

SELF-MANAGEMENT SUPPORT TOOL: Healthy Changes Plan

Name: _____ Date: _____

The healthy change I want to make is (very specific: What? When? How? Where? How Often?):

My goal for the next month is:

The steps I will take to achieve my goal are:

The things that could make it difficult to achieve my goal include:

My plan for overcoming these difficulties includes:

Support/resources I will need to achieve my goal include:

My confidence that I can achieve my goal:

| | | | | | | | | | |
|-------------------------|---|---|---|---|---|---|---|---|------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| not confident at all | | | | | | | | | extremely confident |

Review date: _____ with _____

Adapted from:

The Improving Chronic Illness Care Model ICIC is a national program supported by The Robert Wood Johnson Foundation with direction and technical assistance provided by Group Health Cooperative's MacColl Institute for Healthcare Innovation. Accessed at <http://www.improvingchroniccare.org/tools/criticaltools.html#selfmanagement>

Green Zone: Great Control

Your Goal HbA1c:

- HbA1c is under 7
- Average blood sugars typically under 150
- Most fasting blood sugars under 150

Green Zone Means:

- Your blood sugars are under control
- Continue taking your medications as ordered
- Continue routine blood glucose monitoring
- Follow healthy eating habits
- Keep all physician appointments

Yellow Zone: Caution

- HbA1c between 7 and 9
- Average blood sugar between 150-210
- Most fasting blood glucose under 200

ÿ **Work closely with your health care team if you are going into the YELLOW zone**

Yellow Zone Means:

- Your blood sugar may indicate that you need an adjustment of your medications
- Improve your eating habits
- Increase your activity level

ÿ **Call your physician, nurse, or diabetes educator if changes in your activity level or eating habits don't decrease your fasting blood sugar levels.**

Name: _____

Number: _____

Red Zone: Stop and Think

- HbA1c greater than 9
- Average blood sugars are over 210
- Most fasting blood sugars are well over 200

ÿ **Call your physician if you are going into the RED zone**

Red Zone Means:

You need to be evaluated by a physician. If you have a blood glucose over _____, follow these instructions _____

ÿ **Call your physician**

Physician: _____

Number: _____

| | |
|---|--|
| <p style="text-align: center;"><u>Green Zone: All Clear</u></p> <p>Your Goal Weight: _____</p> <ul style="list-style-type: none"> • No shortness of breath • No swelling • No weight gain • No chest pain • No decrease in your ability to maintain your activity level <p style="text-align: center;"><u>Yellow Zone: Caution</u></p> <p>If you have any of the following signs and symptoms:</p> <ul style="list-style-type: none"> • Weight gain of 3 or more pounds • Increased cough • Increased swelling • Increase in shortness of breath with activity • Increase in the number of pillows needed • Anything else unusual that bothers you <p>ÿ Call your physician if you are going into the YELLOW zone</p> | <p style="text-align: center;"><u>Green Zone Means:</u></p> <ul style="list-style-type: none"> • Your symptoms are under control • Continue taking your medications as ordered • Continue daily weights • Follow low-salt diet • Keep all physician appointments <p style="text-align: center;"><u>Yellow Zone Means:</u></p> <ul style="list-style-type: none"> • Your symptoms may indicate that you need an adjustment of your medications <p>ÿ Call your physician, nurse coordinator, or home health nurse. Name: _____ Number: _____ Instructions: _____</p> |
| <p style="text-align: center;"><u>Red Zone: Medical Alert</u></p> <ul style="list-style-type: none"> • 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 • Confusion <p>ÿ Call your physician immediately if you are going into the RED zone</p> | <p style="text-align: center;"><u>Red Zone Means:</u></p> <p>This indicates that you need to be evaluated by a physician right away</p> <p>ÿ Call your physician right away Physician: _____ Number: _____</p> |

