THE SUMMIT MEDICAL GROUP

Living FAILURE Guide





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Taking a Role in your treatment

The cardiology team at Summit Medical Group wants to help you take an active role in managing your heart failure!

We will partner with you every step of the way to ensure you get the care you need, including developing a personalized treatment plan with:

- Recommendations about when you should see your doctor or heart failure specialist
- Important advice and information about healthy lifestyle behaviors
- Resources to help you understand and manage your condition

To help reduce your heart failure symptoms, we recommend:

- Weighing yourself at the same time each day
- Taking your blood pressure each day
- Taking your medications exactly as prescribed
- Restricting your fluids when instructed
- Eating a healthy low-salt diet
- Exercising regularly if it is appropriate for you
- Enlisting the support of family and friends
- Talking with a counselor about your health care challenges

Following these recommendations can help you take control of your health and influence your future.

We're here to answer all your questions, help you stay on track with your treatment and health, and reassure you.

Whatever your needs, we want to help you live well and stay well!

Call us at 908-277-8700.

Understanding

YOUR HEART and HEART FAILURE

Understanding how your heart works and learning about your condition can help emphasize why it is important to follow heart failure guidelines from your heart failure specialists.

About Your Heart

Your heart is comprised of 2 sides, left and right, with a top and bottom chamber on each side. Each chamber has a valve that controls blood flow through the heart. The chambers at the top of the heart are known as the atria. The chambers at the bottom of the heart are called the ventricles. Although the entire heart pumps (or squeezes) blood out to the rest of the body, the ventricles are considered the strongest of the pumps.

Each time your heart beats, the ventricles contract (or squeeze in) to pump blood out of your heart. The right ventricle pumps blood to the lungs where oxygen binds to your blood cells. The oxygen-rich blood then flows back to the left atrium and then the ventricle. The ventricle then squeezes blood out so that it can circulate through the body and deliver oxygen and nutrients to your tissues. The circulatory process also

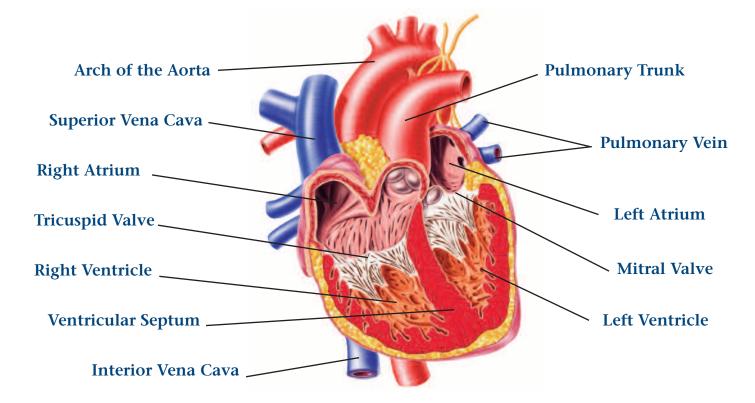
eliminates waste products from the blood through the lungs, kidneys, and liver.

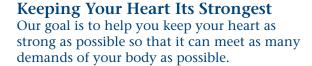
About Heart Failure

With each beat of a normal heart, 50 percent to 70 percent of the blood is pumped (or squeezed) out to other parts of the body. The percentage of blood that is pumped out is known as your ejection fraction (EF). But when the heart muscle is weak, stiff, or thick, or a valve between the chambers leaks, the heart cannot pump enough blood to meet the needs of the body.

To compensate for insufficient blood flow, the heart works harder. It swells. It beats faster. But even with these changes, a weak heart cannot keep up with the needs of the body. As a result, the circulatory system backs up with fluid in the lungs and other parts of the body, including the feet, ankles, legs, hands, and abdomen.

Fluid buildup (or congestion) in the lungs makes some people with heart failure feel short of breath. Most people with heart failure feel tired. The weaker the heart, the more severe the symptoms.





