

# Heart Failure: a guide for patients and their loved ones

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## Your health care: be involved!

- Be involved in your health care. Speak up if you have questions or concerns about your care.
- Tell a member of your health care team about your past illnesses and your current health condition.
- Bring all of your medications with you when you come to the hospital; they will be reviewed with you.
- Tell your health team if you have any food or medication allergies.
- Make sure you know what to do when you leave the hospital.

## Your interprofessional plan of care for Heart Failure (HF)

- Your hospital stay will follow a plan of care called an interprofessional plan of care, most commonly called, the “clinical pathway”.
- This document is the patient version of the interprofessional plan of care, prepared especially for patients admitted for a congestive heart failure. It has been written so that you and your family know what tests, treatments and diet you require as well as the teaching you need to receive and planning necessary for your discharge.
- The interprofessional plan of care gives you an idea of what to expect from when you get to the hospital until discharge.
- You will receive a copy of “*Heart failure: guide for patients and their loved ones*”. Read it carefully.
- Professionals part of your health care team, will share information with you on different subjects concerning HF.
- Once you or your family have read the information, please feel free to ask any questions to your health care team member.

## Admission day

### Assessment

- ☐ We will check your temperature, blood pressure, pulse and oxygen level throughout the day.
- ☐ We will listen to your chest and assess your shortness of breath and/or chest discomfort.
- ☐ We will be checking your ankles, legs and body to monitor signs of swelling and monitoring your fluids you take in and put out.
- ☐ You will be asked about your medical history.
- ☐ You will be on a Telemetry or cardiac monitor to assess your heart.

### Tests

- ☐ We will do blood tests.
- ☐ A chest x-ray may be done.
- ☐ An electrical heart test called an ECG may be done.

### Consultations

- ☐ You may be assessed by other members of the health care team:
- ☐ Respiratory Therapist.

### Medication and treatments

- ☐ You will be given medication by mouth or intravenously as ordered by the doctor.
- ☐ You may still have oxygen.
- ☐ You may be placed on a face mask to help you to breathe

### **Nutrition**

- ☐ If the doctor does not want you fasting you will be on 2.5-gram sodium diet per 24 hours diet for your heart failure and/or other special diet as ordered.
- ☐ You may also be on a Heart Healthy Diet that is low in cholesterol and saturated fats.
- ☐ Your dietitian will be visiting you to talk to you about your diet.
- ☐ Your fluids may be restricted at not more than 2.5 L / 24 hours.

### **Activity**

- ☐ Your level of activity will depend on what you are able to do and what the doctor has ordered for you.
- ☐ You will receive a pamphlet named '*Program to promote mobilization*' (PROMO).
- ☐ You will be encouraged to mobilize at least 3 times a day for your meals.

### **Education**

- ☐ The staff will explain what they are doing for you.
- ☐ A booklet will be provided: '*Congestive heart failure, a guide for patients and families*'.
- ☐ The staff will discuss with you about the GAP tool.
- ☐ Feel free to ask any questions you may have.

### **Discharge planning**

- ☐ Staff may begin to discuss your discharge plan with you and your family.
- ☐ Feel free to notify the staff about any situation that might delay your discharge as expected.

## Day 1 and 2 after admission

### Assessment

- ☐ We will check your temperature, blood pressure, pulse and oxygen level and fluids throughout the day.
- ☐ We will listen to your chest and assess your breathing effort and/or discomfort.
- ☐ We will be checking for a decrease in body swelling.
- ☐ We will reassess the necessity of keeping you on the telemetry or monitor.
- ☐ We will be checking your weight every morning and if you are capable you will be encouraged to keep record of your daily weight and your fluid intake and output using the chart attached to this guide. Please ask your nurse for assistance.

### Tests

- ☐ Daily blood tests may be done to adjust your medications if needed.
- ☐ We may do more tests.
- ☐ You may have an echocardiogram.

### Consultations

- ☐ You may be assessed by other members of the health care team: Physiotherapist, Occupational Therapist, Respiratory Therapist...

**Medication and treatments**

- ☐ Your medication may change while in hospital to maximize its effect.
- ☐ You may still have oxygen until you are less short of breath with activities.
- ☐ We will discontinue your IV medication as you are getting better and put you on pills instead.

**Nutrition**

- ☐ You will continue with a 2.5-gram sodium diet per 24 hours, as well as any other diets prescribed by your doctor.
- ☐ You will continue with a fluid restriction of no more than 2.5 L per 24 hours.

**Activity**

- ☐ You will be encouraged to participate to your ADLs.
- ☐ Remember to stop and rest if you are feeling short of breath, weak, or if you experience chest pain / pressure or symptoms of angina.
- ☐ We encourage to always sit at the edge of the bed or in the chair for your meals.

**Education**

- The staff will provide and review all the documents about heart failure with you and your family (this clinical pathway, Gap tool, the CHF guide for patients and families).
- Feel free to ask any questions.

**Discharge planning**

- We will discuss with you some additional supports to go home safely, community supports and services as well as your readiness for discharge, if needed.



## Day 3 to 4, until discharge day

### Assessment

- ☐ We will check your temperature, blood pressure, pulse and oxygen level and fluids throughout the day.
- ☐ We will listen to your chest and assess your breathing effort and/ or discomfort.
- ☐ We will be checking for a decrease in body swelling.
- ☐ We will reassess the necessity of keeping you on the telemetry or monitor.
- ☐ We will be checking your weight every morning and if you are capable you will be encouraged to keep record of your daily weight and your fluid intake and output using the chart attached to this guide. Please ask your nurse for assistance.
- ☐ We ask that you measure the amount of fluid you drink as well as the amount of urine over a 24-hour period. You may ask your nurse for assistance.

### Tests

- ☐ Daily blood tests may be done to adjust your medications if needed.
- ☐ You may have an Echocardiogram.

### Consultations

- ☐ You may be assessed by other members of the health care team: Physiotherapist, Occupational Therapist, Respiratory Therapist, discharge planning team, cardiac telehealth...

### Medication and treatments

- ☐ Your medication may change while in hospital to maximize its effect.
- ☐ You may still have oxygen until you are less short of breath with activities.
- ☐ We will discontinue your IV medication as you are getting better and put you on pills instead.

