**Key contacts and information**

**In hours:** Contact your local heart failure team or your local GP

HF Team:

GP:

**Out of hours NHS** :111

**Life threatening emergencies**: 999

**Useful websites**

British Heart Foundation: [bhf.org.uk](file:///Users/hanna/Documents/AZ%20HF%20NWL/Bhf.org.uk)

UK charity that provides key information and research on heart and circulatory diseases to help patients better understand and manage their conditions

Pumping Marvellous: [pumpingmarvellous.org](http://www.Pumpingmarvellous.org)

UK’s patient-led heart failure charity focused on improving patient outcomes and representing the patient’s voice

People First: [peoplefirstinfo.org](http://www.Peoplefirstinfo.org)

Council funded organisation providing information, ideas and services to help maintain independence and overall well-being

[insert date]

Dear [patient name]

Welcome to your Heart Failure care plan.

In this information pack, you will find the following:

* Overview of your care plan
* What to do if you feel unwell
* Weight and blood pressure guidance
* Top 10 tips to manage your medication
* Quick guide on managing your symptoms
* Further information on what your drugs do

If you have any questions or require assistance, please contact us

Heart Failure Team

**HEART FAILURE CARE PLAN for [patient name] -** created by [HFSN name] on [date]

**Diagnosis details**

[PULL FROM S1]

**Your target goals and actions**

[PULL FROM S1]

**What to do if you feel unwell**

If you are unwell (vomiting, diarrhoea, fever, sweats and shaking), you should temporarily stop taking the medicines listed below. If you are unsure or have questions, please seek medical advice.

* **Blood pressure pills** - e.g. ramipril, lisinopril, losartan or medicines ending with artan or pril
* **Diuretics** – (water tablets) e.g. furosemide, bumetanide
* **Diabetes medications** – e.g. metformin, medicines ending with flozin such as canagliflozin. Do **not** stop taking your insulin

If you have diabetes, you must increase the number of times you check your blood glucose levels. If they run too high or low, please seek medical advice.

**Restart your medicines** as soon as you are well and eating normally. Please seek medical advice if you continue to feel unwell after 48 hours.

**Weight and blood pressure**

**Current weight:**\_\_\_\_\_\_\_\_\_ on date\_\_\_\_\_\_\_\_

If you gain 2kg (4lb) or more in 2-3 days, you may be retaining fluid, contact your Heart Failure Team

**Current blood pressure:**\_\_\_\_\_\_\_\_\_ on date\_\_\_\_\_\_\_\_

If you begin to experience symptoms of dizziness, contact your Heart Failure Team

**Your heart failure drugs and how to take them**

**TOP 10 HEART FAILURE TIPS**

**DO’s**

1. Learn the name of your drugs and what they do (see ‘What your drugs do’ section)
2. Know what to do if you are feeling unwell (please refer to your Care Plan)
3. Give your medicines a chance to work, they may make you feel worse before they make you feel better
4. If you have to pay prescription charges then obtain a ‘season ticket’. Details are in your pharmacy or if you enter “NHS prepayment certificate” on Google you will find how to apply. It’s easy and it works out considerably cheaper if you have to take a number of medicines a day
5. Remember that the medicines you are taking have been shown to improve your quality of life and life expectancy
6. Ensure you have the contact details for your heart failure team handy in case you need to speak to them
7. If your medicines are altered by a Doctor, Nurse or Pharmacist who aren’t a member of your heart failure team, make sure you inform your heart failure team at your earliest convenience that your heart failure medicines have been altered.

