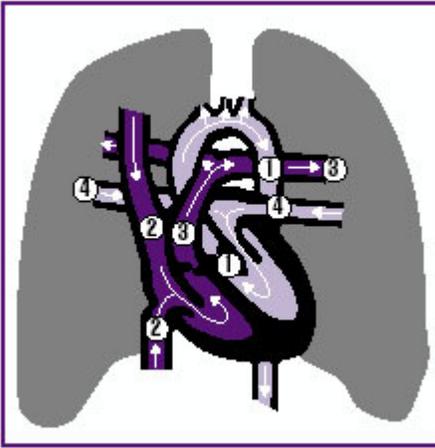


**Heart Failure
Patient Education
Booklet**

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What is heart failure?

How does a normal heart work?

The heart is a hollow muscle about the size of your fist. It pumps blood with oxygen and nutrients throughout your body. The heart has four chambers: two at the top, called atria, and two at the bottom, called ventricles. The heart is divided into right and left sides. The right side receives blood from the body and pumps it to the lungs to increase its oxygen content. This blood is then pumped out to the rest of the body by the left side of the heart.

When you have heart failure, your heart is unable to pump enough blood to satisfy your body's requirements. Blood that should be pumped out of the heart may back up into other organs or tissues, such as your lungs, stomach, liver, intestines or legs.

What role does the heart play in the body?

The heart is divided into left and right sides. The left side of the heart pumps blood rich in oxygen to your muscles, skin, and organs by means of vessels called arteries. The left side of the heart is shown in the picture as (1). At the same time that blood is providing nutrients and giving oxygen to the cells of your body, it is removing waste matter from these cells. Oxygen-poor blood, also containing waste matter, then returns to the right side of the heart through vessels called veins (2).

From there, the blood is pumped to the lungs (3) where it is oxygenated and cleaned of carbon dioxide. It then returns to the left side of the heart through the pulmonary veins (4) so that it may be re-pumped throughout the body. Much of the waste matter accumulated from cells is cleared by the liver and kidneys.

Why do I have heart failure?

There are many reasons why you may have heart failure. It can result from:

1. A heart attack
2. Your heart muscles are unable to pump effectively
3. Long-term high blood pressure
4. A valve in your heart may not be working properly
5. You may have been drinking too much alcohol over a long period of time
6. A congenital birth defect

Heart failure can be controlled. In most cases, it cannot be cured.

What are the symptoms of heart failure?

- Tiredness
- Weakness
- Cold limbs
- Loss of appetite
- Swelling in your legs and ankles
- Breathlessness
- A dry, hacking cough
- Waking up from sleep with shortness of breath or feeling smothered when you lie down to try and sleep
- Rapid weight gain

You may have many of these symptoms or only a few.

What treatment will I receive?

You will probably need to take several different medications, follow a low-salt diet, limit your intake of fluids, and ensure you get plenty of rest, combined with periods of exercise.

Goals of Treatment:

1. Improve Heart Function
2. Reduce Symptoms
3. Prevent Hospital Readmissions
4. Improve Survival
5. Improve Quality of Life

Your Diet

Salt (Sodium) Intake



People with chronic heart failure need to maintain a diet low in salt (sodium). Sodium can make your body retain water, which may cause swelling and stress on your heart. You may consume **2 grams** of sodium per day. It is fairly straightforward to monitor how much salt you eat:

Ways to Help Reduce Your Sodium Intake

1. Stop using the salt shaker (remove it from the dinner table)
2. Do Not add salt to food during preparation
3. Read food labels carefully for sodium content.
4. Stop eating processed and high-sodium foods: the greatest source of sodium (up to 80%) is the salt and other sodium compounds added to food during processing
5. Be aware of 'hidden' sources of sodium: for example, one slice of bread contains only 150 mg of sodium, however, the quantity of bread eaten during one day could cause total daily sodium intake to be high.
6. Eat more fresh fruits and vegetables.
7. Eat low-salt snacks, such as unsalted popcorn.

Sodium is found in most processed foods, including canned vegetables and frozen dinners. Other foods and condiments high in sodium are:

- Cheese
- Ketchup
- Lunch meat
- Pickles
- Barbecue sauce
- Soya sauce
- Salad dressing

Learn to read food labels to determine how much salt products contain. Ingredients in prepared food are listed in order – if salt is high on the list of ingredients, it means that there is a lot of salt in the product.