### **Nutrition**

- ☐ You will continue with a 2.5-gram sodium diet per 24 hours, as well as any other diets prescribed by your doctor.
- ☐ You will continue with a fluid restriction of no more than 2.5 L per 24 hours.

### **Activity**

- ☐ You will be encouraged to participate to your ADLs.
- ☐ Remember to stop and rest if you are feeling short of breath, weak, or if you experience chest pain / pressure or symptoms of your angina.
- ☐ We encourage to always sit at the edge of the bed or in the chair for your meals.

### **Education**

- The staff will provide and review all the documents about heart failure with you and your family (this clinical pathway, Gap tool, the CHF guide for patients and families).
- Feel free to ask any questions.

### **Discharge planning**

- ☐ We will discuss with you some additional supports to go home safely, community supports and services.

## Discharge day, awaiting discharge to home, rehabilitation or continuing care facility

### Assessment

- ☐ We will continue to check your temperature, blood pressure, pulse and oxygen level, daily weight, amount of swelling and breathing effort / level of comfort.
- ☐ You will continue to document your own weight and intake and output using the chart attached to this guide. This is good practice for when you are home!
- ☐ We will continue to assess for any changes in your condition.

### Tests

- ☐ Arrangements will be made for future tests or follow-up.

### Consultations

- ☐ The clerk will arrange your follow up appointments with your family doctor and/or other specialists (cardiologist).

### Medication and treatments

- ☐ You will receive medications as ordered by your doctor.
- ☐ A prescription will be given to you by your nurse prior to discharge as well as important information such as dosing times and need for blood work follow-up.
- ☐ You are to follow the prescription given to you at discharge. Please discuss any concerns about discontinued medication with your doctor.
- ☐ We encourage you to participate as able with members of the healthcare team.

### **Nutrition**

- ☐ You will continue your special diet(s) as needed.

### **Activity**

- ☐ You will continue to progress in your activity level as able.
- ☐ You will continue to participate in your ADLs.
- ☐ You will continue using techniques for safe ambulation and/or transfers.
- ☐ You will continue to self-monitor and report any symptoms experienced with activity.

### **Education**

- ☐ Staff will continue further education regarding diet, self-monitoring (daily weights and worsening symptoms), medications and activity.
- ☐ You will receive a signed copy of the GAP tool, the CHF booklet and other material about heart failure.

### **Discharge planning**

- ☐ Staff will fax a discharge summary and a copy of your prescription to your family doctor and / or your cardiologist within 48 hours upon your discharge.
- ☐ You will have a follow-up appointment for cardiac rehabilitation at Hôpital Montfort, if appropriate.
- ☐ You will receive appointment cards to see your family doctor and/or your cardiologist within 2 weeks upon your discharge.
- ☐ Don't forget to gather up all your teaching pamphlets, prescriptions, discharge sheet with follow up appointments and contact names and telephone numbers along with all of your personal belongings at discharge.

Day-to-day weight gain is usually fluid gain, not calories

## Healthy Heart Management Zones

### Green Zone (All clear)

- No weight gain
- No swelling
- No shortness of breath
- No chest pain
- Normal activity level

### If you are in the Green Zone

- Your symptoms are under control

### What you should do:

- Keep taking your medications as prescribed
- Continue with your daily weights
- Continue to follow a low salt diet and fluid restriction
- Keep your regular doctor appointments

### Yellow Zone (Caution!)

- Weight gain of 2 pounds in one day
- Increased cough
- Increased shortness of breath
- Waking up at night with shortness of breath
- Extra pillows needed
- Anything unusual that bothers you

### If you are in the Yellow Zone

- Your medications may need to be adjusted

### Action:

- Call your family doctor:

\_\_\_\_\_

### Red Zone (Alert!)

- Unrelieved shortness of breath
- Shortness of breath at rest
- Wheezing or chest tightness at rest
- Need to sit in a chair to sleep
- Weight gain of more than 2 pounds in one day or 5 pounds in one week
- Feeling confused or disorientated

### If you are in the Red Zone Action:

- You need to see your doctor right away
- If you cannot reach your doctor, go to the nearest Emergency Department. Bring this form with you.

**Cardiologist:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

### Tips for Heart Healthy Living

- Understand your medications and take them as directed;
- Follow a low salt diet and your fluid restriction;
- Be active: every step counts!

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## Information about heart failure

### What you should know about heart failure

Heart failure is a condition that affects over 350,000 Canadians of all ages. It is the most common diagnosis that brings a patient to a hospital for admission. Many new cases of heart failure are diagnosed each year.

### What is heart failure?

Despite how scary it sounds, heart failure does not mean that your heart will suddenly stop working or that you are about to die. Rather, the term heart failure describes a condition where your heart is not working well and needs to work harder to keep blood flowing throughout your body.

The weakened pumping of the heart allows fluid to collect in certain parts of the body. This fluid retention may cause swelling of your ankles, lower legs, and abdomen. Extra fluid in or around your lungs causes shortness of breath with activity and some patients may have difficulty lying flat. In heart failure, your heart is no longer strong enough to provide your body with all the blood and oxygen it needs. Some of the most common symptoms of heart failure include feeling tired and short of breath. This may cause fatigue.

### What causes it?

The most common cause of heart failure is a heart attack. However, the two conditions can occur separately so that heart failure is not the same as a heart attack. At the time of a heart attack, part of the heart muscle is injured from lack of blood supply because of blocked coronary arteries. When patients have had a lot of heart muscle damage due to a heart attack, the heart becomes weak and heart failure may occur.

Other causes of heart failure include:

- A heart muscle problem called cardiomyopathy (cardio = heart and myopathy = muscle abnormality). This can be due to a virus, high alcohol consumption, or an unknown cause.
- Long-term high blood pressure;
- An abnormality of one of the heart valves;
- Abnormal heart rhythms.

### What are some of the symptoms?

- General fatigue and weakness;
- Shortness of breath, which can happen even during mild activity or at night during your sleep;
- Difficulty breathing while lying down;
- Weight gain, with swelling in the legs, ankles and abdomen from fluid retention.

## How is heart failure diagnosed?

Your doctor will start by reviewing your medical history and will conduct a full physical exam. Doctors often order a number of tests to determine if you have heart failure.

