Living with Congestive Heart Failure

Nascentia Health
(888) 477-4663 | nascentiahealth.org
Things I’d like to discuss with my clinician:

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A word about heart failure

A healthy heart can pump blood to all parts of the body in a few seconds. When the heart can no longer do this, blood that should be pumped out of the heart backs up in the lungs and other parts of the body. When this happens, a person has symptoms of heart failure—shortness of breath or swelling in the hands, legs, and feet.

Many people with heart failure have fluid buildup in your lungs (congestion). So, heart failure is often call CHF (congestive heart failure).

Heart failure can range from mild to severe. Most often the symptoms can be controlled with medicines, rest, and diet. When heart failure symptoms are found early and treatment is started, a person with heart failure can lead a more normal life. Many people with heart failure have an enlarged heart (cardiomegaly). This comes from years of the heart having to struggle to pump out the blood. With treatment, an enlarged heart can improve its pumping action. For most, treatment is daily medicines, rest, reducing stress, eating less salt and, often, limiting fluids.

When the heart is pumping as it should, blood returns from the veins to the right upper chamber (atrium). From there it goes to the right lower chamber (ventricle) and is pumped to the lungs. The blood then returns from the lungs to the left upper chamber (atrium) and then to the lower left chamber (ventricle) and is pumped out through the main artery (aorta) to the body.
When the right lower chamber starts to have a pumping problem, blood backs up first in the veins. You may not notice it for a while since veins can expand to hold extra blood. Some days or weeks later you may notice swelling in your legs and ankles. You may also notice soreness or swelling over the liver or in the upper right of your abdomen (belly). Other symptoms can be fatigue and loss of appetite.

How to check for swelling
Press your thumb into the top of your foot and quickly remove it. Count how many seconds go by before your skin smooths back up. If the imprint of your thumb stays for more than 3 seconds, this means you are holding fluid. Check your weight and call your doctor or nurse.

Be careful not to rub or bump swollen feet or legs. This skin and tissue will damage easily.

How to relieve swelling
If you have swelling in your feet and legs:

1. Sit with your legs raised, so your feet are above the level of your heart
2. Don’t stand for long periods
3. Ask your doctor or nurse if support stockings might be right for you

Don’t cross your legs when sitting. This puts pressure on the areas behind your knees and decreases blood flow in your legs.

Tips to Remember:
1. Elevate your lower legs
2. Be mindful of your salt intake
3. Watch your fluid intake
4. Use support stockings per your doctor’s orders.
When the left lower chamber is not pumping as it should, some fluid will back up into the lungs. You may notice: shortness of breath, a dry, hacking cough, spells of waking up breathless at night or not being able to sleep unless propped up on pillows.

You may also notice that your body holds fluid. There is extra strain for the heart because now it must also pump the extra fluid along with the usual amount of blood.

Why your body holds fluid

When the heart sends less blood to the kidneys, they react as if the body doesn’t have enough blood. Water and salt are then kept in the blood rather than being passed out in the urine.

A sudden weight gain is one sign that the kidneys are holding salt and water in the body. To check for this, weigh each day (on the same scale) at the same time (most often first thing in the morning). Record your weight. You may be given diuretics (water pills) to help you get rid of the extra salt and water.
### 4. Weight Chart

**Monitoring your weight**

- Get on the scale first thing in the morning. (Urinate before you weigh).

- If you have a weight gain of 3 to 4 pounds in 1 to 2 days of normal eating, it is more likely due to fluid rather than fat. Call your doctor or nurse and do as he or she tells you to get rid of this extra fluid before it weakens your heart more. Often, more diuretic or another drug is needed.

- When checking your weight, think about how well you are eating. If you are eating less and are losing pounds of fat, you might not notice a gain from fluid.

**Tips to remember:**

1. Weigh yourself every day and keep a weight log.
2. Use the same scale to weight yourself.
3. Report weight changes of 3 pounds or more in 24 hours or 5 pounds or more in one week to your MD.

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<th>Date</th>
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5. How You May Feel

As heart failure develops, you may notice some or all of these:

- Sudden weight gain (3 or 4 pounds or more in 1-2 days or 2 pounds overnight)
- Swelling of the lower limbs (legs, ankles)
- Swelling or pain in the belly
- Trouble sleeping unless propped up on 2 pillows (could be from problems other than heart failure)
- Shortness of breath (may be all of the time, with exertion or only when waking up)
- Breathless at night
- Requent, dry, hacking cough (most often when lying down)
- Loss of appetite

Getting very tired from hardly any effort can also be a symptom of heart failure.