Know what counts

Use the sodium values on food labels and in books to add up the total amount of sodium you are getting each day.

NUTRITION FACTS	
Serving Size (2 cup) (114 g)	
Servings Per Container 4	
Amounts Per Serving	
Calories 90	Calories from Fat 30
% Daily Value*	
Total Fat 3 g	6%
Saturated Fat 0 g	0%
Cholesterol 0 mg	0%
Sodium 300 mg	13%
Total Carbohydrates 13 g	4%
Dietary Fiber 3 g	12%
Sugars 3 g	
Protein 3 g	

Amount of food in one serving

Amount of sodium in one serving

Percent of 2,400 mg of sodium contributed by one serving of this food

Foods High in Sodium

Smoked, cured Or dried meats	Hot dog, ham, bacon, sausage, kielbasa, cold cuts such as salami, bologna, corned beef, pastrami and liverwurst), beef jerky, sardines, smoked salmon, canned meat
Fast foods	Pizza, burritos, fish sandwich, milkshakes, tacos, fried chicken, salted French Fries
Snack foods	Chips, pretzels, salted popcorn, salted nuts, crackers
Seasonings/sauces	Gravies, sauces, ketchup, soy sauce, steak sauce, barbecue sauce, prepared mustard, salad dressing
Processed foods	Instant cereal, packaged noodles and potato mixes, olives, relish, pickles, instant rice mixes, biscuits, bouillon, instant cocoa mixes
Frozen foods	Meat pies, TV dinners, waffles, pancakes
Canned foods	Soups, vegetables, tomato products, vegetable juices, mains dishes such as ravioli, macaroni and cheese etc
Other	Garlic salt, celery salt, seasoning salt, onion salt, meat tenderizer, flavour enhancers, cheese, marinated cold salads, macaroni salad, garlic bread, barbecued meats, fried foods with a batter, Chinese food, sauerkraut, baking soda and antacids that have not been prescribed

Common Foods and Their Sodium Content:

Food item	Serving size	Sodium
Breads and cereals		
Bagel (plain)	1 (3 1/2" around)	379 mg
White bread	2 slices	306 mg
Whole wheat bread	2 slices	298 mg
Muffin (blueberry)	1 (2 1/2" around)	305 mg
Muffin (oat bran)	1 (2 1/2" around)	212 mg
Roll (dinner)	1	148 mg
Hamburger bun	1 medium	241 mg
English muffin (plain)	1	265 mg
Puffed rice	1 ounce (2 cups)	0 mg
Oatmeal (cooked, no salt added)	3/4 cup	1 mg
Shredded wheat	1 large biscuit	0 mg
Corn flakes	1 ounce (1 cup)	291 mg
Pancake (made with milk & egg)	1 (4" around)	167 mg
Waffle (frozen)	1 (4" square)	245 mg
Fruits & Vegetables		
Any fresh fruit	1 piece	0-5 mg
Any canned fruit	1/2 cup	0-5 mg
Orange juice (canned)	1 cup	6 mg
Prune juice	6 ounces	6 mg
Carrots (fresh)	1	25 mg
Lettuce (iceberg)	1/4 head	12 mg
Mixed vegetables (frozen)	1/2 cup	32 mg
Beans (baked, canned)	1/2 cup	554 mg
Peas (fresh, boiled, plain)	1/2 cup	2 mg
Peas (frozen, boiled, plain)	1/2 cup	70 mg
Peas (canned, drained)	1/2 cup	186 mg
Potato (baked w/skin)	1	16 mg
Potatoes (mashed with whole milk and margarine)	1/2 cup	309 mg
Tomato juice (canned)	6 ounces	658 mg

Potassium

HF patients taking diuretics may need to increase the amount of potassium in their diet. Check with your doctor to determine if you need to increase your potassium intake. Potassium is found in:

Chicken	Citrus juice/fruits	Mushrooms	Tomatoes
Fish	Prune juice	Potatoes	
Meat	Dates	Spinach	
Bananas	Raisins	Squash	

Fluid Intake

You need to limit the amount of fluids you drink because the more blood there is in your body, the harder your heart works. This extra work puts a strain on the heart of people with heart failure.