These include:

- A chest X-ray to look at the size of your heart and to help determine whether there is fluid in your lungs.
- An echocardiogram and/or heart scan (MUGA scan) to look at the overall structure of the heart chambers and valves and to determine your ejection fraction. The ejection fraction, or EF, is a measure of how well your heart is pumping. People with a healthy heart usually have an ejection fraction of 50 percent or greater. Many people with heart failure, but not all, have an ejection fraction of 40 percent or less; however, it is possible to have heart failure with a normal EF.
- An electrocardiogram or ECG to look at your heart rhythm.
- Blood tests to determine, among other things, your kidney function.

## What treatment will I receive?

### There are many treatment options for heart failure.

More and more options become available each year.

These include:

- Medications: proven standard and new medicines;
- Lifestyle modifications: diet, exercise, management of stress;
- Internal cardiac defibrillator (ICD) or cardiac resynchronization therapy (CRT);
- Surgical options when indicated: such as coronary artery bypass graft or valve surgery.

### Medications can make a difference

Certain types of medications help prevent future heart failure episodes and may help you to live a longer and healthier life. Each medication helps in a different way.

You may not be on all the types of medications listed below. If you are not on one of these medications and are wondering why, please ask your doctor.

The medication and dosage vary depending on individual needs and conditions. It is common to have medication and dosage changes during initial treatment and follow-up appointments.

## What You Can Do to Stay Well & Out of Hospital

The most frequent cause of readmission to hospital for heart failure is related to:

- High salt and/or fluid intake;
- Not recognizing the signs of fluid retention;
- Not taking action when fluid retention occurs;

By participating in your care and knowing what to do to keep yourself well, you can decrease episodes of worsening heart failure that lead to readmission to hospital.

## Medications

Your doctor has carefully selected the medication and doses that your condition requires.

- Please be aware that people with heart failure may take different medications.
- Your heart ejection fraction is \_\_\_\_\_%

Your Rx	Medication type	Medication name	Reasons for taking this medication	Possible side effects	Comments
	<b>ACE (angiotensin-converting enzyme) inhibitors</b>	<ul style="list-style-type: none"> <li>• Enalapril (Vasotec®)</li> <li>• Lisinopril (Zestril®)</li> <li>• Perindopril (Coversyl®)</li> <li>• Ramipril (Altace®)</li> <li>• Trandolapril (Mavik®)</li> </ul>	<ul style="list-style-type: none"> <li>• Dilates (expands) blood vessels.</li> <li>• Improves heart function.</li> <li>• Relieves symptoms.</li> <li>• Helps you live longer.</li> <li>• Lowers the risk of hospitalization due to heart failure.</li> </ul>	<ul style="list-style-type: none"> <li>• Cough</li> <li>• Dizziness, light-headedness</li> <li>• Low blood pressure</li> <li>• High potassium levels</li> </ul>	<ul style="list-style-type: none"> <li>• Requires blood testing to monitor creatinine/potassium (K)/sodium (Na) levels.</li> <li>• Monitor your blood pressure and heart rate.</li> <li>• You may need to temporarily discontinue this medication if you get sick or if you are not eating/drinking well (e.g., vomiting, diarrhea, fasting).</li> <li>• Call your pharmacist to find out what you should do.</li> </ul>
	<b>ARA (Angiotensin II receptor antagonists)</b>	<ul style="list-style-type: none"> <li>• Candesartan (Atacand®)</li> <li>• Losartan (Cozaar®)</li> <li>• Valsartan (Diovan®)</li> <li>• Telmisartan (Micardis®)</li> <li>• Irbesartan (Avapro®)</li> </ul>	<ul style="list-style-type: none"> <li>• Dilates (expands) blood vessels.</li> <li>• Improves heart function.</li> <li>• Relieves symptoms.</li> <li>• Helps you live longer.</li> <li>• Lowers the risk of hospitalization due to heart failure.</li> </ul>	<ul style="list-style-type: none"> <li>• Dizziness, vertigo sensation</li> <li>• Hypotension</li> <li>• High potassium levels</li> </ul>	<ul style="list-style-type: none"> <li>• Requires blood testing to monitor creatinine/potassium (K)/sodium (Na) levels.</li> <li>• Valsartan is also an active ingredient of Entresto (Sacubitril/Valsartan).</li> <li>• For monitoring purposes, track blood pressure and heart rate.</li> <li>• You may need to temporarily discontinue this medication if you get sick or if you are not eating/drinking well (e.g., vomiting, diarrhea, fasting).</li> <li>• Call your pharmacist to find out what you should do.</li> </ul>



Your Rx	Medication type	Medication name	Reasons for taking this medication	Possible side effects	Comments
	<b>ARNI angiotensin receptor-neprilysin inhibitor</b>	<ul style="list-style-type: none"> <li>• Sacubitril/Valsartan (Entresto®)</li> </ul>	<ul style="list-style-type: none"> <li>• Dilates (expands) blood vessels.</li> <li>• Helps the body eliminate excess salt and water.</li> <li>• Helps you live longer.</li> <li>• Lowers the risk of hospitalization due to heart failure.</li> </ul>	<ul style="list-style-type: none"> <li>• Hypotension ++,</li> <li>• High potassium levels</li> </ul>	<ul style="list-style-type: none"> <li>• For monitoring purposes, track blood pressure and heart rate.</li> <li>• You may need to temporarily discontinue this medication if you get sick or if you are not eating/drinking well (e.g., vomiting, diarrhea, fasting).</li> <li>• Call your pharmacist to find out what you should do.</li> </ul>
	<b>Beta blockers</b>	<ul style="list-style-type: none"> <li>• Bisoprolol (Monacor®)</li> <li>• Carvedilol (Coreg®)</li> <li>• Metoprolol (Lopressor®)</li> </ul>	<ul style="list-style-type: none"> <li>• Relieves symptoms.</li> <li>• Improves long-term left ventricle ejection fraction (LVEF).</li> <li>• Reduces hospitalizations and mortality.</li> <li>• Lowers blood pressure and slows heart rate.</li> <li>• Essential basic treatment (unless contraindicated).</li> </ul>	<ul style="list-style-type: none"> <li>• Initial fatigue</li> <li>• Hypotension</li> <li>• Bradycardia</li> <li>• Exercise intolerance</li> <li>• Asthma exacerbation</li> <li>• Nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• Do not suddenly stop taking them.</li> <li>• For monitoring purposes, track blood pressure and heart rate.</li> </ul>
	<b>Mineralocorticoid receptor antagonists</b>	<ul style="list-style-type: none"> <li>• Spironolactone (Aldactone®)</li> <li>• Eplerenone (Inspra®)</li> </ul>	<ul style="list-style-type: none"> <li>• Relieves symptoms.</li> <li>• Improves long-term left ventricle ejection fraction (LVEF).</li> <li>• Reduces hospitalizations and mortality.</li> <li>• Lowers blood pressure and slows heart rate.</li> <li>• Essential basic treatment (unless contraindicated).</li> </ul>	<ul style="list-style-type: none"> <li>• Initial fatigue</li> <li>• Hypotension</li> <li>• Bradycardia</li> <li>• Exercise intolerance</li> <li>• Asthma exacerbation</li> <li>• Nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• Do not suddenly stop taking them.</li> <li>• For monitoring purposes, track blood pressure and heart rate.</li> </ul>

