

Understanding Heart Failure Self-Care

Your Daily Toolkit and Green-Yellow-Red Action Plan

You are the most important member of your care team. This is how you stay out of the hospital.



Online: <https://go.riasalimd.com/hf-self-care-guide>

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

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1 of 22 | Page



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Names & Terms You Will Hear

Term	Meaning
Heart failure self-care	The daily things you do at home to keep heart failure stable: medicines, weight, salt, fluids, and activity.
Action plan	A simple plan that tells you what to do based on how you feel today. Often shown as green, yellow, and red zones.
Zone plan (green/yellow/red)	A traffic-light tool. Green = all good. Yellow = caution, call us. Red = emergency, call 911.
Daily weight	Weighing yourself the same way every morning to catch fluid early.
Dry weight	Your target weight when you are not holding extra fluid. Your team sets this number.
Fluid overload (congestion)	Extra water building up in the body. It causes swelling, weight gain, and trouble breathing.
Water pill (diuretic)	A medicine such as furosemide (Lasix) that helps your body get rid of extra fluid through urine.
Fluid restriction	A daily limit on how much you drink. Not everyone needs one — your team decides.
Low-sodium diet	Eating less salt so your body holds less water. A core part of self-care.
Self-management	Taking an active, daily role in your own care — the single biggest way to stay well with heart failure.

Call 911 now (RED ZONE) if you have severe trouble breathing at rest, chest pain, gasping when lying flat, confusion, or fainting. Do not drive yourself. **Call the office (YELLOW ZONE)** if your weight jumps about 2-3 lb in a day or 5 lb in a week, or you have more swelling or breathlessness.



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What Is Heart Failure Self-Care?

- Heart failure self-care is the set of simple daily habits that keep your heart failure stable and keep you out of the hospital.
- It is the practical toolkit: take your medicines, weigh yourself, watch your salt and fluids, stay active, and know your zone.
- This guide is your daily action plan. It does **not** re-explain the types of heart failure. [See our Heart Failure \(HFrEF\) guide](#) for how the disease and its medicines work.
- The centerpiece is the green/yellow/red zone plan. Green means all good. Yellow means caution — call us. Red means emergency — call 911.
- Most heart failure hospital visits happen slowly, over days, as fluid builds up. The action plan helps you catch it early, while it is still easy to fix.
- Heart failure affects about 6 million adults in the United States. Good self-care is proven to lower the chance of a hospital stay.
- You are the most important member of your care team. You see the early warning signs first — long before we do.

GREEN — All Good	YELLOW — Caution	RED — Emergency
• No new shortness of breath • Weight stable (at dry weight) • No new swelling • Doing your usual activity KEEP GOING: Take all medicines Weigh every morning Stay low-salt Stay active	• Up ~2-3 lb in a day • or ~5 lb in a week • More swelling or short of breath • Extra pillows; more tired; dry cough CALL THE OFFICE: We may adjust your water pill Do not wait — call us today	• Hard to breathe at rest • Chest pain • Gasping when lying flat • Confusion or fainting CALL 911 NOW: This is an emergency Do not drive yourself

Your green/yellow/red action plan at a glance. Green: keep going. Yellow: call the office — we can often adjust your water pill at home. Red: call 911. Check your zone every day and keep this where you can see it.



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The one-minute morning check: step on the scale (same way every day), write the number, take your medicines, and ask yourself — any more swelling, breathlessness, or cough? That tells you your zone. Green: carry on. Yellow: call us.



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Why It Matters

- Fluid build-up is the number-one reason people with heart failure go to the hospital. It is also the most preventable.
- A sudden jump on the scale is the earliest warning sign — it shows up **before** you feel more short of breath or see swelling.
- Catching the yellow zone early often means a small change to your water pill at home — instead of an ER visit and a hospital stay.
- Daily weighing works. Patients who weigh themselves consistently have fewer heart-failure hospital admissions.
- Taking your heart-failure medicines every day keeps your heart stronger over time. Skipping doses is a common cause of getting worse.
- Even a few days of high-salt eating can pull in enough water to push you into the yellow zone. [See our Salt & Sodium guide.](#)
- Calling early is not a bother. We would rather hear from you on a Tuesday than see you in the ER on a Saturday.



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Your Daily Weigh-In Routine — Same Way Every Morning



A sudden jump on the scale is WATER, not fat.

Up ~2-3 lb in a day or ~5 lb in a week = call us. We can act before you land in the hospital.

The five-step morning weigh-in: same time, after the bathroom, before food, same scale, write it down. A sudden jump on the scale is water, not fat — and it shows up before you feel worse.