It is important to be aware of the amount of fluid you drink – particularly if you are taking diuretics. You should not drink too much or too little fluid. Ask your doctor or nurse to discuss with you the right amount and kinds of fluids you should be drinking. Most people with heart failure should drink no more than **6 to 8 cups (1500-2000mls)** of fluid per day. Remember, even the water you drink to swallow your medication should be counted. If your mouth is dry from drinking less fluid, try chewing gum. You can also take sips of water or suck on hard candies to moisten your mouth.

Anything that is a liquid at room temperature is considered a fluid and needs to be counted. The following items should be considered liquids when you are calculating your daily fluid intake:

Water	Tea	Soup	Popsicles
Ice cubes	Juice	Wine	Ice cream
Milk	Soft drinks	Beer	Sherbet
Coffee	Bouillon	Jell-O	Frozen yogurt

Initially you may wish to measure your fluid intake over the course of 24 hours. Record the amount of fluid each time you eat or drink and then total it for the day.



Amount of fluid permitted daily: _____ ounces/ _____ mLs.

Food intake

Now that you must start paying attention to what you eat, follow *Canada's Guidelines for Healthy Eating* to ensure you get the right amount of vitamins and nutrients to maintain your health.

Body Weight

Weight gain is usually fluid gain.

Why do I need to weigh myself daily?

Fluid build-up in your body shows on your scale as a weight gain. Weigh yourself every morning:

- empty your bladder before weighing yourself
- 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 buildup. If your weight increases more than 2 – 3 pounds in 2 days or 5 pounds in a single week, your diuretic dose may need to be increased. You should call your clinic nurse or doctor.

Water means weight ...

Your physician will give you a specific target weight. Once you've reached that weight your goal will be to maintain it.

Please record your weight on a Daily Weight Record



Rest, Exercise and Activity

Physical activity is beneficial for your heart and your general health. A regular program of physical activity will enable you to increase your strength gradually and avoid overtaxing your heart.

Exercise can:

- Help increase muscle tone and strength
- Improve your ability to function on a daily basis
- Reduce your CHF symptoms (such as shortness of breath and fatigue)

Exercise does not have to be strenuous to be valuable. (In fact, strenuous activities should be avoided.) Before you start any exercise program, be sure to:

1. Discuss it with your CHF clinic physician or nurse, and set realistic goals
2. Plan your exercise period when you feel the most energetic, i.e. first thing in the morning or after an afternoon nap
3. Perform activities, such as stretching, while sitting down whenever possible
4. Rest **frequently** between periods of exercise. You may want to perform shorter activities several times per day, depending on your energy level, for example, a 10-minute walk in the morning, followed by a 10-minute stretch in the afternoon, followed by a 10-minute evening walk

Stretching exercises

Side-to-side looks: Look straight ahead, slowly turn your head to one side, hold for 10 seconds, then return to centre. Repeat 3 times on each side.

Shoulder shrugs: Sitting in a chair, slowly lift your shoulders up to your ears by squeezing your shoulder blades together, pause, then lower. Repeat 5 to 10 times.

Shoulder circles: Extend both arms sideways at shoulder height. Rotate arms 10 times in small forward circles. Repeat circling back.

Walking Program

Walking is a simple and effective exercise and is an ideal way to improve your activity level and get more physically fit. Here are guidelines for starting a walking program, but make sure you discuss your plans during a clinic visit before you begin.

Week 1-2	Walk 5 to 10 minutes
Week 3-4	Walk 10 to 15 minutes
Week 5-6	Walk 15 to 20 minutes
Week 7-8	Walk 20 to 30 minutes

Bicycle Program

Week 1 – 2	Bike 5 – 10 minutes
Weeks 3 – 4	Bike 10 – 15minutes
Weeks 5 – 6	Bike 15 – 20minutes
Weeks 7 – 8	Bike 20 – 30minutes

- Ensure you have your doctor's permission before beginning to exercise
- Walk on level surfaces; avoid hills; keep a slow pace
- Walk in a familiar area each day
- Bicycle at a slow speed with little or no tension
- When starting a new activity level, have a family member or friend go with you
- If you become tired or feel unwell, shorten your walk/cycle time
- Pace your exercise so you can walk/cycle and carry on a conversation

Set personal goals:

- Make exercise part of your daily routine, like brushing your teeth and showering
- Choose a friend to exercise with
- Choose a type of exercise you enjoy
- Keep a journal of your activities. This not only reinforces your exercise habits, it will also show your doctor or clinic nurse the progress you are making.