The 4 levels that characterize the severity of heart failure are:

Class I
 Ordinary physical activity does not cause fatigue, palpitations, shortness of breath, or chest pain

• Class II

Ordinary physical activity can cause fatigue, palpitations, shortness of breath, and chest pain. As a result, you are likely to notice symptoms when you exert yourself, but you will probably be comfortable at rest

• Class III

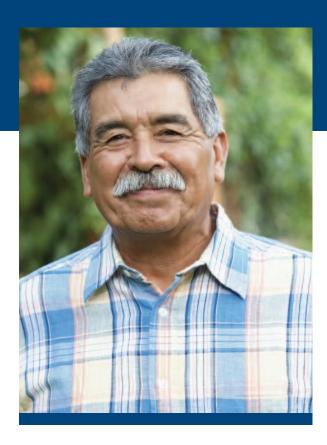
Even very little activity causes fatigue, palpitations, shortness of breath, and chest pain, but you might feel comfortable at rest

• Class IV

Any physical activity causes fatigue, palpitations, shortness of breath, and chest pain. You also are likely to have symptoms at rest

Heart Failure Causes and Symptoms

- Narrowed arteries (coronary artery disease) When plaque builds up in the arteries and prevents blood flow, you can have a heart attack. Heart attacks can permanently damage the heart muscle and make it too weak to pump enough blood
- Heart muscle disorder (cardiomyopathy or familial cardiomyopathy)
 Infections, viruses, and toxins such as alcohol and drugs as well as genetics can cause heart muscle disorder. Be sure to tell your heart failure specialist if you have a family member with cardiomyopathy



- High blood pressure (hypertension)
 High blood pressure can weaken, enlarge, stiffen, and thicken the heart, making it difficult for the heart to pump blood adequately
- Valve defects (valve disease)
 Birth defects and infections can damage heart valves. Damaged valves often do not open and close correctly, which can cause blood to back up into and damage the heart

Symptoms of Heart Failure

- Shortness of breath, including waking up breathless
- A frequent, dry, hacking cough, especially when lying down
- Feeling tired and weak
- Feeling tired when waking in the morning or with very little activity
- Swollen feet, legs, and ankles
- Abdominal problems such as nausea, vomiting, swelling, and pain
- Pain under the ribs on the right side
- Feeling confused
- Difficulty sleeping
- Poor appetite
- Rapid weight gain

DIAGNOSTIC Tests

Treatment for heart failure starts with tests to determine how well or poorly your heart is working. Then your doctor can begin developing a treatment plan just for you, including medication to help improve your heart function, protect it from further damage, and make you feel better. He or she also will tell you what *you* can do to help protect your heart health.

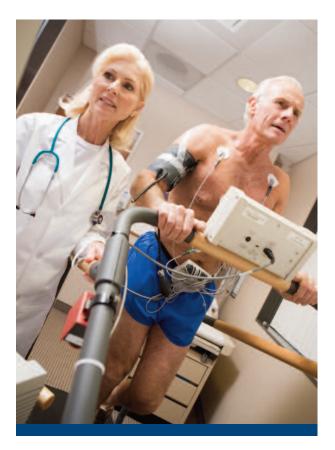
Ejection Fraction (EF)

If you have heart failure, you are likely to often hear the term ejection fraction. Ejection fraction (or EF) refers to the percentage of blood your heart pumps (or squeezes) out with each beat. It can be measured with different tests. Your cardiologist will likely take an echocardiogram (echo) of your heart to measure its ejection fraction. If your doctor needs more details about your heart function, you might have any of the tests listed here.

Echocardiogram (Echo)

An echocardiogram is a painless test that uses sound waves to examine the walls, valves, blood flow through, and ejection fraction of your heart. If you have an echo test, you will lie quietly as a technician moves a scanner over your chest.