Infections

Avoiding infections and staying health can keep your heart failure symptoms from getting worse. When you have a fever and your temperature goes up, your body metabolism increases. This causes your heart rate to go up. Eat right and get plenty of rest to avoid getting sick. Ask your doctor or nurse if you need to increase your fluid intake if you have a fever.
6. Medicines

For your medicines to work best, you must take them just as prescribed. Talk with your doctor, nurse, or pharmacist to learn these things about your medications:

- The name(s) of your medication(s)
- How and when to take (with food?)
- Side effects to watch for and what to do if they occur
- What to do if you miss a dose
- How one medication interacts with any others you are taking
- How certain foods affect your medications. Some foods may have a bad effect on your medications. Talk with your doctor or nurse about your medications and which foods or drinks you should avoid. Write them here:

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<th>Medication</th>
<th>Food/drinks to avoid</th>
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Fill in your medication chart, and post where it is easy for you to see.

NOTE: Herbal supplements can interact with CHF medications. Ask your doctor or nurse before taking any herbal medications.
If you feel worse than usual and find your breathing is worse than normal, tell your doctor or nurse. Your medications may need to be changed.

While you are taking some heart medicines, you need to check your pulse rate. Ask your doctor or nurse for information on how to take your pulse and how often.

Tell your doctor or nurse if your pulse:

- Is less than 50 or skips around (not regular)
- Is greater than 120 or skips around (not regular)

**Caution**—Do not quit taking your medications—even if you feel better.

### Coumadin

Coumadin is an anticoagulant or “blood thinner.” It makes your blood take longer to make prothrombin, one of the things that makes blood clot.

Your doctor will decide how much Coumadin you need to take based on a blood test called a “PT” (prothrombin time). He or she may change your Coumadin dose after your blood test if your blood takes too long to make prothrombin. Your doctor may want to check your PT regularly.

A number of things may affect your blood test results:

- Other medications (ask your pharmacist before taking any new medications)
- Sickness (flu, diarrhea, etc.)
- Diet high in dark green vegetables

Take Coumadin at the same time every evening. This is so you can change the dose, under doctor’s orders, if needed, on the days you have a blood test.

While you are on Coumadin, do not take aspirin or over-the-counter anti-inflammatory medicines, unless your doctor has ordered it.
Foods and Coumadin

Foods with vitamin K help your blood make prothrombin and work against Coumadin. Ask your doctor, nurse, or dietician to help you plan your diet so that you do not eat too much of foods high in vitamin K. Some foods high in vitamin K are:

- Collard greens
- Turnip greens
- Liver
- Oatmeal
- Oats
- Wheat
- Spinach
- Broccoli
- Brussels sprouts
- Cabbage
- Cauliflower
- Egg yolks

Call your nurse or doctor if you have:

- Different color urine or black stool
- Unusual bruising (black and blue marks on your skin)
- A headache after a big fall or hitting your head hard
- New pain or swelling in your joints
- Fever or flu-like sickness
- More blood than usual when you brush your teeth or get a cut

Ace Inhibitors and other vasodilators

Angiotensin-converting enzyme (ACE) inhibitors help relax your veins and arteries to lower your blood pressure. ACE inhibitors prevent an enzyme in your body from producing angiotensin II, a substance that narrows your blood vessels. This narrowing can cause high blood pressure and force your heart to work harder. Angiotensin II also releases hormones that raise your blood pressure.

Vasodilators improve symptoms and help keep your heart failure from getting worse. However, they improve heart failure over months or years—not quickly. They have proven to be very useful in improving mild to moderate heart failure. No matter how well you feel, don’t stop taking your medicine without your doctor’s advice.

Always wear your Identification (ID).

If you have an accident or pass out, an ID bracelet or necklace tells others that you are on a blood thinner. Ask your nurse or doctor how to get an ID bracelet or necklace.
**Beta-blockers**

Beta blockers, also known as beta-adrenergic blocking agents, are medications that reduce your blood pressure. Beta blockers work by blocking the effects of the hormone epinephrine, also known as adrenaline.

Beta blockers cause your heart to beat more slowly and with less force, which lowers blood pressure. Beta blockers also help open up your veins and arteries to improve blood flow. Your doctor will choose which beta blocker is best for you based on your health conditions.