*******Avoid** Exercising within 1 hour after a meal (digestion of food increases the work of the heart)

*******Avoid** Exercising in extreme conditions of temperature such as:

- hot and humid
- cold and windy
- during bad weather

*******Avoid** exercising if you feel unwell.

Exercises to Avoid

- Heavy lifting
- Pushing heavy objects
- Shoveling snow
- Climbing stairs
- Sit-ups or push-ups
- Competitive or Contact sports
- Heavy housework – washing windows, scrubbing floors
- Racquetball, squash, tennis

STOP exercising immediately if you:

- Become short of breath
- Feel weak, tired, or dizzy
- Feel any physical discomfort at all
- Feel your heart rate speeding up
- Have palpitations
- Are in pain

Sexual activity

Your CHF diagnosis does not mean you cannot have sex. In general, you may continue your normal sexual activities. But it is recommended that you avoid having sex:

- If you are tired or tense
- After a heavy meal
- After completing an activity that has already required you to use up a great deal of energy

Medications

Your Heart Medication

The medication your doctor has prescribed is designed to control your symptoms and improve the efficiency of your heart. Here are some tips to help ensure you stick to your schedule:

1. Know the name, dosage, actions, special instructions, and common side effects of all the medicines you are taking. Keep your medications handy. Carry a wallet card that lists all your medications, dose and time taken. Your pharmacist or nurse can help you make this list. **Bring the pills or a list of your medications to all of your visits to the doctor or clinic.**
2. Take your medicines as ordered. Even when you are feeling better, continue taking them on schedule. Never take more than has been prescribed and do not stop taking them unless told to do so by your doctor.
3. It is preferable that you take your medicines at the same time each day to ensure a consistent level of the medicine in your bloodstream. If you have trouble figuring out a convenient schedule, ask for help.
4. Keep your medicines in their original container. Do not remove labels.
5. Ask your doctor before taking any over-the-counter medicines (including Dristan, Sudafed, Anacin, or any other cold pills or pain relievers, even aspirin).
6. Medicines can become outdated and possibly ineffective. If they are more than several months old, ask your pharmacist if they are still effective and safe.

7. Do not give your medicines to anyone, even if that person seems to have the same symptoms as you do.
8. It may take time for your body to adjust to a new medicine, and it may take time for the medications to begin to work effectively. Sometimes you may have mild side effects during this period. Discuss them with your doctor. Sometimes another medicine can be prescribed. However, always report anything unusual when taking a new medication.
9. When a new medicine is prescribed, ask your pharmacist to give you only a 1-to-2 week supply until you are sure your body will tolerate it (your doctor may give you samples to see if you tolerate the new medication). Call your doctor if you are running low on the samples to see if he or she wants you to continue with that medication.
10. Cost can be an important factor with medicines, since most prescribed drugs can be expensive. However, you cannot afford not to take them. Discuss this with your doctor. Perhaps less expensive medicines can be substituted. Also, ask your doctor about available financial support programs, if you have such a need.
11. Many times there are helpful warnings and instructions on prescription bottles. For example, these may remind you take the medication with food or after a meal. Generally, you should heed these instructions. However, patients sometimes run into problems with the warnings on bottles of potassium supplements, which advise taking these “with plenty of water”. Since that is generally not the best advice for most heart failure patients, be sure to check with your doctor for more specific instructions.
12. Try not to miss doses. Taking doses of certain heart failure medications too close together can often do more harm than good.
 - Medications help to control your symptoms and improve your quality of life
 - Follow the directions for your prescription carefully. Medications will only work if you use them correctly
 - Take your medications regularly even if you feel well.
 - Take your medication at the same time or times every day.
 - If a dose is missed, follow the “half time rule”. If you are past the half way point to your next dose then skip the missed dose. If less than half way point to your next dose, then take the missed dose. **DO NOT TAKE A DOUBLE DOSE**
13. Ask your doctor or pharmacist before taking any medications or herbal products that you can buy without a prescription

14. Medications have many different actions and side effects. Call your doctor, nurse or pharmacist if you have questions, or if you notice side effects
15. When you take these medications, your doctor may request blood tests to check the functioning of your kidneys and the levels of sodium and potassium in your blood.
16. Make sure that you have enough medication to last until your next prescription refill.
17. When traveling, keep your medication with you in a carry-on bag. Never pack your medication in checked luggage. Be sure your medication is properly labeled and in its original container. Another good suggestion is to pack double the medication needed for the trip and carry half in two separate luggage bags in case you lose a piece of luggage or carry-on
18. Certain factors may cause symptoms of heart failure to re-occur. Some of these factors are:
 - A cold or flu; yearly flu vaccine is recommended
 - Medications that cause salt and water to be retained
 - Excess alcohol is toxic to your heart
 - Fast heart rhythm
 - stress