If you have a transesophageal echocardiogram (TEE), you will likely be hospitalized because the scanner will be placed in the esophagus for more detailed pictures. You will be given a sedative so that you are comfortable and relaxed. For this reason, you will need a ride home after the procedure. Your cardiologist or a member of the cardiology team will tell you how you must prepare for the test.



Electrocardiogram (ECG/EKG)

An electrocardiogram is a painless test that measures the electrical activity in your heart and examines your heart rhythm. It tells whether you have had or are having a heart attack and if your heart is enlarged. If you have an electrocardiogram, the technician will place sticky tabs on your chest to attach wires that measure the electrical activity in and rhythm of your heart.

Exercise Treadmill Stress Test

If you have an exercise stress test, you will walk on a treadmill with electrical wires that connect from your chest to a monitor that will record the activity of your heart. You will start by walking slowly, and then the treadmill speed will increase so that you are forced to walk faster. Your doctor will examine the results of your test to determine how your heart functions with increasing exertion.

Some patients who have an exercise treadmill stress test will have imaging with a radioactive tracer that passes through the heart. The tracer allows your doctor to outline the chambers of the heart, measure how much blood is flowing through the heart, and measure how much blood the heart is pump-

ing out. This type of stress test is known as a tracer study or radionuclide ventriculography.

Wear comfortable shoes and clothing if you are having an exercise treadmill stress test.

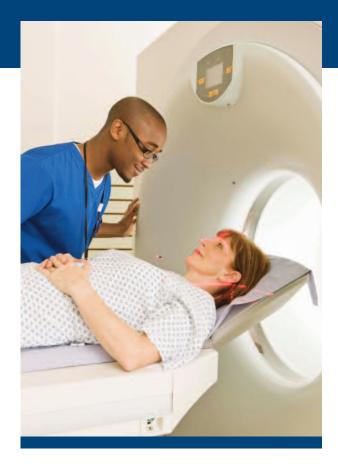
Cardiovascular Magnetic Resonance Imaging (MRI)

Also known as cardiac MRI, cardiovascular magnetic resonance imaging is a noninvasive test to examine the structure and function of your cardiovascular system. Although it uses the same basic approach as other magnetic resonance imaging (MRI), cardiac MRI is enhanced with techniques that allow your heart failure specialist to see moving images in sequence and real time for a comprehensive evaluation.

Right Heart Catheterization (Swan-Ganz Catheter)

Right heart catheterization enables your cardiologist to evaluate the pressure in the right side of





your heart and lungs. It also allows him or her to assess how much fluid you are retaining overall. This test is another way to measure how much blood your heart is pumping out. If you have right heart catheterization, you will be given an intravenous (IV) injection in your neck or groin.

If you need right heart catheterization, you will visit a catheterization (cath) lab or be admitted to an intensive care unit (ICU). Some patients who have the procedure are hospitalized for a few days for extended monitoring and to tailor their medications.

Left Heart Catheterization

Left heart catheterization allows your doctor to examine an image of your heart to determine if and where you have narrowed arteries and blockages, how strong your ventricles are, and the percentage of your ejection fraction. Conducted in a catheterization lab, the procedure involves placing a small tube through the artery in your groin that is passed up to the left side of your heart. Dye is then injected to highlight blood flow through your coronary arteries and left ventricle.



Making the Most

OF YOUR TREATMENT and HEALTH

Follow these important heart failure guidelines to help protect your heart and overall health!

Stop Smoking

Our heart failure team can refer you to programs, counseling, and support groups to help you stop smoking. We also can recommend nicotine patches and oral medications to help you achieve this important goal.

Weigh Yourself Daily

If you gain weight, it might mean you are retaining excessive fluid. Even before you notice swelling in your ankles and legs, you can have gained several pounds. For this reason, it is important to weigh yourself at the same time each day, wearing no clothes or the same amount of clothes each time.

Keep a record of your weight in the chart at the back of this brochure. If you gain 2 or more pounds in a day or 5 pounds in only 3 or 4 days, call your heart failure specialist immediately!