Know Your Zone — A Quick Reference

GREEN: All Good	YELLOW: Caution	RED: Emergency
• No new breathlessness • Weight steady at dry weight • No new swelling • Keep taking meds, weigh daily, low salt, stay active	• Up ~2-3 lb/day or 5 lb/week • More swelling or breathlessness • Extra pillows, more tired, dry cough • Call the office today	• Severe breathlessness at rest • Chest pain • Gasping lying flat; confusion; fainting • Call 911 now



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Skipping or stopping heart-failure medicines	The pillar medicines protect your heart every day. Missing doses — especially the water pill — is a leading cause of a flare-up.
Eating too much salt	Salt makes your body hold water. Restaurant meals, canned soup, deli meat, and frozen dinners hide the most salt.
Drinking more fluid than your limit	If your team set a fluid limit, going over it adds water your heart cannot pump out. Soup, ice cream, and gelatin all count.
Not weighing yourself daily	Without a daily weight, fluid can build up unseen for days until you are very short of breath.
Missing the early warning signs	More swelling, extra pillows at night, or a new dry cough are yellow-zone signs. Ignoring them lets the problem grow.
Infections (flu, COVID, pneumonia)	An infection stresses a weak heart and can trigger a fast decline. Vaccines lower this risk.
Not refilling medicines on time	Running out — even for a day or two — can let fluid creep back. Refill a week early.
Doing it all alone	Self-care is easier with help. A family member, a pillbox, and a weight log all make it stick.



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Treatment Options

- **Take your medicines every day.** The heart-failure 'pillars' protect your heart around the clock. Do not skip the water pill. [See our HFrEF guide](#) for what each medicine does.
- **Weigh yourself every morning.** Same time, after the bathroom, before breakfast, same scale, light clothes. Write the number down.
- **Know your dry weight.** This is your target — the weight when you are not holding extra fluid. Your team sets it. Compare to it daily.
- **Watch your salt.** Aim low (your team will give your target — often around 2,000 mg a day). Read every label. [Our Salt & Sodium guide](#) shows the hidden sources.
- **Follow your fluid limit — if you have one.** Not everyone needs one. If your team set a daily limit, count all liquids, including soup, juice, ice cream, and gelatin.
- **Use a pillbox and refill early.** A weekly pillbox makes missed doses obvious. Refill about a week before you run out. [See our Medication Adherence guide.](#)
- **Stay active and ask about cardiac rehab.** Gentle, regular activity strengthens you. Pace yourself — rest when you need to.
- **Get your vaccines.** Flu, COVID, and pneumonia shots protect a weak heart from a dangerous infection. [See our Vaccines & Your Heart guide.](#)
- **Follow your zone plan.** Green: stay the course. Yellow: call us. Red: call 911. Keep the plan where you can see it.

The Three Zones — Signs to Watch and What to Do

Zone	What You Notice	What to Do
GREEN All Good	No new shortness of breath. Weight steady at your dry weight. No new swelling. Doing your usual activity.	Keep going. Take all medicines, weigh in daily, stay low-salt, and stay active. This is the goal every day.
YELLOW Caution	Up about 2-3 lb in a day or 5 lb in a week. More swelling or short of breath. Need extra pillows. More tired. New dry cough.	Call the office today. We may adjust your water pill. Do not wait — acting now can keep you out of the hospital.
RED Emergency	Severe trouble breathing at rest. Chest pain. Gasping when lying flat. Confusion or fainting.	Call 911 now. This is an emergency. Do not drive yourself to the hospital.



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Your Daily Self-Care Checklist

Each Day	Why It Matters
Take all heart-failure medicines	The pillars protect your heart around the clock. Do not skip the water pill.
Weigh yourself the same way	Catches extra fluid days before you feel it. Write the number down.
Watch your salt	Salt makes your body hold water. Most salt hides in packaged and restaurant food.
Stay within your fluid limit (if set)	Only some patients need one. If yours did, count every liquid.
Check your zone and your symptoms	Green, yellow, or red? Note swelling, breathing, and energy.
Stay gently active	Regular movement keeps you stronger. Pace yourself and rest when needed.