CAUTION . . . Avoid using medications you can buy over-the-counter at the drug store, such as antacids, laxatives, cough medications, and non-steroidal anti-inflammatory drugs (NSAIDs) (such as **Celebrex, Vioxx, Mobicox and Ibuprofen (ie Motrin and Advil)**). **These medications may cause sodium retention, which may:**

- Worsen your symptoms
- Make your prescription medication less effective

Your pharmacist can help you choose an over-the-counter medication that will not make your symptoms worse.

The following table is a list of commonly used heart failure medications. Your physician will decide which ones are right for you.

Medication	Action	Side effects	Recommendations
<p>Angiotensin converting enzyme (ACE) inhibitors</p> <p>Also called:</p> <ul style="list-style-type: none"> • Captopril (Capoten) • Enalapril (Vasotec) • Cilazapril (Inhibace) • Lisinopril (Prinivil or Zestril) • Quinapril (Accupril) • Ramipril (Altace)* • Fosinopril (Monopril)* • Trandolapril (Mavik)* • Perindopril (Coversyl)* • Benazepril (Lotensin)* • Moexipril (Univasc)* 	<ul style="list-style-type: none"> • Widens (dilate) blood vessels. • Reduces the work of your heart. • Controls blood pressure. 	<ul style="list-style-type: none"> • Weakness. • Dizziness. • Dry cough. • Itchy skin or rash. • Diarrhea. • Rarely, swelling of your face, tongue, hands or feet (<i>call your doctor immediately if this happens</i>). 	<ul style="list-style-type: none"> • Take this medication at the same time each day. • To reduce the risk of dizziness, get up slowly from a sitting or lying position and avoid stressful exercise. • Avoid drinking alcohol, as it may lead to dizziness.
<p>Angiotensin II receptor antagonists*</p> <p>Also called:</p> <ul style="list-style-type: none"> • Candesartan (Atacand) • Eprosartan (Teveten) • Irbesartan (Avapro) • Losartan (Cozaar) • Telmisartan (Micardis) • Valsartan (Diovan) 	<ul style="list-style-type: none"> • Widens (dilate) blood vessels. • Reduces the work of your heart. • Controls blood pressure. 	<ul style="list-style-type: none"> • Weakness. • Dizziness. • Itchy skin or rash. • Rarely, swelling of your face, tongue, hands or feet (<i>call your doctor immediately if this happens</i>). 	<ul style="list-style-type: none"> • Take this medication at the same time each day. • To reduce the risk of dizziness, get up slowly from a sitting or lying position and avoid stressful exercise. • Avoid drinking alcohol, as it may lead to dizziness.
<p>Beta-blockers</p> <p>Also called:</p> <ul style="list-style-type: none"> • Carvedilol (Coreg) • Metoprolol (Betaloc, Lopresor, Toprol XL*) • Atenolol (Tenormin) • Bucindolol (Bextra)* • Bisoprolol (Monacor)* 	<ul style="list-style-type: none"> • Slows heart rate. • Improves heart function. • Reduces the work your heart does. 	<ul style="list-style-type: none"> • Weakness, tiredness. • Dizziness, lightheadedness. • Temporary worsening of shortness of breath or fluid retention. • Slow heart rate. 	<ul style="list-style-type: none"> • Take this medication at the same time every day. • Take this medication at least 2 hours before you have taken your ACE inhibitor. • Doses are often started very low, and are gradually increased over a period of 1-3 months, so remember that your dosage will change. • In the morning, take this medication with food. • In the evening, take this medication right after dinner, not before you go to bed.