**Digitalis Glycosides**

Digitalis helps an injured or weakened heart pump more efficiently. It strengthens the force of the heart muscle’s contractions, helps restore a normal, steady heart rhythm, and improves blood circulation.

**Diuretics (fluid pills)**

With heart failure, your body tends to hold onto fluid. A diuretic (“water pill”) can help your kidneys make more urine and get rid of this excess fluid. It can also decrease the amount of fluid in your lungs, so you can breathe better.

You may notice that you pass more urine at night. When you are lying down, more blood can go to the kidneys. This lets the kidneys make more urine. Take your diuretic in the morning, to keep from having to get up at night. If you take a diuretic twice a day, take the second dose in the late afternoon, instead of the evening.

If you have dizziness, severe weakness, severe leg cramps or other symptoms, your doctor may need to change your medicine. Ask about a potassium supplement, or eat more foods with potassium, like white potatoes and bananas.

One diuretic saves potassium as it gets rid of excess fluids. If you are taking it along with your regular diuretic, you may not need extra potassium. Ask your doctor or nurse about this.

**What are side effects of diuretics**

When individuals present with fluid imbalance (depletion) due to diuretics, adverse events such as:

- Dry mouth
- Thirst
- Weakness
- Lethargy
- Drowsiness
- Muscle pains or cramps
- Confusion
- Seizures
- Hypotension
- Tachycardia
- Digestive disturbances
Potassium

Your doctor will likely monitor your potassium levels. Potassium levels may be affected by the use of fluid pills. Potassium is a substance your body must have. It helps control heart rhythm. Since most diuretics cause you to lose potassium as you pass more urine, extra potassium (a potassium supplement) is often needed. (Leg cramps are common when your potassium gets too low.)

In most cases where diuretics are used, food alone can’t give the amount of potassium needed. **Do what your doctor or nurse tells you to keep your potassium levels normal.**

**Tips to remember:**

1. Know the actions, side effects, the reason you are taking the medication, when you should take them, and what to report to your nurse or doctor
2. Use a prefilled planner device to help remember your medications

### High potassium foods

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<tr>
<th>Dried Fruits</th>
<th>Raisins, prunes, apricots, dates</th>
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<tr>
<td>Fresh Fruits</td>
<td>Bananas, strawberries, watermelon, cantaloupe, oranges</td>
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<tr>
<td>Fresh Vegetables</td>
<td>Avocados, white potatoes, beets, greens, spinach, peas, tomatoes, mushrooms</td>
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<tr>
<td>Dried Vegetables</td>
<td>Beans, peas</td>
</tr>
<tr>
<td>Fresh Meats</td>
<td>Turkey, fish, beef</td>
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<tr>
<td>Canned Juices</td>
<td>Grapefruit, prune, apricot (<em>Note: some canned juices, like tomato and V-8, contain salt. Read all labels for salt, sodium, or sodium compounds [or NaCL, as salt is often written]</em>)</td>
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<tr>
<td>Salt Substitutes</td>
<td><em>Note: some have a lot of potassium. In some people too much potassium can be dangerous.</em></td>
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Sodium is an important substance that helps your body balance the level of fluids inside and outside of the cells. To keep up this balance, the body needs about 200mg of sodium a day. Yet, most of us eat 3,000mg to 6,000mg of sodium each day.

Most people with heart failure are asked to eat less sodium. Sodium attracts water and makes the body hold fluid. To pump the added fluid, the heart must work harder.

Your doctor may recommend you limit your sodium. Talk to your doctor about what is best for you.

One most common source of sodium is table salt. Table salt is 40% sodium and 60% chloride.

If your doctor wants you to lower your sodium intake here are ways

- Season foods with fresh or dried herbs, vegetables, fruits, or no-salt seasonings
- Do not cook with salt or add salt to foods after they are on the table.
- Make your own breads, rolls, sauces, salad dressings, vegetable dishes, and desserts when you can.
- Eat fresh or frozen, unsalted vegetables. If you do eat canned foods, rinse them before cooking. This removes some of the sodium.