Report Changes in Symptoms

Call your heart failure specialist immediately if you are short of breath when you are lying flat or if you wake with worsening heart failure symptoms such as more swelling or the inability to participate in your normal activities.

Bring Your Medications to Your Doctor Visits Although we keep a list of your medications in your electronic health record, it is important that you bring them or a list of them and their correct doses to all your doctor visits. Be sure to include all medications your cardiologist and other doctors have prescribed for you.

It is especially important to tell your heart failure specialist if you are taking medicine for diabetes, gout, and arthritis because these medicines can sometimes affect your heart. Having all your medications on hand at your doctor visits can help prevent unwanted interactions.

If a doctor prescribes a new medication for you, be sure to let your heart failure specialist know!

Stay Active

Being active is one of the best things you can do for your heart and overall health. Follow your heart failure specialists' guidelines in the activity and exercise section of this brochure.

Follow Your Dietary Recommendations Your heart failure specialist will recommend special dietary advice to restrict fluids and sodium to help prevent swelling in your feet, ankles, and legs.

If you are overweight, have high cholesterol, or have diabetes, you will be given special dietary recommendations to help you lose weight, manage your cholesterol, and control your blood sugar.





Changes are never easy; but if you stick with your heart failure guidelines, you will soon adjust to the changes and enjoy the good results!

Eliminate Alcohol and Recreational Drugs Alcohol and some recreational drugs such as marijuana, cocaine, and other stimulants can weaken your heart and cause it to beat too fast and irregularly. For these reasons, you should not have alcohol or use recreational drugs.

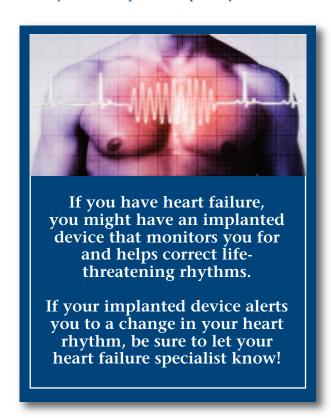
Take Your Medications as Prescribed

Taking your medications as prescribed is among the most important things you can do to improve your heart failure and feel better. It can mean staying out of the hospital and living longer!

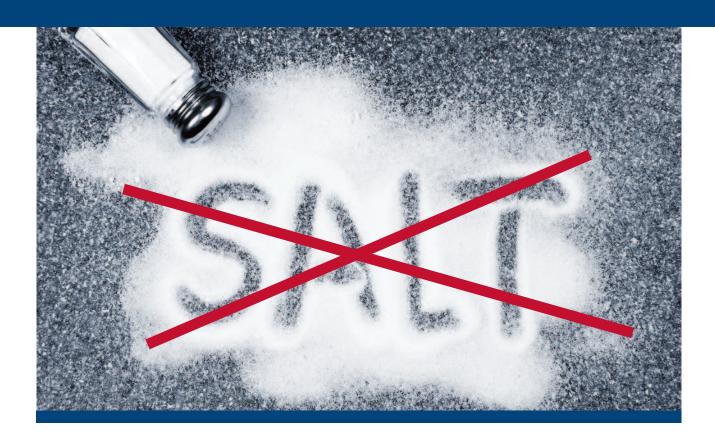
When you begin taking medication for heart failure, you will be given a low dose that will be gradually increased—an approach that is known as *titration*. As you adapt to larger doses, you might notice changes, including improvements in your symptoms. If you have difficulty with a dose change, be sure to let your heart failure specialist know.

Keep a Positive Outlook

A positive attitude can help you get through challenges you will face with heart failure. We can refer you to counselors at our Behavioral Health and Cognitive Therapy Center who can teach you techniques to improve your outlook.



Dietary CHANGES



Restricting Sodium

Eating salt (or sodium) can make you retain excess fluid. Having too much water in your tissues can increase the pressure on your blood vessels and raise your blood pressure and heart rate. It also makes it more difficult for your heart to pump efficiently. As a result, your feet, ankles, and legs also can swell and be painful and you can quickly go from feeling good to needing hospitalization.