Medication	Action	Side effects	Recommendations
<p>Diuretics</p> <p>Also called:</p> <ul style="list-style-type: none"> • Furosemide (Lasix, Apo-Furosemide, Furoside, Novosemide) • Metolazone (Zaroxolyn) • Hydrochlorothiazide (HydroDIURIL, Moduret) • Spironolactone (Aldactone) • Bumetanide (Bumex)* • Chlorothiazide (Diuril)* • Torsemide (Demadex)* • Triamterene (Dyrenium)* • Dyazide* 	<ul style="list-style-type: none"> • Eliminates water and salt (sodium) from your body. • Prevents or reduces shortness of breath, swelling and bloating. 	<ul style="list-style-type: none"> • Frequent urination. • Weakness. • Dizziness. • Muscle cramps/spasms. • Nausea. • Depression. • Loss of potassium, which may cause: dry mouth, increased thirst, irregular heartbeat, muscle cramps, weakness, fatigue. 	<ul style="list-style-type: none"> • Take this medication with meals to avoid stomach upset. • Take your last dose before 5:00 p.m., to prevent having to get up in the night to urinate. • Metolazone is usually given with furosemide for maximum effect.
<p>Digitalis/digoxin</p> <p>Also called:</p> <ul style="list-style-type: none"> • Lanoxin • NovoDigoxin 	<ul style="list-style-type: none"> • Increases the strength and efficiency of your heart's pumping action. • May regulate your heartbeat. 	<ul style="list-style-type: none"> • Nausea. • Vomiting. • Diarrhea. • Major loss of appetite. • Weakness. • Blurred vision. • Yellow, green or white halo around objects. 	<ul style="list-style-type: none"> • Take this medication on an empty stomach. • Never change brands or take extra pills.
<p>Nitrates/nitroglycerin & vasodilators*</p> <p>Also called:</p> <ul style="list-style-type: none"> • (Nitrong, Nitrogard-SR) • Hydralazine (Apresoline) • Isosorbide dinitrate (Isordil) 	<ul style="list-style-type: none"> • Expands your blood vessels, making your heart pump more easily. 	<ul style="list-style-type: none"> • Fluid retention. 	<ul style="list-style-type: none"> • Take this medication with liquid at mealtimes.
<p>Anticoagulants & antiplatelets*</p> <p>Also called:</p> <ul style="list-style-type: none"> • Warfarin sodium (Coumadin) • Aspirin (acetylsalicylic acid) • ASA • Ticlopidine (Ticlid)* • Clopidogrel (Plavix)* • Heparin 	<ul style="list-style-type: none"> • Thins your blood to prevent clots from forming. 	<ul style="list-style-type: none"> • Hemorrhaging (bleeding), which may result in feelings such as headache, chest, abdomen or joint pain, dizziness, shortness of breath, difficulty breathing or swallowing, swelling, or weakness. 	<ul style="list-style-type: none"> • Take your dose as soon as possible on the same day if you've forgotten, but don't take a double dose the next day to make up for missed doses.

Medication	Action	Side effects	Recommendations
<p>Inotropic agents</p> <p>Also called:*</p> <ul style="list-style-type: none"> • Amrinone (Inocor) • Milrinone (Primacor) • Dobutamine (Dobutrex) • Dopamine (Intropin) • Isoproterenol (Isuprel) 	<ul style="list-style-type: none"> • Helps your heart pump more effectively. 	<ul style="list-style-type: none"> • Nausea, vomiting. 	<ul style="list-style-type: none"> • Inotropic agents are administered intravenously while you are in hospital.
<p>Calcium channel blockers*†</p> <p>Also called:</p> <ul style="list-style-type: none"> • Amlodipine (Norvasc) 	<ul style="list-style-type: none"> • Used to treat the high blood pressure often associated with heart failure. 	<ul style="list-style-type: none"> • headaches, facial flushing and dizziness, ankle swelling. 	<ul style="list-style-type: none"> • These medications are not used often to treat heart failure. • Side effects generally disappear with continued treatment.
<p>Potassium*†</p>	<ul style="list-style-type: none"> • Since most diuretics remove potassium from the body, heart failure patients who use them are at risk of losing too much potassium. Some patients need to take potassium supplements or pills to compensate for the amount they're losing. 	<ul style="list-style-type: none"> • ACE inhibitors can actually cause the body to retain potassium, so this needs to be taken into account as well. Patients should check with their doctors to determine their potassium needs. 	<ul style="list-style-type: none"> • Instead of potassium, sometimes all that is needed to do is eat foods high in potassium, such as bananas. • The doctor will do blood tests to check on potassium level and kidney function.

†Adopted from [Medications Commonly Used to Treat Heart Failure](#), American Heart Association

The information in this booklet has been created using the following documents as references:

Clinical Resource Manual - Canadian Heart Failure Network
 University of Ottawa Heart Institute “Heart Failure Patient Information Booklet”