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Your Daily Routine: Weigh-In, Medicines, Salt, and Activity

- **Weigh in first.** Every morning, same time, after the bathroom, before you eat or drink, on the same scale, in light clothes. Write the number down right away.
- **Compare to your dry weight.** Your dry weight is your target — the weight when you are not holding extra fluid. Your team sets this number. Each morning, ask: am I near it?
- **Take your medicines.** Use a weekly pillbox so a missed dose is obvious. Take the heart-failure pills and the water pill exactly as prescribed. [See our Medication Adherence guide.](#)
- **Watch your salt all day.** Aim for your team's target (often around 2,000 mg). Read every label. Cook at home when you can. [Our Salt & Sodium guide](#) shows the hidden sources.
- **Follow your fluid limit — if you have one.** Not everyone does. If your team set a limit, count all liquids, including soup, ice cream, and gelatin. Use a marked bottle.
- **Stay gently active.** A short daily walk, paced to your energy, keeps you stronger. Ask whether cardiac rehab is right for you.
- **Refill early.** Order refills about a week before you run out. Running out — even for a day — can let fluid creep back.



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The Green-Yellow-Red Action Plan: What Each Zone Means

- **GREEN — all good.** No new breathlessness, your weight is steady at your dry weight, and no new swelling. This is the goal. Keep taking your medicines, weighing in, staying low-salt, and staying active.
- **YELLOW — caution, call the office.** Your weight is up about 2-3 lb in a day or 5 lb in a week; you have more swelling (ankles or belly); you are more short of breath or need extra pillows; you are more tired; or you have a new dry, hacking cough.
- **What we do in the yellow zone:** we may adjust your water pill or your other medicines — often over the phone. Acting early, at home, is how we keep a yellow day from becoming a hospital stay.
- **RED — emergency, call 911.** Severe trouble breathing at rest, chest pain, breathless lying flat or waking up gasping, confusion, or fainting. Do not wait and do not drive yourself.
- **When in doubt, move up a zone.** If you are not sure whether you are yellow or red, treat it as the more serious one. It is always safer to call.
- **Keep the plan visible.** Post it on the fridge or by your scale. Share it with the family member who helps with your care.



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Staying Out of the Hospital: Early Calls, Refills, Vaccines, Your Log

- **Call early — at the first yellow sign.** The single best way to avoid a hospital stay is a quick call when you first notice fluid building. Early changes are small and often done at home.
- **Never run out of medicine.** Refill about a week early. Keep an up-to-date list of all your medicines and doses, and bring it to every visit and every ER trip.
- **Get your vaccines.** Flu, COVID, and pneumonia shots protect a weak heart from a dangerous infection. [See our Vaccines & Your Heart guide.](#)
- **Keep a weight and symptom log.** Track your morning weight, swelling, breathing, and energy. Patterns we can see help us fine-tune your care.
- **Bring the log to every visit.** It is one of the most useful things you can do. It turns a vague 'I felt off' into a clear story we can act on.
- **Build a support team.** A family member, a pillbox, a posted action plan, and a marked water bottle all make self-care stick.
- **If heart failure feels heavy, tell us.** Low mood and burnout are common. Help is available, and it is part of your care.
- **If your heart failure keeps progressing,** more options exist than you may think. [See our Advanced Heart Failure guide.](#)



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Comfort Measures at Home (No Medication Needed)

These simple steps support healing and ease symptoms. Use them alongside any medication your doctor prescribes.

- Keep your action plan on the fridge or by your scale, where you will see it every morning.
- Build a simple morning routine: bathroom, scale, write the number, take your medicines, check how you feel.
- Track your symptoms, not just your weight. Note swelling, breathing, energy, and sleep. Bring the log to every visit.
- Cook more meals at home — it is the easiest way to control salt. Use herbs, lemon, and pepper instead of the salt shaker.
- Rinse canned beans and vegetables to wash off some of the salt. Buy 'no salt added' versions when you can.
- If you have a fluid limit, spread your drinks through the day. Use a marked bottle so you can see how much you have had.
- Suck on ice chips, sugar-free gum, or hard candy when your mouth is dry but you have hit your fluid limit.
- Raise your legs when sitting to ease ankle swelling. Prop up with pillows at night if lying flat is hard.
- Ask a family member to be your self-care partner — to help with the pillbox, the log, and spotting yellow-zone signs.
- Rest when you are tired, but keep moving most days. Sitting still all day weakens you faster than the heart failure does.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Daily Weight Monitoring	Can cause worry if you watch every tiny change. A poor or wet scale gives false readings.	Catches fluid build-up days before symptoms. Proven to lower hospital admissions. Cheap and easy.	Symptom-only tracking (less reliable). Clinic weigh-ins only (too infrequent). Implanted sensors in select patients.
Low-Sodium Diet	Takes effort and label-reading. Low-salt food can taste bland at first. Eating out is harder.	Helps your body hold less water. Fewer swelling and breathing flares. Supports your water pill.	Larger water-pill doses (more side effects). No change (more flare-ups). Working with a dietitian.
Fluid Restriction	Causes thirst and dry mouth. Not needed by everyone. Hard to keep track of.	Reduces fluid overload in patients who need it. Works with salt limits and water pills.	Salt limit alone (enough for many). Adjusting the water pill. No restriction if your team says it is not needed.
Green/Yellow/Red Action Plan	Only works if you actually use it. Needs a daily check and an honest look at your symptoms.	Turns vague worry into clear steps. Lets us act early and at home. Puts you in control.	Calling only when very sick (often too late). No plan (more ER visits). Remote-monitoring programs.