**DON’T’s**

1. Don’t forget to reorder medicines, develop a system that works for you. If you are struggling with your medication, contact your pharmacist
2. Don’t forget medicines come in assorted colours and shapes. They may change from month to month as it often depends on who has manufactured your medicines. If you have any concerns, contact your pharmacist
3. Don’t be frightened to ask or query any concerns with your heart failure team, they are there to support you and after all this is a partnership between you and them
4. Don’t suddenly stop taking your medicines, it can be dangerous. If you have a problem, speak to your heart failure team
5. Don’t double your dose, if you have any problems then speak to a member of your heart failure team

**QUICK GUIDE TO MANAGING YOUR SYMPTOMS**

|  |  |
| --- | --- |
|  | **GREEN** KEEP WATCH |
| **Your weight has NOT increased/has increased by 4lb/2kg over 3 days but you agree with the statements below;** |
| * You are no more breathless than usual.
* Your ankles are no more swollen than usual.
* All of your other medical conditions are OK.
* You are as active and mobile as you normally are.
* Your main carer’s health is unchanged.
 |
| **WHAT SHOULD YOU DO?**There is no need for a review by the heart failure specialist team/GP/Practice Nurse apart from your regular reviews. However, you should be reviewed at least twice a year. |

|  |  |
| --- | --- |
|  | **YELLOW** STAY ALERT |
| **Your weight HAS increased/had increased by 4lb/2kg over 3 days and/ or one of the statements below is true;** |
| * You are feeling more breathless than usual.
* Your legs are more swollen than before.
* You are breathless at night or need more pillows to sleep on.
* You are unable to be as active as usual/you are a bit more muddled than usual.
* Any of your other conditions are worsening.
* Your main carer is becoming more ill and unable to help look after you as much as before.
 |
| **WHAT SHOULD YOU DO?**Try simple measures to improve your symptoms and/or consider a sooner appointment with the heart failure specialist team/GP/Practice Nurse if you feel it is necessary. |

|  |  |
| --- | --- |
|  | **RED** TAKE ACTION |
| **If your symptoms continue to worsen over 3 days, or you have any of the problems below;** |
| * You have symptoms of an infection and/or you feel very unwell.
* You have blacked out.
* Any of your other medical conditions are continuing to worsen.
* You have become confused about your medications.
* My medication has been reduced/ stopped and I am not sure why/my heart failure team are unaware.
* You have worsening breathlessness or leg swelling or are unable to be as active as usual.
* You have worsening or new angina.
* Your carer becomes very ill/has been admitted to hospital and is unable to take care of you.
* You have had diarrhoea or vomiting for more than 24 hours.
 |
| **WHAT SHOULD YOU DO?**Consider urgent advice from GP, or heart failure service. If you feel very unwell, call **999**. |

**WHAT YOUR DRUGS DO**

**ACE Inhibitors (ACEi)**

**Ramipril, Lisinopril, Perindopril & Enalapril**.

**What do they do?**

**ACEi** ease the workload of the heart by relaxing the blood vessels around the body thus easing the strain on the heart. They support the heart muscle and help it regain strength. ACEi improve quality of life and length of life.

**What are the most common side effects?**

You may experience a dry and irritating cough, this often settles down, however if very severe, tell a member of your heart failure team. ACEi may cause dizziness on standing up as the medication can lower your blood pressure, however this also often settles. Stand up slowly and let the heart failure team know if this is severe.

**More unusual side-effects**

Very rarely, these drugs may cause lip swelling. If this happens, contact a member of your heart failure team straight away.

**How do I take them?**

These medications are taken once or twice a day, depending on the drug. When discharged from the heart failure nursing service you will be stable on your dose. Your GP or consultant should check your blood pressure and kidney function every six months.

**ARNI - Angiotensin Receptor Blocker / Neprilysin Inhibitor**

**Sacubitril/Valsartan** (Entresto) is the only drug in this class. It works very similarly to ACEi, though these two drugs types are ***never*** prescribed together. ARNI’s are used instead of ACEi if you have an intolerable side effect to an ACEi or if the ACEi is not working as well as hoped.

Increasingly ARNI’s are used instead of ACEi and you may have been switched onto this drug by the team. They are taken in exactly the same way and need the same kidney and blood pressure monitoring.

**Beta Blockers**

**Bisoprolol & Carvedilol**

**What do they do?**

Beta blockers cause the heart to beat slower and become stronger by the blocking of certain hormones such as adrenaline. Beta blockers improve quality and length of life.