HINT

1 tsp salt = 2,400mg sodium

- Buy water-packed tuna and salmon. Break up into a bowl of cold water and let stand for 3 minutes. Rinse, drain, and squeeze out water.
- Bake, broil, boil, steam, roast, or poach foods without salt.
- Don’t buy convenience foods such as prepared or skilled dinners, deli foods, cold cuts, hot dogs, frozen entrees or canned soups. They have lots of salt.
- Read all labels for salt. A low-sodium label means 140mg or less per serving. Try to buy products labeled low-sodium or no salt added.
- Stay away from “fast” foods. They are almost always high in salt.

Note: Some over-the-counter medicines are also high in sodium.

Tips to remember:

1. Know how to review food labels to identify high sodium content foods and sodium alternatives
2. Know the importance of appropriate sodium levels, including a definition of foods high in sodium
Many people with heart failure have trouble with their body holding fluid. Being very thirsty is also common. Even if you are thirsty, this does not mean that your body needs more fluid. You need to be careful not to replace the fluid that diuretics (“water pills”) have helped your body get rid of. Try using small amounts of sugar-free hard candy to help with a dry mouth.

8. Limit Fluids

Many doctors suggest that people with heart failure limit their total fluid to 8 cups per day. This includes foods taken with medicines.

- Water
- Tea
- Yogurt
- Ice cubes
- Coffee
- Soup
- Juices in fruits (1 orange or ½ grapefruit counts as 4 oz. of fluid)

Ask your doctor or nurse what your total fluid intake per day should be and how to balance out how much you drink during the day.
9. Comfort Measures

When you have trouble breathing, it is important to stay as comfortable as you can. This will help you breathe better and get more oxygen. With more oxygen, all the cells of your body work better and you will “feel better all over”. To increase comfort and improve breathing, do these:

- Keep items you use often close at hand to avoid straining to reach them.
- When sitting or lying down, make sure all parts of your body are supported so you can fully relax.
- Sit upright or propped up on pillows. (This lets your lungs fully expand and take in more air).
- Prop your arms up on pillows, to let your lungs expand even more.
- Prop head of bed up with blocks or books or sit in a recliner. (This keeps fluid at base of lung so you can breathe easier.)
- Avoid having room temperatures too warm, (It is easier to breathe if air is cooled.)
- Do the things that help you relax. (Take a warm bath, listen to soothing music, etc.)

10. Manage Stress

Learning how to deal with stress and anxiety and seeking care for depression can help you manage CHF and feel better in general.

Stress is defined as feeling tense on the inside due to pressures from the outside. Having a chronic illness, such as heart failure, can be very stressful. Since stress makes your heart work harder, try to find ways to manage or reduce the amount of stress you feel. You may feel depressed or angry because you have heart failure. These feelings are normal, but it is important to learn to cope with them. It may help to talk about how you feel with your family and friends. When you accept that you have heart failure, you will be able to manage your stress level better.
11. Exercise

One way to manage your stress is with exercise. Although rest is needed when you have heart failure, low-level exercise can improve your heart symptoms and your stress level. Check with your doctor or nurse about a safe exercise program for you.

Exercise and Heart Failure

The idea is to exercise to keep the body strong but avoid overworking the heart.

Unless your heart failure is severe, you will most likely be told to do some exercising. Exercise can be very helpful if you have heart failure. This may sound confusing, if you have been told you have to rest a lot of and not get tired.

Some moderate exercise you can do are:

- Riding a stationary bicycle
- Brisk walking
- Swimming

If you are not used to exercising, you might start with 5–15 minutes of easy exercise. Resting as often as you need to, so you will not get tired or out of breath. Any amount of exercise is helpful.

Tips for exercising safely

- The best time to exercise is about 1 hour after eating or taking your medications.
- Stay away from strenuous exercise and avoid lifting heavy things.
- Start slowly and work up gradually.

Stop the activity if you have any:

- Chest pain or discomfort
- Shortness of breath that is abnormal for you
- Dizziness
- Nausea

Exercise and your pulse rate

To check your pulse during and/or after exercise, do this:

1. As soon as you stop, find your pulse at your wrist with your first two fingers as shown here.
2. Once you have located your pulse, count it for 15 seconds.
3. Multiply this number by 4. This is your 1-minute pulse rate.

Note: If you have an irregular heartbeat, count it for a full minute and don’t multiply by 4.
Using energy wisely can help you stay healthy. Using less energy with each daily task keeps you from getting tired easily and lets you do more things throughout the day.

