



HEART FAILURE PERSONAL RECORD



HOW TO USE THIS RECORD

This personal record accompanies our publication *[An everyday guide to living with heart failure](#)*. It is designed to help you keep all the important notes about your experience of heart failure, including symptoms, medication and treatment, in one place. It will help both you and your different health professionals to keep track of your progress more easily.

Bring this record, together with any echocardiogram or ECG reports you may have, to all your appointments at the hospital and the GP surgery, and to your heart failure clinic.

The information recorded here should remain confidential to you and all your health professionals.

Note to health professionals: This record documents the patient's health status with regard to their heart failure and is not a substitute for the patient's medical notes.

An everyday guide to living with heart failure: Personal record has been adapted from the Patient Held Record developed by

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CONTACT DETAILS

Your details

Name
Date of birth
Phone

Hospital details

Hospital consultant
Patient's hospital number
Heart failure nurse
Phone number
Other contacts

GP details

GP
Phone
Address
Out of hours GP service

If this record is found, please return it to the GP surgery

MEDICATION



We have information on how to manage your medications and their possible side effects on pages 19-34 of [*An everyday guide to living with heart failure*](#).

Name of medication	What it's for	Dose	Morning	Lunchtime	Evening	Bedtime	Other times	Comment

PROGRESS



This is a record of your progress that should be filled out each time you visit your nurse or doctor. For more information about heart failure and symptoms, please see pages 5-17 of *An everyday guide to living with heart failure*.

Date	HR	BP	ECG	ET	PND	Pillows	Oedema	Fatigue	NYHA	JVP	Weight
		Sitting:									
		Standing:									
		Sitting:									
		Standing:									
		Sitting:									
		Standing:									
		Sitting:									
		Standing:									
		Sitting:									
		Standing:									

HR heart rate, **BP** blood pressure, **ECG** heart tracing, **ET** exercise tolerance, **PND** paroxysmal nocturnal dyspnoea (waking up suddenly short of breath/panicky), **Pillows** number of pillows you sleep on at night, **Oedema** swelling, **NYHA** New York Heart Association score (1,2,3,4), **JVP** Jugular venous pressure. For more information on these terms, see page 9.

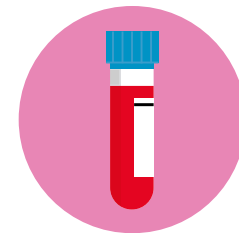
PROGRESS

Ask your doctor or nurse to record anything you should change.



Date	Comments/problem	Action	Signed

BLOOD RESULTS

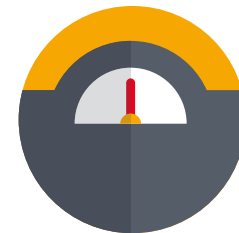


One of the most common types of blood test you will have is a 'U&E', or kidney function check, comprising sodium, potassium, urea and creatinine levels. People with heart failure often have slightly out of range results (the normal values are listed in brackets). Do not be alarmed if your results are out of range as this might be normal for you. You can have a chat with your doctor or nurse about this.

You can find more information about tests on page 5 of [*An everyday guide to living with heart failure*](#).

Date	Sodium (132–145)	Potassium (3.5–5.0)	Urea (3–6.5)	Creatinine (50–120)	Comments

DAILY WEIGHT CHART



Please see page 47 of [An everyday guide to living with heart failure](#) for guidance on how to weigh yourself properly. Remember, if you gain 1-2 pounds (about 1 kilo) or more in 2-3 days, you may be retaining fluid. Call your doctor, nurse or GP for advice.

Date		Comments:
Weight		

Date		Comments:
Weight		

Date		Comments:
Weight		

Date		Comments:
Weight		

Date		Comments:
Weight		

Date		Comments:
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Weight		

Date		Comments:
Weight		

DAILY FLUID RECORD



For information about managing your fluid balance and how to record your daily fluids, please read pages 42-46 of [*An everyday guide to living with heart failure.*](#)

Day/date	Fluid in drinks	Fluid in food	Total fluid for the day
Monday Date:			
Tuesday Date:			
Wednesday Date:			
Thursday Date:			
Friday Date:			
Saturday Date:			
Sunday Date:			

LIST OF ABBREVIATIONS/MEDICAL TERMS



Your health professionals may use some of these terms when making notes about your progress.

Term	Explanation
BP	Blood pressure
CABG	Coronary artery bypass graft
ECG	Electrocardiogram – an electrical tracing of the heart
ECHO	Echocardiogram – an ultrasound scan of the heart
ET	Exercise tolerance <ol style="list-style-type: none"> 1 Good. No limitations. Can manage more than 1 mile. Takes regular exercise 2 Fair. Can manage up to ½ mile on the flat. Walking up inclines causes SOB 3 Moderate. Limited to 100 yards at best. Washing and dressing causes SOB 4 Poor. SOB at rest
Fatigue	<ol style="list-style-type: none"> 0 None 1 After moderate physical effort, eg, walking down the corridor or showering 2 After mild exertion, eg, washing and dressing 3 After minimal exertion, eg, standing from the chair, pottering around the room 4 At rest
HR	Heart rate
JVP	Jugular venous pressure (measurement of fluid overload)

Term	Explanation
LV	Left ventricle – this is the main pumping chamber of the heart
MI	Myocardial infarction = heart attack
NYHA	New York Heart Association score, used for measuring degree of heart failure symptoms <ol style="list-style-type: none"> 1 No symptoms 2 Symptoms on moderate exertion 3 Symptoms on mild exertion 4 Symptoms at rest
OEDEMA	Swelling / water retention in the tissues. Can occur in the feet, ankles, lower limbs and abdomen <ol style="list-style-type: none"> 1 None 2 Mild (resolves after rest) 3 Moderate (eg, mid calf / below knee) 4 Above knee 5 Thigh / sacral / abdomen
PND	Paroxysmal nocturnal dyspnoea – sudden wakening in the night due to SOB
SOB	Shortness of breath



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