogram (echo):** this is a painless ultrasound scan of the heart using jelly placed on your chest. It is similar a scan carried out on pregnant women. This gives useful information about the heart pump, muscle and valves.

What to expect in the future?

Heart failure is a long term (chronic) condition that can cause you to be admitted to hospital. There are many treatments and lifestyle changes that can make better the condition of your heart. It can improve your symptoms or even improve your heart function.

As somebody living with heart failure there is a lot you can do to help improve your symptoms and you should know when to get help.

What should I be doing?

Monitor your weight

- Fast weight gain or loss can reflect a problem with your fluid levels.
- Weigh yourself daily.
- Talk to your doctor or heart failure nurse if your weight has gone up or down over a short period. This can be weight loss or weight gain of 2kg (4lb) over 2 to 3 days (use the chart at the back of booklet).
- We may ask you to monitor how much you are drinking (fluid intake). This will be talked about in detail in your plan. If you have any questions about fluid intake please contact your heart failure nurse.

Stop Smoking

- Smoking increases your risk of heart muscle damage. Smoking also causes lung disease which will make any breathing difficulties worse.
- There are many resources available to help you stop smoking. Talk about these with your GP or doctor. See the more Information and support section on page 7 for contact details.

Cut down on alcohol

- Limit how much you drink. Make sure you drink no more than 14 units a week. Make sure this is spread out through 3 days or more.
- Research shows that you should have at least 2 days a week free from alcohol. If you are drinking too much, your doctor may advise you to completely stop drinking alcohol.

Diet

- Eat a healthy balanced diet.
- Try to have 5 portions of fruit or vegetables a day.
- Reduce the amount of fat content in your diet.
- Have fish in your weekly diet.
- Your healthcare professional will be able to help you with this. This advice may change as your condition progresses.

Cut down salt intake

- Eating less salt will help with the amount of extra fluid you hold.
- Try to have less than 5g of salt a day.
- Foods high in salt are crisps, nuts, ready meals, pizzas, soy sauce and stock. Reduce salt in cooking by using herbs or spices to add flavour instead.

Check food packaging!

The terms salt and sodium can both be used to mean the same thing.

5g salt = 2g sodium

Lose Weight

Loosing excess weight will reduce the amount of strain on your heart and improve your symptoms.

Exercise

- Walking is the best exercise whilst you are in hospital. If you have difficulty walking, you may be seen by a physiotherapist who will guide you through alternative exercises.
- It is very important for your future health that you do regular exercise. Walking is a great way to get started and the standard recommended amount of exercise is between 20 to 30 minutes, 4 to 5 times per week.
- If you are not used to regular exercise or you have recently been discharged from hospital, it is best that you begin with smaller amounts, for example 3 to 5 minutes walking a day. Once you feel comfortable with this, slowly increase the number of times you walk each day. Once you are able to walk for 5 minutes 3 to 4 times a day you may decide to increase the length of time you are walking for but reduce the number of times a day you carry out your exercise.
- It is important that you walk at a pace comfortable for you. Whilst walking you should be comfortably short of breath but still able to, or feel like you could hold a conversation, at the same time.

If you experience any of the following, you should consult your GP, HFSN or cardiac rehabilitation professional:

- Chest, neck, shoulder and/or arm discomfort or pressure during or after exercise. Use your GTN, if you have one, as instructed.
- Repeated palpitations or rapid or irregular heart beats.
- Extreme tiredness (fatigue) when exercising or general weakness. You should be fully recovered from an exercise session within an hour time period.
- Being very short of breath at rest or during exercise.
- Unexplained rapid weight gain or swelling of the hands, feet, ankles and legs.
- Feeling dizzy or light-headed.

Do not continue with your exercise if you have any of the above and have not been reviewed by your GP/HFSN/ Consultant.

How can we help you?

- Getting a vaccination can stop the strain infections put on the heart. Talk to your GP to check that you are up to date with your vaccinations.
- There are lots of tablets that can improve symptoms of heart failure and the long term condition of your heart.

- Tablets can remove excess salt and water from the body. This can reduce strain on the heart and reduce your chance of dangerous heart rhythms.
- In most patients, simple lifestyle changes and tablets alone really can help.
- Sometimes tablets alone do not control heart failure. In these cases there are specialised therapies available. This can be pacemakers or valve surgery. In rare cases you may need a heart transplantation. Your heart failure specialist will assess you for this.