Your Rx	Medication type	Medication name	Reasons for taking this medication	Possible side effects	Comments
	<b>SGLT2 inhibitors (sodium-glucose cotransporter 2 inhibitors)</b>	<ul style="list-style-type: none"> <li>• Canagliflozin (Invokana®)</li> <li>• Dapagliflozin (Forxiga®)</li> <li>• Empagliflozin (Jardiance®)</li> <li>• Empagliflozin (Jardiance®)</li> </ul>	<ul style="list-style-type: none"> <li>• Helps kidneys remove excess sugar from the urine, which lightens the load on the heart and improves survival</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary tract infection</li> <li>• Fungal infection</li> </ul>	<ul style="list-style-type: none"> <li>• You may need to temporarily discontinue this medication if you get sick or if you are not eating/drinking well (e.g., vomiting, diarrhea, fasting).</li> <li>• Call your pharmacist to find out what you should do.</li> </ul>
	<b>If current inhibitor</b>	<ul style="list-style-type: none"> <li>• Ivabradine (Lancora®)</li> </ul>	<ul style="list-style-type: none"> <li>• Slows heart rate, which can relieve symptoms like shortness of breath and fatigue.</li> </ul>	<ul style="list-style-type: none"> <li>• Changes in vision related to bright light</li> <li>• Blurred vision</li> <li>• Dizziness</li> <li>• Headache</li> <li>• High blood pressure</li> </ul>	<ul style="list-style-type: none"> <li>• This medication is administered when the heart rate is too fast despite the standard treatment used to assist with effective rest and ease shortness of breath (FC <math>\geq</math> 70 bpm despite optimal dose of BB or intolerance).</li> </ul>
	<b>Nitrates and vasodilators</b>	<ul style="list-style-type: none"> <li>• Vasodilator: Hydralazine (Apresoline®)</li> <li>• Nitrates: Isosorbide dinitrate (Isordil®, ISDN)</li> <li>• Isosorbide 5-mononitrate (Imdur®, ISMN)</li> <li>• Nitroglycerin patch (Minitran®, NitroDur®, Trinipatch®)</li> </ul>	<ul style="list-style-type: none"> <li>• Lowers blood pressure.</li> </ul>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Dizziness</li> <li>• Hypotension</li> </ul>	<ul style="list-style-type: none"> <li>• For monitoring purposes, track blood pressure and heart rate.</li> <li>• More useful in combination with Hydralazine. Rarely used alone, especially if other treatments (IECA, ARA or ARNI) are not possible or tolerated.</li> </ul>

Your Rx	Medication type	Medication name	Reasons for taking this medication	Possible side effects	Comments
	<b>Digitalis</b>	<ul style="list-style-type: none"> <li>Digoxine (Lanoxin®, Toloxin®)</li> </ul>	<ul style="list-style-type: none"> <li>Enhances the heart's pumping capacity.</li> <li>Relieves symptoms.</li> <li>Lowers the risk of hospitalization due to heart failure.</li> <li>Lowers heart rate in the event of atrial fibrillation.</li> </ul>	<ul style="list-style-type: none"> <li>Nausea/vomiting</li> </ul>	<ul style="list-style-type: none"> <li>Useful for non-compliant patients or patients unable to tolerate BBs or with concomitant AF.</li> <li>Requires blood tests to monitor creatinine/potassium (K)/sodium (Na).</li> </ul>
	<b>Diuretics</b>	<ul style="list-style-type: none"> <li>Furosemide (Lasix®)</li> </ul> <p>*Furosemide is the most frequently prescribed diuretic for heart failure.*</p>	<ul style="list-style-type: none"> <li>Helps eliminate excess water and salt from the body.</li> <li>Reduces water retention (edema).</li> <li>Relieves shortness of breath caused by the accumulation of fluid in the lungs.</li> <li>Reduces swelling, such as abdominal bloating and swelling of the legs/ankles.</li> <li>No impact on survival.</li> </ul>	<p>Loss of Potassium (K), which can lead to the following reactions:</p> <ul style="list-style-type: none"> <li>Irregular heartbeat</li> <li>Muscle cramps or pain</li> <li>Unusual fatigue or weakness</li> <li>Gout</li> <li>Thirst and dry mouth</li> <li>Dizziness</li> </ul>	<ul style="list-style-type: none"> <li>Requires blood tests to monitor creatinine/potassium (K)/sodium (Na).</li> <li>Adjusted according to blood volume.</li> <li>Once symptoms are under control, the dose should be lowered to the minimum effective dose (if not completely discontinued in certain cases).</li> </ul>

## Every heart is unique and so is every treatment.

- The treatment for heart failure depends on various factors, including the heart's ejection fraction (ability to pump blood) and the specific needs of each individual.
- There are different types of heart failure:
  - With a reduced ejection fraction;
  - With a moderately reduced ejection fraction;
  - With an preserved ejection fraction.
- The recommended medications can vary widely according to the type of heart failure involved.
- That's why it is so important for you to understand your diagnosis and know the reasons why each of your medications was prescribed for you. By asking questions and keeping informed, you can be an active participant in your care, which can help you comply with your treatment and reap all the benefits it offers.

