Journal

Heart failure companion booklet

This booklet is for the use of patients with heart failure. Pages1 to 7 are to be completed by your healthcare team.

HeartBeat Trust

www.heartbeattrust.ie

Supported by:

NOVARTIS

Patient details

Patient name

Address

Hospital number

Date of birth

Telephone

Next of kin name

Next of kin telephone

Healthcare provider details

	Name	Telephone number
GP		
Community pharmacist		
Consultant (cardiology)		
Heart Failure Clinic		

Aetiology

Please tick ☑

☐ Hypertension	☐ Ischaemia	☐ Viral	☐ Idiopathic	☐ Valvular
☐ HF-REF		☐ HF-PEF		
Ejection Fraction				
ICD				
BI-VENT				
Other complications				

Heart Failure Medication

OD = once daily
BD = twice daily
TDS = three times daily
QDS = four times daily

Date	Medicine name	Dosage	How often

Medicines not tolerated:

Medicine	Comment	Medicine	Comment
ACE inhibitor		Other	
ARB			
Beta Blocker			
MRA			
Any other allergies			

Stable NP value

Date	NP (please tick) ☑		Value
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	
	☐ BNP	☐ NT-proBNP	

Heart Failure Log

(Please complete this daily after you weigh yourself)

Please record your weight every day from pages 9. Here are some tips on weighing yourself.

You will need a reliable electronic weighing scales to make sure you weigh yourself correctly. Your Heart Failure nurse can guide you on how to select the appropriate scales.

You should weigh yourself first thing every morning, after you go to the toilet.

Avoid moving the weighing scales from place to place. Weigh yourself on a hard even surface, e.g. linoleum, tiles, timber floor. If your weighing scales is placed on carpet, readings may be inaccurate.

When pages 9–20 are full, please contact the Heart Failure clinic to request another booklet.

Please bring this booklet with you when you are attending the Heart Failure Clinic or GP or if you are going to the Emergency Department.

Symptoms change code

0 — No change/stable

1 — Weight gain
2 — Worsening breathlessness
3 — Ankle swelling
4 — Worsening fatigue
5 — Loss of appetite

6 — Waking at night with breathlessness.

Month _____

Date	Weight	Symptoms change (Please enter a number that corresponds to a symptoms change code above)	Medication changes (if you took an extra dose of diuretic, please record that here) or any other comment

Month ______________________

Date	Weight	Symptoms change	Medication changes

Month ______________________

Date	Weight	Symptoms change	Medication changes

Month ______________________

Date	Weight	Symptoms change	Medication changes

Month ______________________

Date	Weight	Symptoms change	Medication changes

Month ____________________

Date	Weight	Symptoms change	Medication changes

Month ____________________

Date	Weight	Symptoms change	Medication changes

Month ______

Date	Weight	Symptoms change	Medication changes

Month ______

Date	Weight	Symptoms change	Medication changes

Month ______________________

Date	Weight	Symptoms change	Medication changes

Month ______________________

Date	Weight	Symptoms change	Medication changes

Month ______________________________

Date	Weight	Symptoms change	Medication changes

When the Heart Failure Log section of this booklet is full, please contact the Heart Failure clinic to request another booklet.

Heart failure appointments

Location of next appointment	Date	Time