Eating less salt, restricting fluids, and avoiding alcohol are key to improving your heart failure symptoms.

Most Americans eat more than 10 times the amount of salt they need. If you have heart failure, limit your salt to 2,000 to 3,000 milligrams a day. Be sure to count salt in foods as well as beverages.

Tips for Reducing Sodium

- Avoid processed, cured, and canned foods unless they have a low-sodium label
- Eat fresh fruits, vegetables, whole grains, and fresh meats
- When cooking, season your foods with herbs and spices instead of salt
- When eating out, choose broiled, steamed, and poached dishes with no added salt
- Do not salt your food when it is served
- Read all labels carefully
- Avoid salt substitutes



Remember that it takes time to adapt to dietary changes. If you eliminate salt in your diet, you will eventually adjust to and enjoy the way food tastes without it!

Restricting Your Fluids

In addition to avoiding salt, your cardiologist will likely prescribe medication (diuretics) to help you eliminate excess water in your body. As an added measure to help improve your heart function, your heart failure specialist will recommend that you drink less than 2 ½ quarts of fluid a day.

As you make this important change, you might feel thirsty. It is one of the more difficult tasks you must master to better manage your heart failure. Remember that even if you take a diuretic, drinking excess fluid will defeat the purpose of your medicine.





If you are overweight, losing weight alone can help you feel better and exercise longer!

To lose unwanted pounds and improve your cardiovascular health, follow your dietary recommendations, including eating a diet that is low in calories, saturated fat, and cholesterol.

Our nutritionists can develop a dietary plan to help you reach your goals!

TAKING YOUR Medications

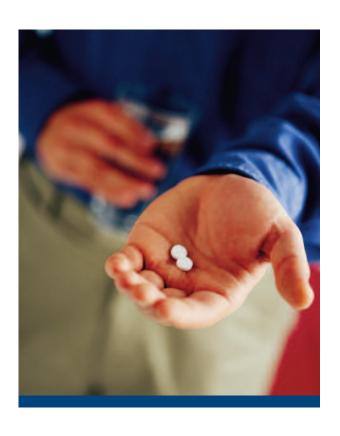
Allow time to adjust to your heart failure medication(s). Be patient while your cardiologist finds the right medicine or combination of medicines to treat your symptoms. Then follow the important tips listed here to ensure you get the most from your heart failure treatment!

Important Medication Reminders

- Take your medications exactly as prescribed
 - Do not skip doses
 - Do not double doses to make up for a missed dose
 - If you miss a dose, take the next dose at its scheduled time
 - If you think a medication is causing side effects, tell your doctor, but do not stop taking it without his or her permission. Remember that some medications must be withdrawn gradually to be safe!
- Refill prescriptions early so that you do not run out of pills
- Bring each of your medications and medication records to your doctor visits
- Ask what each medicine treats, what it looks like, and what its side effects might be
- Do not take over-the-counter medications, including common pain relievers, without first asking your doctor or nurse
- Do not take any new medication without first talking with your heart failure specialist
- Tell your heart failure specialist if you have trouble with your dosing times or the cost of a medication
- Check the expiration dates on all your medication vials
- Ask your pharmacist if you have questions about any of your medications

Keeping Track of Your Medications

- Always carry an updated list of your medications
- Wear a Medic Alert bracelet that lists your condition





Managing the Cost of Your Medications

- Compare prices at different pharmacies and explore mail order and online options
- Tell your cardiologist and pharmacist you prefer less expensive generic medications
- Ask about government and pharmaceutical company promotions
- Let us know if the cost of a medication keeps you from taking it as prescribed

About Herbal Medications

Because many over-the-counter herbal medications are not tested for safety and effectiveness, it is important to check with your cardiologist before taking them.