## General medication advice

### What to do :

- Bring your list of medications to every medical/ dental appointment. The list should include your medications, vitamins, non-prescription products, allergies, and your pharmacy's phone number.
- Get to know your medications: name, dose, what they are for, how to take them, and possible side effects.
- Take your medications at the same time every day, even if you're feeling fine.
- Never change the dose or stop taking a medication without talking to your doctor.
- If possible, use the same pharmacy for all your medications.
- Ask for a pill organizer if you have trouble keeping track of your medications.
- If cost is an issue, talk to your doctor or learn more about the Ontario Trillium Drug Program (1-800-575-5386).

### What to avoid

- If you miss a dose, do not take a double dose the next time. If you aren't sure, call your pharmacist.
- Do not leave your medications in hot or humid locations (like a bathroom or car).
- Avoid certain over-the-counter medications such as ibuprofen (Advil, Motrin) or naproxen (Aleve). Acetaminophen (Tylenol) is safe for pain, but don't exceed the maximum dose of 4 g.
- Always ask your pharmacist for advice before taking over-the-counter medications or non-prescription products.

# Heart healthy living

## Nutrition Guide for Heart Failure

**Maximum 2,500 mg of sodium and 10 cups (1.5 to 2.5 liters) of fluid per day. This includes naturally occurring sodium in foods.**



This section will help you understand how to:

- Reduce your salt or sodium intake
- Read a food label
- Choose “No Added Salt” food products
- Monitor your fluid intake
- Cook using less salt
- Make good choices when you eat out

### Let's start by looking at salt:

Sodium intake causes fluid build-up forcing your heart to work harder.

- Do you get short of breath?
- Do you have swelling of your ankles, feet, or abdomen?
- Have you noticed your weight has gone up?

Following a low sodium diet and drinking less fluid can help you feel better and allow your heart failure medicines to work better. It may even keep you out of the hospital.

### Fresh is best:

Use fresh and home prepared foods whenever possible. Buy fresh or frozen vegetables and fruit.

### How to read a food label for sodium

Reading food labels is the only way to be sure of the sodium content of foods. The sodium content must be listed on the package – check the Nutrition Facts panel.

Food manufacturers change ingredients all the time; make it a habit to read the label.

Follow these easy steps to read the label.



### Did You Know?

One teaspoon salt = 2300 mg of sodium, more than your daily limit of sodium!

2/3 of the sodium in the Canadian diet is hidden in food.

## Nutrition Facts Table

### Step 1: Serving Size

Always compare the serving size on the package to the amount that you eat. The label lists the amount of sodium per serving of food (not the package or container).

### Step 2: Sodium

Low sodium choices for most foods are:

- Less than 1/10 teaspoon (230 mg) sodium or less/serving or
- 8% Daily Value (DV) or less/serving.

### Step 3: Ingredients

Ingredients are listed in decreasing order by weight  
- if salt or sodium appears on the ingredient list at all, make sure it is near the end.

- Baking soda
- Brine
- Garlic, onion or celery salt
- Kosher salt
- Monosodium glutamate (MSG)
- Salt, sea salt
- Any other ingredient with word "sodium", such as sodium citrate, sodium nitrate, or disodium phosphate.

Nutrition Facts	
Per 1/2 cup (125 mL)	
Amount	% Daily Value
Calories 70	
Fat 0.5 g	1 %
Saturated Fat 0 g	0 %
+ Trans Fat 0 g	
Cholesterol 0 mg	
Sodium 230 mg	10 %
Carbohydrate 13 g	4 %
Fibre 2 g	8 %
Sugars 6 g	
Protein 2 g	
Vitamin A 1 %	Vitamin C 2 %
Calcium 0 %	Iron 4 %

INGREDIENTS:  
CORN, WATER, SALT FOR TASTE

## Nutrition Facts Table

### No Added salt

### Eat

### Avoid

#### Grain products

- Whole grain breads, pitas, buns, bagels.
- Limit to 4 servings a day.
- Naturally salt-free cereals such as oatmeal, cream of wheat and shredded wheat.
- Rice, pasta and barley cooked without salt.
- Unsalted crackers.

- Commercially prepared: sweet rolls, muffins, tea biscuits, croissants, doughnuts, salted crackers, instant hot cereals, bread crumbs, waffles and pancakes.
- Pre-packaged, convenience products such as coatings for meats and pastas with sauces included.

#### Fruits and Vegetables

- Fresh, frozen and canned fruits and juices.
- Dried fruit without sodium additives.
- All fresh and frozen vegetables. "Low sodium" canned vegetables.
- "No added salt" tomato paste and sauce. "Low sodium" tomato or vegetable juice.



- Regular canned vegetables. Tomato juice and canned vegetable juices, sauces, and pasta.
- Brine-cured vegetables like sauerkraut and pickled vegetables like pickles and olives.



#### Milk and milk products

- Skim, 1%, low fat yogurt, soy beverages.
- Low sodium cheese as desired.
- Up to 3 ounces (90 g) hard cheeses per week.

- Cheese spreads.
- Processed cheese slices or squeeze-bottle cheese.
- Buttermilk.

#### Meat, fish, poultry and alternatives

- All fresh meat, fish, and poultry. Tofu.
- Rinsed canned tuna and salmon or low- sodium varieties.
- Dried peas, beans and lentils. Rinsed canned varieties are acceptable.
- Egg or egg substitute 1 per day. Unsalted nuts and nut butters.

- Smoked, canned, or cured meat, fish or poultry. (Examples include bacon, sausages, ham, hot dogs, sardines, anchovies and herring).
- Cold cuts such as bologna and salami.
- Salted nuts.



## No Added Salt

## Eat

## Avoid

### Soups and sauces

- Homemade soups and sauces without added salt.
- "Low sodium" canned soups and broth.



- Bouillon cubes, OXO®, or consommé.
- Regular canned and dried soup mixes.
- Canned or packaged gravies.



### Fats, oils, and salad dressings

- All oils, non-hydrogenated margarine (regular or unsalted).
- Homemade salad dressings.
- Limit bottled salad dressings and mayonnaise to 1 tbsp (15 ml) per day.