Some tablets for heart failure

Here are some of the medications that we can give you:

- **Diuretics** for example furosemide, bumetanide, metolazone, bendroflumethiazide
- **ACE Inhibitors** for example ramipril, enalapril, lisinopril, captopril
- **ARBs** for example candesartan, losartan, valsartan
- **ARNI** for example Entresto
- **Beta Blockers** for example bisoprolol, metoprolol, carvedilol
- **Mineralocorticoids** for example spironolactone, eplerenone
- **SGLT2** for example Dapagliflozin, Empagliflozin.
- **Others** for example digoxin, ivabradine

Please remember to take your tablets regularly and always check with your nurse or doctor if there are plans to stop or alter your prescription

General advice

You must take **all** medications. If you are admitted to hospital you need to bring a list of your medications. You also need to bring any recent discharge or clinic letters you may have.

You are not alone, support is available so do contact us.

Research

Large worldwide medical trials have shown that patients who take their tablets as prescribed are much **more likely to feel better, avoid hospital and live longer.**

Your doctor or heart failure nurse will routinely monitor your symptoms, blood pressure and heart rate along with blood tests before adjusting tablet doses.

Trials also show that being part of a 'Heart Failure Team' can improve your future health.

We have a 'Heart Failure Team' Multi Disciplinary Team, (MDT) that could include:

- Consultant cardiologist (hospital)
- General practitioner (GP)
- Heart failure pharmacist
- Hospital heart failure nurse specialist
- Community heart failure nurse specialist
- Dietician
- Cardiac rehabilitation nurse
- Physiotherapy and Occupational Therapist

Contact a member of our heart failure team

Do not stop medication without talking to the team first. If you are admitted into hospital please contact the team.

Hospital heart failure team: 0116 250 2973 or 07961 729241 Monday to Friday 9am and 5pm
Community heart failure team: 0300 300 7777 Monday to Friday between 08.30am and 4.30pm

Other times you may want to call us:

- If your symptoms are worse.
- If you would like to know more about your condition.
- If you are wondering whether specialist treatments might benefit you.
- If you would like advice on whether you are fit enough to travel by airplane.
- You gain or lose weight quickly.
- Need to sleep propped up more than usual.
- Your feet or legs swell more than usual.
- You are more breathless.
- You have diarrhoea or are being sick (vomiting).
- You have a new cough.
- If you have side effects from the medication.

More information and support

British Heart Foundation

Gives you general information and advice on heart disease: www.bhf.org.uk

Practical heart failure

Information for patients and carers: www.pumpingmarvellous.org and www.heartfailurematters.org

Heart failure and other conditions

www.cardiomyopathy.org and www.patient.co.uk

Help stop smoking

www.nhs.uk/better-health/quit-smoking/

Transition of care checklist (for professionals):

- ☐ Medication discussed with patient.
- ☐ Patient aware how to obtain regular medication.
- ☐ Exercise discussed with patient.
- ☐ Monitoring required weight and symptoms
- ☐ Follow up will be arranged with the appropriate health care professional.

Monitor your weight

Rapid weight gain or loss may show a problem with your fluid balance. So weigh yourself daily. Talk to your doctor or heart failure nurse if your weight has increased or decreased over a short period. This can be can be weight loss or gain of 2kg (4lb) over 2 to 3 days.

Date	Weight

Date	Weight

Date	Weight

My weight is Best achieved Dry WeightKGKG	Do you have any queries or concerns?
My average blood pressure is:	<ul style="list-style-type: none"> • Low • Normal • High 	
My heart rate is (discharge)		
My usual ECG and QRS		
Frailty score		
My echocardiogram	<ul style="list-style-type: none"> • HFREF • HFPEF • Valve • Other 	

Personal plan: to be completed with the nurse

How far can you walk before becoming short of breath?		Over the last 2 weeks, how often have you been bothered by any of the following problems? Give answers as 0 to 3, using this scale: 0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day	
Are you more breathless than normal?			
Does your breathing effect your sleep?		Little interest or pleasure in doing things. Please circle 0 1 2 3 Feeling down, depressed or hopeless. 0 1 2 3	
How many pillows do you sleep with at night?			
Are you feeling more tired than normal?			
These questions will form part of your follow up, so we can monitor your symptoms over time.		PHQ score	If score total is a 3 or above undertake PHQ 9
Inpatient Personal Plan		Date:	
What goals/achievement are most important to you?			
What support do you feel you need to achieve this?			
Would you be happy to be contacted by the research team?			
Review following discharge:		Date	
How do you feel things are progressing?			
What have been the main difficulties you have come across?			
Review of goal/action plan:			
When:		Where:	

Previous reference: CAR026-0915

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk