

# My Heart Care Plan

Name \_\_\_\_\_ Date \_\_\_\_\_

To feel your best, it is important that you understand and follow these directions.  
(Ask your heart care provider to fill out this page and talk with you about it.)

## Medications

Diuretic: \_\_\_\_\_

ACE inhibitor or ARB: \_\_\_\_\_

Hormone blocker: \_\_\_\_\_

Beta blocker: \_\_\_\_\_

Other medicines: \_\_\_\_\_

## Special instructions:

## Activity

## Diet

Sodium limit: \_\_\_\_\_ milligrams (mg) per day

## Weight

Target weight: \_\_\_\_\_

What to do if your weight goes up 2 or 3 pounds in  
1 day or 4 or 5 pounds in 5 days: