

# Heart Disease Management ZONES

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<b>GREEN ZONE</b>	<p><b>ALL CLEAR (GOAL)</b></p> <ul style="list-style-type: none"> <li>• No problem breathing</li> <li>• No swelling of feet, ankles or legs</li> <li>• No increase in weight             <ul style="list-style-type: none"> <li>○ Your goal weight: _____ pounds</li> </ul> </li> <li>• No chest pain</li> <li>• Able to do usual activities</li> </ul>	<p><b>Doing Great!</b></p> <ul style="list-style-type: none"> <li>• Your symptoms are under control</li> <li>• Actions:             <ul style="list-style-type: none"> <li>○ Take medicines as ordered</li> <li>○ Weigh self every day</li> <li>○ Maintain healthy weight</li> <li>○ Eat foods lower in salt</li> <li>○ Stop smoking</li> <li>○ Limit alcohol</li> <li>○ Keep all doctor appointments</li> </ul> </li> </ul>
<b>YELLOW ZONE</b>	<p><b>WARNING</b></p> <p>If you have <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Chest pain or discomfort</li> <li>• Pain or discomfort in arms or shoulders</li> <li>• Short of breath or coughing with activity</li> <li>• Extra pillows to sleep</li> <li>• 3 pound weight gain in one day             <ul style="list-style-type: none"> <li>○ Other _____</li> </ul> </li> <li>• Swelling of feet, ankles, or legs</li> <li>• More tired</li> </ul>	<p><b>Act Today!</b></p> <ul style="list-style-type: none"> <li>• You may need your medicines changed</li> <li>• Actions:             <ul style="list-style-type: none"> <li>○ <b>Call your home health nurse</b></li> <li style="text-align: center;">_____</li> <li style="text-align: center;"><i>(agency's phone number)</i></li> <li>○ <b>Or call your doctor</b></li> <li style="text-align: center;">_____</li> <li style="text-align: center;"><i>(doctor's phone number)</i></li> </ul> </li> </ul>
<b>RED ZONE</b>	<p><b>EMERGENCY</b></p> <ul style="list-style-type: none"> <li>• Chest pain or tightness that does not go away</li> <li>• Pain or discomfort in jaw, neck, or back</li> <li>• Sweating or nausea</li> <li>• Pain continues or comes back after taking Nitro tablets dose = _____</li> <li>• Trouble breathing at rest</li> <li>• Must sit up to breathe</li> <li>• 5 pound weight gain in 1 week</li> <li>• Swelling of hands or face</li> <li>• Weak, lightheaded, or faint</li> <li>• Women: stomach and/or upper back pain</li> </ul>	<p><b>Act NOW!</b></p> <ul style="list-style-type: none"> <li>• You need to be seen <u>right away</u></li> <li>• Actions:             <ul style="list-style-type: none"> <li>○ <b>Call your doctor</b></li> <li style="text-align: center;">_____</li> <li style="text-align: center;"><i>(doctor's phone number)</i></li> <li>○ <b>Or call 911</b></li> </ul> </li> </ul>

References: [AHA, 2012](#); [AHA, 2012](#); [CDC, 2013](#); [Yancy, et al, 2013](#)



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