- Bacon fat.
- Dips made from dry mixes.

### Seasonings and miscellaneous

- Seasoning powders instead of seasoning salts.
- Herbs, spices, fresh garlic, lemon, pepper, or onion.
- Seasoning blends such as Mrs. Dash®, McCormack's No Salt Added®.
- All vinegars.
- Unsalted pretzels, popcorn.
- Limit to 1 tsp (5 ml) per day of BBQ, steak sauce, ketchup, mustard, relish, salsa, and low sodium soya sauce.



- **Table Salt.**
- Any seasonings made with sodium or salt.
- Salted snack foods. Black liquorice.
- Salt substitutes that contain potassium like No Salt®. Bottled water with more than
- 250 mg (1/10 tsp) of sodium per litre.



### Potassium-rich foods on advice from your doctor

- Oranges, bananas, fruit juices, apricots, dates, prunes, dried beans, tomatoes, melons, yams, squash, potatoes and whole wheat bread.

- Note: Salt substitutes may contain potassium. Be cautious of their usage. If in any doubt, consult your doctor, nurse or dietician.



## Salt-free spice blends

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- Country-style blend
  - 1 tablespoon mustard powder
  - 1 tablespoon garlic powder
  - 1 tablespoon onion powder
  - 1 tablespoon paprika
  - 1 ½ teaspoon pepper
  - 1 teaspoon basil
  - 1 teaspoon thyme
- Spicy blend
  - 2 tablespoons crushed savory
  - 1 tablespoon mustard powder
  - 2 ½ teaspoons onion powder
  - 1 ¾ teaspoon curry powder
  - 1 ¼ teaspoon white pepper
  - 1 ¼ teaspoon ground cumin
  - ½ teaspoon garlic powder
- All purpose blend
  - 5 teaspoons onion powder
  - 2 ½ teaspoons garlic powder
  - 2 ½ teaspoons paprika
  - 1 ½ teaspoon mustard powder
  - 1 ¼ teaspoon thyme
  - ½ teaspoon white pepper
  - ¼ teaspoon celery seed

## Fluids

Now let's look at fluid. Recommended fluid intake is 6–10 cups (1.5–2.5 litres) per day.

### Find the Fluid

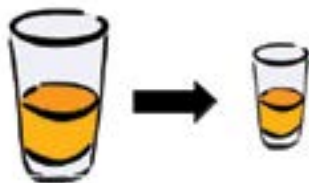
All substances that are liquid at body temperature are considered fluid. These items should be counted into your daily fluid intake:

- Water
- Coffee
- JELL-O®
- Milk
- Alcohol
- Ice Cream
- Juices
- Soup
- Sherbet
- Soft Drinks
- Ice cubes
- Popsicles
- Tea



### Tips to Reduce Fluid Intake

- Drain excess fluid from canned fruit
- Use smaller cups
- Drink to thirst only
- Take your medications with meals when possible
- Avoid sweet and salt drinks (like Gatorade)
- Avoid sun exposure



## Thirsty?

- Suck on frozen lemon wedges or frozen grapes.
- Brush teeth often.
- Rinse mouth with chilled mouth-wash.
- Suck on hard candies or chew gum – try sugar free varieties.
- Bite in a fruit.



## Track your fluid

Measure your fluid intake over 24 hours until your fluid limitation becomes routine.



- Place your total daily fluid allowance in a pitcher.
- Every time you consume fluid, pour out an equal amount of water.
- The amount of fluid remaining is your fluid allowance for the rest of the day.

## Water weight

Day-to-day weight gain is usually fluid gain, not weight gain by calories. Weigh yourself every morning using these tips:

- Empty your bladder before weighing.
- Weigh yourself in the same amount of clothing.
- Weigh yourself before breakfast.
- Use the same scale.
- Record your weight daily.



A sudden weight gain when you have been eating a normal amount may be an early sign of fluid build-up.

### If you find your weight has increased, ask yourself:

1. Is your intake of sodium above the recommended level?

Too much sodium in your diet will cause fluid build-up. Sodium acts like a sponge in the body, drawing fluid towards it.

2. Is your intake of fluids above the level recommended for you?

If fluid retention becomes a problem, you may need to take a closer look at your fluid intake. Your dietician can help you.

3. Are you urinating less often? If so, your medication should be adjusted.

### Meal planning & cooking tips

- Reduce your salt gradually to give your taste buds time to adjust.
- When grocery shopping, choose items from the outer aisles where most of the fresh foods are found.
- Plan your meals ahead of time.
- Grill an extra chicken breast to use in sandwiches

the next day.

- Make salad dressing with fresh garlic, olive oil, and flavoured vinegar.
- Add seasonings to soups during the last hour of cooking for maximum flavour.

### Finding Low Sodium Recipes

1. One book of low-sodium recipes is:

- a) Melody Ambers, Low Sodium Diet Cookbook: Low Salt and Low Fat Recipes For A Heart-Healthy Lifestyle 2017. ISBN: 6610000042029



2. You can also do a Google search. Just enter "low-sodium recipes" in the search bar.

3. For more recipes, check out these websites:

- Recipes - Unlock Food
- <https://www.cookspiration.com/home.aspx>



### Important

If your weight increases more than 2 pounds (0.90 kg) in one day or 5 pounds (2.2 kg) in a single week, your diuretic dose may need to be increased. If prescribed, follow your diuretic sliding scale. Otherwise, call your nurse or doctor.

## Going out to eat?

### 10 tips to ensure you are eating a low sodium, heart healthy diet when dining out:

1. Choose restaurants that offer as much variety in their menu as possible.
2. Choose restaurants that are willing to prepare foods by special request.
3. Request that foods be prepared without added salt.
4. If you are unsure of the ingredients, ask how the foods are prepared.
5. Do not use the salt shaker.
6. Request that foods be served without the high salt condiments (relish, mustard, ketchup, pickles, potato chips, sauces, dressings, etc.). Ask for lower salt substitutions such as sliced tomatoes/cucumbers/lettuce, horseradish, oil and vinegar, and lemon.
7. Eat foods in their fresh state, since foods are naturally low in sodium. Try grilled vegetables or fish rather than battered and deep fried.
8. A quick rule of thumb for fast food dining is to limit your sodium intake at one meal to one quarter of your total sodium for the day (about

less than 1/4 teaspoon or 500 mg of sodium per meal). Most restaurants have a guide listing the sodium content of their food items.