Herbal Medications to Avoid

• Ephedra (Ma Huang), which can cause your heart to beat too rapidly and, in some cases, cause death



Herbal Medications You May Consider As with all medications, talk with your doctor

As with all medications, talk with your doctor before taking any new medications, including:

- CoEnzyme Q, an enzyme that promotes energy in cells, has shown an exercise benefit in small studies. There are, however, no data to show a benefit to people with heart failure. There are no known side effects from the medication. It is safe at 60 mg per day
- L Carnatine, an amino acid that helps build muscle, has only been studied for a short time in small trials. Some people with heart failure claim it improves their heart function; however, there are no data to prove the claims. It is safe at 1000 mg per day
- Creatine, a popular supplement for building muscles, might benefit people with heart failure; however, there are no studies to support its use. Because the data are lacking, there is no recommended dose
- Ginkgo Biloba, which is reported to improve circulation in the brain, heart, and legs, has shown a benefit in blood flow in the legs in 2 studies. It is safe at 40 mg, 3 times per day, with meals

ABOUT HEART FAILURE Medications

If you have heart failure, your cardiologist will prescribe 1 or more of the medications listed here. Be sure to tell your doctor if you experience side effects with any of your medications.

Medication	Types	Side Effects
ACE Inhibitors (Angiotensin-converting enzyme inhibitors) If you have heart failure, your doctor is likely to first prescribe an ACE inhibitor for you. ACE inhibitors make it easier for your heart to pump. They also help preserve heart function. ACE inhibitors can help you feel better and live longer. Because it can take several days to weeks before you feel the full effects of your ACE inhibitor, it is important to keep taking it as prescribed.	Accupril® (quinapril hydrochloride) Altace® (ramipril) Capoten® (captopril) Vasotec® (enalapril) Prinivil®/Zestril® (lisinopril) Lotensin® (benazepril) Monopril® (fosinopril)	Most people do well on ACE inhibitors; however, some people have side effects and others cannot tolerate the medication or experience: • Cough • Dizziness • Rash If you are having side effects, your doctor might change the dose or type of your ACE inhibitor. Do not stop taking your medication without your doctor's permission, even if you have side effects! Your doctor will frequently monitor your potassium levels and kidney function if you are taking an ACE inhibitor.
Angiotensin Receptor Blockers (ARBs) If you cannot tolerate an ACE inhibitor, your doctor might prescribe and ARB for you. ARBs have effects that are similar to ACE inhibitors. They help lower blood pressure and make it easier for the heart to pump; however, they are not an alternative for ACE inhibitors because they do not increase survival.	Atacand® (candesartan cilexitil) Cozaar® (losartan potassium) Avapro® (irbesartan) Diovan® (valsartan)	Dizziness Headache Drowsiness Cough Diarrhea Elevated potassium levels
Beta Blockers Beta blockers help improve heart function and prevent additional heart damage. Although they work best in women, men also can benefit from taking them. You will begin taking your beta blocker at a low dose that will gradually be increased every 2 weeks until you are taking a maximum-tolerated dose. Over time, your heart will adjust to your beta blocker and you will begin feeling better. Until then, it is important to take your beta blocker with food at the same time each day. Do not stop taking your beta blocker without your doctor's permission.	Coreg® (carvedilol) Toprol XL® (metoprolol succinate, long acting) Zebeta® (bisoprolol)	Beta blockers can take 6 to 8 months to provide their full benefit. Until you have adjusted to the medication, you might experience: • A slow heart rate • Low blood pressure • Fatigue • Shortness of breath • Dizziness • Nausea • Heachaches • Cold hands and feet • Elevated blood sugar (hyperglycemia)
Diuretics Also known as water pills, diruetics make you urinate more often to eliminate excess fluid from your body. As a result, you will have less fluid in your circulatory system and your heart will not have to work as hard to pump. Diuretics help reduce swelling in your ankles, feet, legs, and abdomen. You will lose potassium more quickly than usual as you eliminate excess fluid with a diuretic. For this reason, you should take a potassium supplement and eat potassium-rich foods, including citrus fruits, bananas, and raisins. Your doctor will regularly monitor your potassium levels to be sure they are normal.	Lasix® (furosemide) Demadex® (torsemide) Bumex® (bumetanide) Hydrodiuril® (hydrocholorothiazide) Zaroxolyn® (metolazone)	Leg cramps Gout Inability to urinate Rash Dizziness/lightheadedness Call your doctor immediately if you gain Ibs in a day or more than 5 lbs in a week. Your doctor might tell you to increase the dose or frequency of your diuretic If you skip a dose, you might notice you become more short of breath.