Here are some tips to make tasks easier and use less energy:

- Relax. Spread your activities throughout the day and do them at your own pace.
- Plan ahead. Do the things that take more energy when you are at “your best.”
- Rest in between activities.
- Work slowly, and don’t feel bad if you can’t finish a task. Finish it when you don’t feel tired.
- Do not lift heavy objects. (lift no more than 5-10lbs.).
- Use objects that assist you, such as a walker, shower chair, or bedside commode.
- Get plenty of sleep. Avoid caffeine and any noise or light in your room.
- Avoid straining when having a bowel movement.
- Avoid getting too hot or too cold.
13. Coughing

**Controlled coughing helps loosen the mucus in your lungs.** Do controlled coughing with small, short coughs. Avoid large blasts of air.

1. Sit up, and lean head forward slightly.
2. Take a deep, slow breath through your nose, and hold it for 2 seconds.
3. Cough once (to loosen mucus).

**Deep Breathing**

To do deep breathing, you use a muscle called the diaphragm. Check how the diaphragm works in these 2 ways:

- Feel it move on the front of your abdomen
- Feel it move on the sides of your abdomen

**Exercise 1: Front**

1. Sit comfortably with good posture, (sitting up straight), or lie on your back with your head and knees supported by pillows.
2. Place one hand on your chest to check for movement of the rib cage muscles.
3. Place the other hand on your belly to feel movement of the diaphragm.
4. Pull your belly muscles in as you breathe out slowly through pursed lips.
5. Breathe in through your nose, feeling your belly relax and push out to the front.
6. Rest after 3 or 4 breaths.

**Exercise 2: Side**

1. Sit or stand comfortably with good posture.
2. Place your hands on your sides over your lower ribs.
3. Feel your lower ribs move down as you exhale slowly through pursed lips.
4. Inhale slowly through your nose, feeling your lower ribs expand.
5. Rest after 3 or 4 breaths.
If you smoke, find some way to quit.
Smoking makes blood vessels narrow and breathing hard. With every puff, a smoker irritates and damages the lining of the lungs. If you stop smoking, you can slow down the serious damage you are doing to yourself.

No matter how long you have smoked, stopping now will help you breathe better. Some helpful hints to get you started are:

Keep your body and mind busy.
- If you can, take a short walk
- Wash dishes
- Read a good book
- Join a card club
- Do some handwork (such as knitting)
- Go to a play, movie or concert
- Watch a good video

Keep your hands busy. Try “handling” these:
- Sponge ball
- Pen or pencil
- Heavy coins
- Rubber band
- Fidget device
- Paper clip

Changing your routines and patterns can also help.

A stop-smoking program may increase your chances of success. Some popular programs include:
- American Lung Associates (Freedom From Smoking)
- Smokeless®
- Smokenders®
- American Cancer Society’s program
Check with your health care provider or local hospital about other quit-smoking programs near you. When checking out programs, be sure to ask about cost, success rates, methods, instructors’ training and handouts.

Medicaid pays for quit-smoking treatment delivered by your health care provider.

Medicaid covers quit counseling and all seven smoking cessation medications approved by the U.S. Food and Drug Administration (FDA):

- Five nicotine replacement therapies (NRT)—patch, gum, lozenge, inhaler, and nasal spray
- Two non-nicotine oral medications (pills)—bupropion SR (brand names Zyban or Wellbutrin) and varenicline (brand name Chantix)

Medicaid covers the use of two medications at once, which is safe for most people. Using two medications as prescribed by your provider is even more helpful in reducing cravings and other withdrawal symptoms.

Medicaid even pays for over-the-counter nicotine patches, gum and lozenges with a fiscal order (like a prescription) from your provider.

And, because it may take you more than one try to quit, Medicaid covers repeated treatment by your provider.

Talk to your health care provider about which treatment might be right for you.

E-cigarettes are not an FDA-approved smoking cessation medication. The FDA classifies e-cigarettes as a tobacco product, just like the cigarettes, cigars, smokeless tobacco, and other tobacco products.
15. Oxygen

Treat oxygen just like any other medication you take. Don’t change the amount, unless your doctor or nurse tells you to. Your doctor will tell you what your liter flow should be when you rest, exercise, and sleep.

The company that provides your oxygen equipment should fully explain its use and care. When your supply arrives, be sure to find out how to reorder. Plan ahead, so that you do not run out in the middle of the night or over a weekend or holiday.