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Common Misconceptions

Myth	Reality
If I feel okay, I can skip weighing myself.	Weight goes up before you feel it. The whole point of the daily weight is to catch fluid before you feel short of breath.
A few pounds of weight gain is no big deal.	In heart failure, a fast gain is water, not fat. Up about 2-3 lb in a day or 5 lb in a week is a yellow-zone sign — call us.
Drinking less water is always better.	Not true for everyone. Only some patients need a fluid limit, and your team sets it. Too little fluid can also cause problems.
Salt only matters if I add it at the table.	Most salt is already in packaged and restaurant food — long before the shaker. Reading labels matters more than the salt shaker.
If I feel fine, I can stop my heart-failure medicines.	You feel fine because the medicines are working. Stopping them — even the water pill — is a top cause of getting worse.
Resting all day is best for a weak heart.	Gentle, regular activity makes you stronger. Sitting still all day weakens muscles and worsens fatigue. Cardiac rehab can help.
Calling the office for a small change is a bother.	It is the opposite. A quick yellow-zone call lets us fix things at home. We would much rather hear from you early.
Self-care is just for new patients; I have had this for years.	Self-care matters at every stage. The longer you live with heart failure, the more your daily habits keep you stable.

Cross-links to companion guides: [Heart Failure \(HFrEF\) — the disease & medicines](#) — [Salt & Sodium](#) — [Medication Adherence](#) — [Vaccines & Your Heart](#) — [Advanced Heart Failure](#)



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Fluid overload (acute decompensation)	Extra water floods the lungs and body. It causes severe shortness of breath and is the top reason for a heart-failure hospital stay. The action plan is built to catch it early.
Hospital readmission	Many heart-failure admissions happen again within a month. Daily weights, medicine adherence, and early calls cut this risk.
Worsening kidney function	The heart and kidneys work together. Big fluid swings and missed medicines can strain the kidneys. Steady self-care protects both.
Dangerous heart rhythms	A flare-up and low potassium (from water pills) can trigger abnormal rhythms. Keeping labs and medicines steady lowers the risk.
Falls and weakness	Doing too much too fast, or low blood pressure from medicines, can cause dizziness. Pace yourself and stand up slowly.
Infection-triggered flares	Flu, COVID, and pneumonia can push a weak heart into a crisis. Vaccines and hand-washing are part of self-care.
Medicine side effects	Water pills can lower potassium; some pills can lower blood pressure. Report dizziness or muscle cramps. Do not stop on your own.
Burnout and low mood	Daily self-care is real work, and heart failure can feel heavy. Depression is common. Tell us — support and help are available.



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Points to Know

If you remember nothing else, remember these key points.

