

Managing My Heart Failure

ALL CLEAR

I am doing well when:

- My weight has not changed
- My breathing is normal for me
- I can do my normal activities

CAUTION

I will call _____
at _____

if I have one or more of these symptoms:

- Weight gain of ____ pounds in ____ day(s)
- More shortness of breath
- More swelling of my feet, ankles, legs or belly
- Feeling more tired - no energy
- New or worsening cough
- Harder to breathe when lying down

EMERGENCY

I will call 911 if:

- I have severe shortness of breath
- I have chest pain that does not go away
- I have confusion or can't think clearly
- I have fainted or passed out



**GREATER LANSING
CARE TRANSITIONS
INITIATIVE**



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