9. Remember that soups, JELL-O®, sherbets or ice cream as well as beverages must be included as part of your daily fluid allowance.
10. Traveling? Plan stops where lower sodium foods may be obtained or plan a picnic including delicious fruits, vegetables and sandwiches.



If you can't avoid eating a high-salt meal occasionally, simply cut down on the portion size and make lower salt choices for the other meals of the day.

By selecting carefully, it is possible to eat out and enjoy a meal that is healthful, delicious and faithful to your plan. In general, the more simply a dish is prepared, the less sodium it contains. Make sure to ask for what you want.

### Did You Know?

Many foods, including processed foods and salt, contain large amounts of the mineral sodium. Salt is made up of sodium and chloride.

Salt and sodium are two different things.

## Energy conservation

Energy conservation simply means reducing the amount of energy that is required to complete an activity. It's all about finding a good balance between rest and activity.

### A few basic principles

#### 1. Set your priorities

- Put your activities in order: start with the most important and put off whatever can wait.
- Learn how to say no when you feel that you've reached your limit.
- Don't be shy to delegate different tasks to the people around you.
- Think about aspects of your daily routine that you can put off or simplify.

#### 2. Make a plan

- Create a simple schedule that spreads your tasks out over the week.
- Alternate between light and strenuous activities all day long.
- Combine different tasks for greater efficiency (for example, take the laundry upstairs on your way there to make the bed: move once to get two jobs done).

#### 3. Take breaks

- Schedule time for regular breaks, even if you don't feel tired yet.
- Break down complicated tasks into simple stages.
- Get ahead of energy slumps: take the time to rest before reaching the point of exhaustion.
- Give yourself permission to take breaks during the day to rest and relax (read, listen to music, etc.).

#### 4. Sit down

- Whenever possible, do your activities while sitting. This can save as much as 25% of your energy.

#### 5. Get a good night's sleep

- If you want to nap during the day, do so before 2:00 p.m. but not for longer than 30 minutes so that you can still get a good sleep at night.
- Take your diuretic (pill to prevent water retention) before 5:00 p.m. to avoid the need to get up at night to use the washroom.
- Avoid eating immediately before bedtime.

**Exercise and heart failure**

Fortunately, exercise helps the body use oxygen more efficiently. A muscle used regularly requires less oxygen to perform a task than a muscle that is never put to work.

Exercise is an important part of managing heart failure. Regular physical activity will help you:

- Feel less tired
- Reduce shortness of breath
- Sleep better
- Control your blood sugar
- Have more energy for activities that you enjoy
- Feel better
- More easily perform your daily activities
- Gain self-confidence and feel in control

Physical activity should be within easy access and enjoyable. Make it a daily habit. If you want to improve your health, walking is one of the best forms of exercise there is. Start by walking slowly for short periods of time. Then, gradually increase the time you spend walking before picking up speed.

Here is a walking program used in the cardiac/ pulmonary rehabilitation clinic:

Weeks	Durée et fréquence de marche
Week 1	3 minutes twice a day, every day
Week 2	5 minutes twice a day, every day
Week 3	7 minutes twice a day, every day
Week 4	10 minutes twice a day, every day
Week 5	15 minutes twice a day, every day
Week 6	20 minutes twice a day, every day
Week 7	22 minutes twice a day, every day
Week 8	25 minutes twice a day, every day

**Stop if you...**

- you are very short of breath
- you feel weak, tired or dizzy
- you feel discomfort, especially chest pain
- your pulse is very fast
- you experience nausea or heavy perspiration

If these symptoms persist, call 9-1-1.

### Exercise Guidelines:

- Walk on flat ground initially. If hills are unavoidable, General exercise guidelines:
- In general, the recommended goal is 150 minutes per week of moderate to vigorous physical activity.
- It's important to be able to talk with ease during your exercise sessions.
- Choose activities that you enjoy or can incorporate into your leisure activities, such as listening to music, a podcast, or an audiobook while walking, or watching television while riding a stationary bike or treadmill.
- Remember to always begin with a warm-up and end with a cool-down (e.g., a slow walk, simple movements while sitting or standing).
- Walk on flat ground and avoid hills.
- Wait at least an hour after eating before engaging in physical activity.
- Choose a time of day when your energy is at its best, which is often in the morning rather than the afternoon.
- Avoid exercising in very hot or very cold weather. Exercise indoors instead, at shopping malls, or on a machine (stationary bike or treadmill with no incline), with little or no resistance.
- If you've been advised to limit your fluid intake, be sure to measure the water you drink during the activity and add it to your daily total.
- Do not lift heavy objects and avoid heavy pushing movements.
- Keep exercises that require you to lift your arms over your head to a minimum.
- Avoid strenuous activities that require you to hold your breath or over-exert yourself.
- You should feel fully recovered within ten minutes after you stop exercising. Otherwise, lower the intensity or length of your next session.

### Sexual activity

#### Sexual activity

Many patients with heart failure (and their partners) have concerns about the effects of sexual intercourse on the heart. In fact, it poses no danger to the heart.

Studies have shown that sexual intercourse requires no more effort than climbing two flights of stairs.

The following tips may be helpful:

- Wait until you're feeling well and relaxed.
- Avoid sex after a heavy meal or after drinking alcohol.
- Choose a comfortable room that is not too cool or too warm.
- Avoid positions that could tire you out.

## Returning to Work

- Not everyone diagnosed with heart failure has to stop working.
- Working can be good for your morale, health and finances.
- However, it is best to wait until your symptoms have stabilized and your medications are properly adjusted before returning to work.
- A gradual return (e.g., part-time to start with) is often a good idea.
- Your doctor or a rehabilitation advisor can help you decide whether you're ready.
- These professionals or a social worker can also guide you in applying for disability benefits or social assistance if your condition prevents you from returning to work.

## Modifiable risk factors

### Smoking cessation

Smoking or using tobacco (cigarettes):

- Damages the arteries of the heart;
- Prevents oxygen from circulating properly;
- Makes the heart work harder;
- Increases the risk of blood clots.