- Know your zone every day. Green: stay the course. Yellow: call the office. Red: call 911. Keep the plan where you can see it.
- Weigh yourself every morning the same way, and write it down. A fast gain is water, not fat.
- Yellow-zone trigger: up about 2-3 lb in a day or 5 lb in a week, more swelling, more breathlessness, extra pillows, or a new dry cough.
- Take all your heart-failure medicines every day. Do not skip the water pill. Use a pillbox and refill about a week early.
- Watch your salt every day, and follow your fluid limit if you have one. Most salt hides in packaged and restaurant food.
- Stay active, pace yourself, and ask about cardiac rehab. Get your flu, COVID, and pneumonia vaccines.
- Bring your weight and symptom log to every visit. It helps us fine-tune your care.
- You are the most important member of your care team. Calling early is always the right move.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- YELLOW ZONE — call the office: weight up about 2-3 lb in a day or 5 lb in a week.
- YELLOW ZONE: more swelling in your ankles, legs, or belly.
- YELLOW ZONE: more short of breath, or needing extra pillows to sleep.
- YELLOW ZONE: a new dry, hacking cough, or feeling more tired than usual.
- YELLOW ZONE: you are not sure which zone you are in — call us. We will help you decide.
- RED ZONE — call 911: severe trouble breathing, even at rest.
- RED ZONE — call 911: chest pain or pressure.
- RED ZONE — call 911: breathless lying flat, or waking up gasping for air.
- RED ZONE — call 911: confusion, fainting, or passing out.
- Any time you have a question about your zone or your medicines — call us. We would rather hear from you twice than miss a real problem.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [AHA — Living With and Managing Heart Failure](#) - American Heart Association self-management hub, including the self-check zone plan.
- [Cleveland Clinic — Heart Failure Zones](#) - The classic green/yellow/red zone sheet with weight thresholds and symptom triggers.
- [Mayo Clinic — Heart Failure Action Plan](#) - Plain-language explainer of the three-zone action plan and why early action helps.
- [HFSA — Heart Failure Self-Care](#) - Heart Failure Society of America patient guidance on medicines, diet, and monitoring.
- [AAHFN — Daily Weights](#) - Heart-failure nurses' step-by-step instructions for the daily-weight routine.
- [NIH MedlinePlus — Heart Failure: Home Care](#) - Official NIH patient sheet on managing heart failure at home day to day.
- [ACC CardioSmart — Heart Failure](#) - ACC patient-education platform with self-care tools and trackers.
- [Ottawa Heart Institute — Daily Weight Tracker](#) - A printable daily-weight log paired with the management zones.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2022 AHA/ACC/HFSA Heart Failure Guideline \(Circulation 2022\)](#) [Guideline]
Defines self-care, daily weight monitoring, sodium guidance (<2.3 g/day), GDMT adherence, and the evidence basis for symptom 'zone' action plans and patient self-management education.
- [AHA — Self-Check Plan for Heart Failure Management \(Green/Yellow/Red Zones\)](#) [Patient Page]
AHA patient-facing self-management content: daily weight tracking, recognizing worsening symptoms, and the green/yellow/red zone framework this guide's centerpiece is built on.
- [HFSA — Self-Care: Following Your Treatment Plan](#) [Patient Page]
Heart Failure Society of America patient guidance on medication adherence, low-sodium diet, activity, and daily monitoring routines.
- [Cleveland Clinic — Heart Failure Zones](#) [Patient Page]
Canonical green/yellow/red zone sheet with specific weight thresholds (2-3 lb in a day, 5 lb in a week) and symptom triggers; cross-checked against this guide's zone table.
- [Cleveland Clinic — Living With Heart Failure / Self-Care](#) [Patient Page]
Plain-language overview of living with HF: weight log technique, sodium limits, fluid awareness, symptom watch, and when to call.
- [Mayo Clinic — What Is a Heart Failure Action Plan?](#) [Patient Page]
Mayo's plain-language three-zone action-plan explainer, including the rationale that acting early on fluid gain prevents hospital visits.
- [AAHFN — Daily Weights \(American Association of Heart Failure Nurses\)](#) [Patient Page]
Specialty-nursing instructions for the daily-weight routine (same time, after the bathroom, before breakfast, same scale) and how a sudden gain signals fluid, not fat.
- [NIH MedlinePlus — Heart Failure: Home Care](#) [Patient Page]
Federal patient-instruction sheet on managing HF at home, fluid limits, weighing daily, and warning signs that should prompt a call.
- [Ottawa Heart Institute — Heart Failure Daily Weight Tracker & Management Zones](#) [Patient Page]
Reference template for a printable daily-weight log paired with the three management zones; informed the tracking-routine diagram.
- [Daily Weight-Monitoring Adherence and HF Hospitalization \(PMC\)](#) [Study]
Peer-reviewed evidence linking consistent daily-weight monitoring adherence to fewer heart-failure-related hospitalizations.
- [Sodium Restriction in Heart Failure — Systematic Review & Meta-Analysis \(Circ Heart Failure\)](#) [Study]
Evidence summary on dietary sodium restriction in HF, supporting low-salt guidance while noting that one single proven hard target is still debated.



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About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

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Reviewer note: Reviewed against AHA Self-Check Plan, Cleveland Clinic Heart Failure Zones, and Mayo Clinic's action-plan page. This guide adds a full green/yellow/red zone chart, a step-by-step daily weigh-in graphic, a tinted zone-action table, and direct cross-links to our HFrEF, salt/sodium, medication-adherence, vaccines, and advanced-HF guides. It explains the daily toolkit — not the disease types, which the companion guides cover.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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