Medication	Types	Side Effects
Antiarrhythmics An antiarrhythmic, amiodarone helps stabilize your heart rhythm. It is the safest drug of its type for patients with heart failure. If you take amiodarone, your doctor will evaluate its effect with regular lab work.	Cordarone® (amiodarone) Pacerone® (amiodarone) Multaq (dronedarone)	 Slow heart rate Lightheadedness Fainting Vision changes Sensitivity to light Lung toxicity Thyroid toxicity
Aldosterone Inhibitors An aldosterone inhibitor is a diuretic that allows you to retain potassium. It can help improve survival in heart failure patients. An aldosterone antagonist blocks aldosterone, a hormone your body produces to hold onto salt and water. Blocking the aldosterone hormone can increase life expectancy in certain people with heart failure. Eplerenone is similar to aldactone but does not cause breast enlargement. It is used in patients with symptomatic heart failure after a heart attack. It also is used in patients who cannot take spironolactone.	Aldactone® (spironolactone) Inspra® (eplerenone)	 Dizziness Headaches Nausea Diarrhea Stomach pain Cold-/flu-like symptoms The breasts in some men who take spironolactone can become enlarged and tender (gynecomastia). If you are taking an aldosterone inhibitor, your cardiologist will closely monitor your potassium levels.
Digoxin (digitalis) Digoxin can be used to control heart rate in patients who have atrial fibrillation. It is known to make people with severe heart failure feel better. Conversely, when patients stop taking digoxin, they feel worse.	Lanoxin®	 Nausea Vomiting Loss of appetite Confusion Blurry or yellow-colored vision Palpitations Slow heart rate
Antiplatelets Antiplatelet agents help keep your blood cells slippery so that they do not clot as easily. They can help prevent heart attack, stroke, and blockages in the legs.	Aspirin (ASA) Brilinta™ (tricagrelor) Effient® (prasugrel) Plavix® (clopidogrel)	Abdominal pain Diarrhea There is risk of stomach bleeding with antiplatelet medications.
Anticoagulants If you have heart failure and atrial fibrillation, your doctor will prescribe an anticoagulant for you. An effective oral blood thinner, anticoagulant medication can help prevent a stroke by blocking vitamin K—one of the products your body uses to make blood cells sticky so that they can clot together. If you have heart failure, you should not take vitamin K supplements or eat a diet that is high in vitamin K; but it is important to eat plenty of green vegetables so that your blood does not get too thin.	Coumadin® (warfarin) Other oral anticoagulants: Pradaxa® (dabigatran) Xarelto® (rivaroxaban) Eliquis (apixaban)	Bruising easily Blood in the urine Blood in the stool Small purple spots on the skin Bleeding gums Blindness Gastritis and upset stomach Be sure to ask how our Anticoagulation Clinic can help you!



ACTIVITY AND Exercise

Staying active is especially important if you have heart failure. In addition to helping keep your bones and other muscles strong, exercise can help keep your heart healthy. It also is an excellent way to lift your spirits and help you maintain a positive outlook!