### Effects on your health

- Increases "bad" cholesterol (LDL);
- Lowers "good" cholesterol (HDL);
- Increases heart rate;
- Raises blood pressure;
- Thickens the blood = higher risk of blockages.

### Good news: it's never too late to quit

- You'll start to feel the benefits in just 8 hours.
- It's the most important thing you can do for your heart health.
- Yes, it's hard, but you're not alone.
- People often have to try several times before they manage to quit for good.

### Smoking cessation program

- The nurse at Hôpital Montfort can register you for an automated support program (taken by phone) to help you quit smoking.
- For other resources close to where you live, check the resource document or call Ottawa Public Health at (613) 580-6744.
- One-on-one meetings with a specialized nurse.
- Personalized smoking cessation plan.
- A better chance of success than going it alone.

### What about vaping? And cannabis?

#### Vaping:

- Less harmful than tobacco, but not harm-free;
- Can raise blood pressure and heart rate;
- Contains substances that become toxic when heated;
- Risk of lung damage.

#### Cannabis:

- Not recommended for patients with heart disease.
- Can disrupt blood pressure and heart rate.
- Can interact with your medications. Speak with your doctor before using it.

Also good for your heart:

- Cut back on your alcohol intake.
- Stress management: services, relaxation techniques and even medications are available if needed.
- Talk to your doctor or nurse about how you are feeling

## Helpful ways to manage stress

- Take an emotions and stress management workshop offered in partnership with cardio-pulmonary rehabilitation and health psychology.
- Keep physically active every day to help reduce the impact of stress.
- Identify your support networks and positive family relationships and keep them up.
- Ask your family doctor for help if you become concerned about your stress levels.



## Common feelings about heart failure

### Depression and anxiety are normal. Help is available.

- After a heart failure diagnosis, people often feel sad, stressed or worried.
- As time passes, you can learn to live a good life with the condition.
- However, if you feel down for more than 2 weeks, it is important to talk with a professional.

### Possible signs of depression:

- Sadness, discouragement;
- Irritability;
- Reduced interest in your activities;
- Social isolation;
- Fatigue or too much sleep;
- Feelings of uselessness, guilt or despair;
- Negative or suicidal thoughts.

### Possible signs of anxiety:

- Excessive worrying;
- Fear, agitation;
- Feeling tense or nervous.

### What you can do:

- Talk to your doctor or a mental health professional.
- Confide in someone you trust.
- Join a support group or cardiac rehabilitation group.
- Take part in activities you enjoy.
- Move a little every day; it helps you feel better.

- Celebrate your small victories.
- Set aside some me-time.
- Don't be ashamed to ask for help. You're not alone.

## Helpful resources:

### Mental health:

- [cmha.ca](http://cmha.ca) (Canadian Mental Health Association)
- [cpa.ca](http://cpa.ca) (Canadian Psychological Association)
- [anxietycanada.com](http://anxietycanada.com)
- Crisis/suicide hotline: 4-1-1
- The Distress Centre of Ottawa and Region: (613) 238-3311
- Mental Health Crisis Line: (613) 722-6914

## When is the right time to talk to a doctor?

- Call your doctor if you notice any of the following signs:
- Repeated and prolonged episodes of chest pain not immediately relieved with nitroglycerin;
- Weight gain of more than 2 lbs (0.9 kg) in 1 day or more than 5 lb (2.2 kg) in 1 week;
- Worsening swelling in the ankles, legs or abdomen;
- Increased shortness of breath during physical activity;
- Night waking due to shortness of breath or difficulty breathing while lying down without pillows to elevate your head;
- Persistent coughing.

### A Final Reminder

- Remember to weigh yourself every morning.
- Never stop taking your medication and never make any changes without discussing them with your doctors first.
- Avoid foods that are high in salt, like Chinese food, all-dressed pizza, salty snacks, spiced salt, canned foods and processed foods.
- Limit your fluid intake to a maximum of 2.5 litres per day.
- Walking is one of the best forms of exercise for improving your health.

# Patient tools

## Personal Medication Information

*Detach this form & keep it in your wallet*

How does using this form help you?

- ☐ Reduces confusion and saves time
- ☐ Improves communication
- ☐ Improves medical safety
- Always keep this form (or an updated version) with you.
- Take an updated list to all doctor visits and all medical tests and or procedures.
- Update your list as changes are made to your medications.
- When you are discharged from the hospital some of your medications may have been changed. These changes will be reviewed with you.

**Pharmacy Name and Phone Number:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Allergic To:	Describe Reaction:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Immunization Record

Please tick ☒ if you have had the following vaccines and write the date, if possible.

Vaccine:	Date:
<input type="checkbox"/> Flu	_____
<input type="checkbox"/> Pneumonia	_____
<input type="checkbox"/> Tetanus	_____
<input type="checkbox"/> Hepatitis	_____

Name of Medication	Dose	When Taken	Reason for Taking

# Daily Weight Record

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Month:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

## Bibliography

- Ottawa Heart Institute - Section IC
- University of Ottawa Heart Institute [En ligne]. Ottawa (CA); 2023. Diseases and Conditions : Heart Failure. Disponible : <https://www.ottawaheart.ca/heart-condition/heart-failure>
- AHA/ACC/HFSA CLINICAL PRACTICE GUIDELINE
- Heidenreich PA, Bozkurt B, Aguilar D, Allen LA, Byun JJ, Colvin MM, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines [En ligne]. 3 mai 2022 ;145(18). DOI: <https://www.ahajournals.org/doi/10.1161/CIR.0000000000001063>
- Canadian Cardiovascular Society
- Canadian Journal of Cardiology. CCS/CHFS Heart Failure Guidelines Update: Defining a New Pharmacologic Standard of Care for Heart Failure With Reduced Ejection Fraction [En ligne]. Toronto : Elsevier Inc. [consulté le 19 octobre 2023]. 16 p. Disponible: <https://onlinecjc.ca/action/showPdf?pii=S0828-282X%2821%2900055-6>

## Notes

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**The content of this guide was prepared by the University of Ottawa Heart Institute and adapted by Hôpital Montfort**

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