To use oxygen safely:
- Store oxygen away from heat, direct sunlight, or a pilot light
- If using cylinders, secure them so that they cannot tip over
- No smoking in the room where oxygen is used or stored
- Do not increase liter flow without asking your doctor or nurse.
- Do not use oxygen near an open flame (such as a gas stove or fireplace)
- You can use electric appliances. But be careful when using things that might spark (like an electric razor)
- Do not use petroleum-based products (such as Vaseline, certain creams, etc.)

Oxygen company phone number: ( ) -

Liter flow at rest:

Liter flow at exercise:

Liter flow asleep:

Hours and/or time of day to use:
Traveling with oxygen

Don’t think that being on oxygen means you have to stay home all the time. You can arrange to have oxygen when you travel, whether you go around the corner or around the world!

For ANY trip, be sure you know.

• How to change tanks when one is empty
• How to measure the amount of oxygen left in the tank
• How to refill your tank (if you have a liquid oxygen system)
• All of the safety measures for oxygen use

Short Trips

Your oxygen company can set you up for outings of up to 8 or 10 hours. The amount of time depends on tank size and on whether you use liquid or gas oxygen. If you use liquid, it can go in a pack that you carry on your shoulder. Travel oxygen in gas form comes in a small tank (“E” cylinder) that rolls on wheels or in a smaller tank that can be carried.

Longer Trips

Ask your oxygen company to arrange for your oxygen with a company in the town you plan to visit, or you may make the arrangements yourself.

Traveling by air

For an extra fee, you can arrange through the airline to have oxygen while flying. The airline provides the oxygen because travel with any type of tank filled with oxygen is unsafe. Just tell the airline your liter flow rate, and they will do the rest. If you have a liquid oxygen system, you may want to take your tank with you to use once you arrive. To do this, just drain the tank dry, and leave the valve on the top cracked open a little bit.

Tips for setting up oxygen for a trip

• Know your flow rate.
• If you use a liquid oxygen system, know its brand name. Make sure the company you will be using while you travel has the right size adapter to fill your tank.
• Because oxygen is a drug, always take a written prescription with you when you travel.
15. Oxygen

Tips to remember:

1. Remember that oxygen is used for low oxygen levels in your blood
2. Use the oxygen at the flow rate you MD has prescribed and do not increase
3. Know the different equipment associated with oxygen—cylinder, liquid tank, concentrator, flowmeter, pressure gauge for tank, nasal cannula, mask, sterile humidity bottle, sterile distilled water, and tubing
4. Clean your nares and cannula 2 times a day and as needed
5. Check your ears and cheeks to prevent pressure sores from developing
6. Keep oxygen away from flames.
7. Avoid the use of heating pads and electric razors, aerosol sprays, body lotions, face creams and rubbing alcohol
8. Never smoke cigarettes while using oxygen because the oxygen supports combustion
9. Place a “no smoking” sign on your door to warn others
16. Word Search

N A S C E N T I A

NASCENTIA  FAILURE  RIGHT HEART
CHF  FLUIDS  SHORT OF BREATH
COUGH  HEALTH  SMOKING
EDEMA  LEFT HEART  SODIUM
ENERGY  MEDICINE  STRESS
EXERCISE  OXYGEN  WEIGHT

American Association of Heart Failure Nurses

- “Destination Health Heart:A Roadmap to Managing Heart Failure, Heart Failure with A Preserved Ejection Fraction,” 2015 (aahfn.org/page/hfawarenessweek2015)
- “Every Day, Every Dose,” 2018 (aahfn.org/page/hfawarenessweek2018)
- “Spices of Life! Healthy Living with HF,” 2016 (aahfn.org/page/hfawarenessweek2016)

American Heart Association

- “Heart Failure Tools and Resources,” 2021 (heart.org/en/health-topics/heart-failure/heart-failure-tools-resources)
- “Answers By Heart, What is Heart Failure?,” 2015 (heart.org/en/health-topics/heart-failure/what-is-heart-failure)

American Heart Association/American Stroke Association

- “Heart Failure,” 2018 (heart.org/en/health-topics/heart-failure)
- “HF Guidelines Toolkit” (heart.org/en/health-topics/heart-failure/heart-failure-tools-resources/heart-failure-guidelines-toolkit)


NIH National Heart, Lung, and Blood Institute, “DASH Eating Plan, Tips to Reduce Salt and Sodium,” page 1 and 2 (nhlbi.nih.gov/health-topics/all-publications-and-resources/tips-reduce-salt-sodium)