Exercises to try:

- Walking
- Swimming
- Golfing
- Riding a bicycle

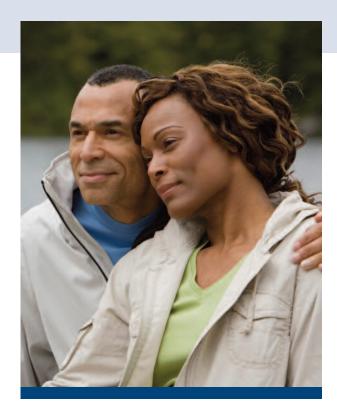
Exercises to avoid:

- Weight lifting
- Exercises that require you to hold your breath or bear down
- Exercises that cause chest pain, shortness of breath, and dizziness

Getting Started

If you have not exercised in a long time or are new to exercise, begin by exercising 5 minutes per day. After a week, add another 5 minutes each day to your routine for a total of 10 minutes. Continue gradually increasing the length of time you exercise (5-minute increments are ideal) until you can exercise a half hour each day, 5 or 6 times per week. If you feel overly tired the day after you have exercised, then you should reduce the intensity and duration of your workout until you can get through your routine without feeling overly tired.

Keep a record of your activity so that you and your cardiologist can track your progress!



Sex, Sexual Side Effects, and Coping Strategies Heart failure can change your sexual relationships. Some people with heart failure suggest they have sex less often or differently. Others suggest they are afraid of having sex. For these reasons, it is important to emphasize affection and intimacy, including kissing, cuddling, and touching during sex so that you and your partner are at ease. Although studies show that being on top of your partner does not increase stress on the heart, you might want to try other positions to find out which approaches are the least strenuous.



Avoid or stop having sex if you:

- Have eaten a heavy meal
- Have been drinking alcohol
- Are in an extremely hot or cold room
- Are extremely tired
- Are short of breath or have chest pain that persists despite rest
- Are short of breath for more than 10 minutes after intercourse

Erectile Dysfunction (ED)

Talk with your heart failure specialist if you have erectile dysfunction (ED). He or she can tell you what ED medications are safe for you.

Your Future

More than 2 million Americans have heart failure, with 700,000 new cases diagnosed each year. Although about half of all heart failure patients have a 5-year survival rate, getting expert health care and making healthy lifestyle changes can help keep you out of the hospital and living longer!

Advance Directives

Each time you enter the hospital, you will likely be asked if you have an advance directive—a document that allows you to decide about accepting or refusing medical care before you are faced with an emergency. For example, if you are unconscious and cannot speak for yourself, your advance directive will let medical staff and

your loved ones know if you do or do not want the use life-saving medical equipment that can help you breathe and restore your heart beat.

Advance directives are very helpful because they allow you to make important decisions in advance of a medical crisis, when you are calm and thoughtful. It is often helpful to have the support of family and friends when you make decisions for your advance directive.

What if you:

- Pass out
 - Call or ask a loved one to call your doctor immediately!
- Feel very weak
 - Lie down
 - Check your pulse
 - Call your doctor
 - Do not take your next ACE inhibitor dose until you have spoken with your doctor first

• Get a new prescription

 Call your cardiologist the same day and ask if the new medication is safe for you



Daily Weight CHART

Date	Blood Pressure	Weight	Date	Blood Pressure	Weight

Daily Weight CHART

Date	Blood Pressure	Weight	Date	Blood Pressure	Weight

If you have questions for your heart failure specialist, please call 908-277-8700.



Your heart failure is worse and you should call your heart failure specialist if:

- You gain 2 lbs in a day
- You gain 5 lbs in a week
- Your shortness of breath
- Your cough is more frequent
- You experience severe fatigue
- You faint

Our experts can help you. Call us today!

Cardiology 908-273-4300

Geriatric Services 908-277-8683

> Nutrition 908-277-8731

Behavioral Health and Cognitive Therapy 908-277-8900

Physical Therapy 908-277-8936

Telehealth Monitoring Program (by provider referral) 908-790-6588

1 Diamond Hill Road • Berkeley Heights, NJ 07922 908-273-4300 summitmedicalgroup.com









