Congestive Heart Failure Zones for Management

**GREEN ZONE:**
"IN CONTROL"

- No shortness of breath
- No swelling
- No weight gain
- No chest pain
- No decrease in your ability to maintain your activity level

**Your Goal Weight:**

**Green Zone Means:**
- Your symptoms are under control
- Continue taking your medications as ordered
- Continue daily weights
- Follow low-salt diet
- Keep all physician appointments

**YELLOW ZONE:**
"CAUTION"

If you have any of the following signs and symptoms:
- Weight gain of 3 or more pounds in 2 days
- Increased cough
- Increased swelling
- Increase in shortness of breath with activity
- Increase in the number of pillows needed
- Anything else unusual that bothers you

Call your physician if you are going into the YELLOW zone

**Yellow Zone Means:**
- Your symptoms may indicate that you need an adjustment of your medications
- Call your physician, nurse coordinator or home health nurse

**RED ZONE:**
"MEDICAL ALERT"

- Unrelieved shortness of breath: shortness of breath at rest
- Unrelieved chest pain
- Wheezing or chest tightness at rest
- Need to sit in chair to sleep
- Weight gain or loss of more than 5 pounds in 2 days
- Confusion

Call your physician immediately if you are going into the RED zone

**Red Zone Means:**
- This indicates that you need to be evaluated by a physician right away
- Call your physician right away

For informational purposes only. It is not a substitute for your doctor’s care, and should not be used for emergency or urgent care situations. In an emergency, call 911 or go to the nearest emergency room. Please discuss with your doctor how the information provided is right for you. The Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor’s care. The services are not an insurance program and may be discontinued at any time.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United Healthcare Services, Inc. or their affiliates.

Physician, nurse coordinator or home health nurse contact information:

Name _____________________________
Number ___________________________

Name _____________________________
Number ___________________________

Physician instructions:
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