**What are the most common side effects?**

Beta blockers may cause fatigue but usually this settles down over a week – we ask that patients persevere as it will pass. They may cause dizziness on standing or exercising though this is very rare - please let the heart failure team know if this occurs.

Beta blockers can cause cold hands and feet – this is not dangerous though you should let the team know if you suffer with significant peripheral vascular disease.

Beta blockers are safe to take with most lung conditions – if you have acute severe asthma please let the team know.

**How do I take them?**

These medications are taken once or twice a day, depending on the drug. When discharged from the heart failure nursing service you will be stable on your dose. Your GP or consultant should check your blood pressure and heart rate every six months.

**Mineralocorticoid receptor antagonists (MRAs)**

**Spironolactone & Eplerenone**

**What do they do?**

MRAswork by blocking the action of a substance in your body called aldosterone. Doing this can help support and improve the heart function. MRA’s are used in addition to ACEi (or ARNI) and beta blockers.

**What are the most common side effects?**

Spironolactone may cause breast enlargement in men [(gynaecomastia)](https://www.nhs.uk/common-health-questions/mens-health/what-is-gynaecomastia/). Rarely, spironolactone might cause hair thinning.

**How do I take them?**

These tables are taken once a day, in the morning. When discharged from the heart failure nursing service you will be stable on your dose. Your GP or consultant should check your blood pressure and kidney function every six months.

**Diuretics (water tablets)**

**Furosemide, bumetanide, metolazone, amiloride & Bendroflumethiazide.**

**What do they do?**

Diuretics relieve symptoms of heart failure such as shortness of breath and ankle swelling by making you pass urine more frequently. Furosemide and bumetanide are the commonest diuretics used, though metolazone, amiloride or bendroflumethiazide can be added in if more effect is needed.

**What are the most common side effects?**

The tablets work by increasing quantity and frequency of urination. They are usually taken in the morning or early afternoon and thus there is ***no effect overnight.***

Some patients with mild breathlessness or ankle swelling might skip a dose if a day outdoors is planned.

These tables cause weight loss, but this will be fluid weight.

**How do I take them?**

Most people take them first thing and in the morning. We advise you do not take them too late into the afternoon or you may wake up more in the night to go to the toilet.

When changing doses, regular blood tests to check the kidneys are necessary.

Checking weight daily at home and limiting fluid intake to 1.5-2 litres daily can also help control symptoms.

**SGLT2i**

Canagliflozin, Empagliflozin, Dapagliflozin & Ertugliflozin.

**What do they do?**

Originally used to help treat diabetes, SGLT2i, in addition to medications above, help support and improve heart function in heart failure. These drugs are used for this purpose in patients with and without diabetes. Additionally, they protect the kidneys and the heart, reducing the risk of heart failure, heart attacks and stroke.

**What are the most common side effects?**

This drug is rarely used in diabetes requiring insulin therapy. It will not affect sugar levels in non-diabetics but if used in diabetic patients, other diabetes medications might be reduced or stopped.

SGLT2i can increase the risk of urogenital infections, including urine infections or thrush. Excellent personal hygiene is recommended.

**More unusual side-effects**

Diabetic ketoacidosis- when ketones build up in your blood. This is a RARE event but can happen even when your blood glucose is normal. The risk is increased if you do not eat for a long period of time, become dehydrated, reduce insulin too quickly, excessive alcohol intake or are unwell. Please seek advice before starting a new diet such as low carbohydrate or ketogenic diet.

If you have been told you have an “at risk foot” you should clarify with your Dr if you should start/remain on an SGLT2i. If you have an active foot ulcer or circulatory problem to your leg these medications should be stopped.

**How do I take them?**

These tablets can be taken once a day with or without food.

**Should I stop taking medications if I become unwell?**

It is best to practice “sick day guidance” with some of these medications. You should stop in the presence of diarrhoea, vomiting, fever and shaking. They can be restarted when you recover. However, if you remain unwell after 48 hours you must seek medical help from your Heart failure team/GP or 111 out of hours.