| | |
|--|--|
| <p><u>Green Zone: All Clear</u></p> <p>Your Goal Peak Flow:</p> <ul style="list-style-type: none"> • Peak flows are 80- to 100-percent of your best number • No symptoms • Able to do usual activities • Usual medications control asthma | <p><u>Green Zone Means:</u></p> <ul style="list-style-type: none"> • Your symptoms are under control • Continue taking your controller medications as ordered _____ • Continue monitoring peak flow _____ • Keep all physician appointments |
| <p><u>Yellow Zone: Caution</u></p> <p>If you have any of the following signs and symptoms:</p> <ul style="list-style-type: none"> • Peak flow 50- to 80-percent of personal best • Increased asthma symptoms (coughing, waking at night, wheezing, shortness of breath, tightness in chest, breathing faster, pale skin color) <p>ÿ Call your physician if you are in the YELLOW zone most days. This is not where you should be every day.</p> | <p><u>Yellow Zone Means:</u></p> <ul style="list-style-type: none"> • Your symptoms may indicate that you need an adjustment of your medications • Eliminate triggers • Stop strenuous exercise • Add reliever medication: _____ • If no relief, continue with: _____ |
| <p><u>Red Zone: Medical Alert</u></p> <ul style="list-style-type: none"> • Peak flow less than 50% of personal best • Very short of breath • Extreme difficulty breathing • Usual activities severely limited • Difficulty walking and talking due to shortness of breath • Respiratory effort increased, skin between neck and ribs pulls in with breathing • Skin color is pale or gray • Fingernails or lips are blue <p>ÿ Call your physician immediately if you are going into the RED zone</p> | <p><u>Red Zone Means:</u></p> <p>This indicates that you need to be evaluated by a physician right away</p> <ul style="list-style-type: none"> • Take reliever medication <p>ÿ Call your physician right away</p> <p>Physician: _____</p> <p>Number: _____</p> <p>If you have not reached your physician in _____ minutes, go to the nearest emergency room. Call 911 if necessary.</p> |






Name: _____

Date: _____

MANAGING YOUR MEDICINES

Many people need help in managing their medicines. One of our goals in home care is to help you understand the purpose of your medicines and how to take them correctly.

You can help your home care nurse or therapist understand the type of help you might need by completing the table below.

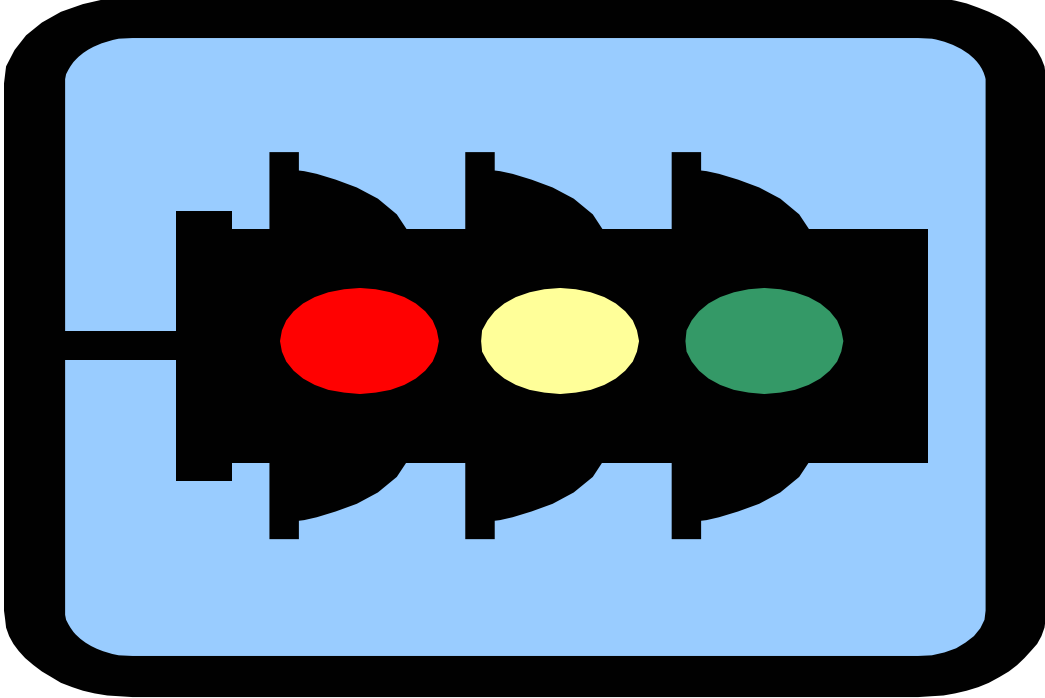
| Place a <input checked="" type="checkbox"/> in the box if the statement applies to you ↓ | | |
|--|--|--|
|  | I have new medicines. | |
| | I have changed medicines. | |
| | I don't understand the instructions related to my medications. | |
| | I am not sure how my medicines help my condition. | |
| | I don't think that my medicines help me. | |
|  | I am concerned about side effects. | |
| | I don't always remember to take my medicines at the right time. | |
|   | I have trouble reading or seeing small print instructions on medicine bottles. | |
| | I have trouble holding the small pills or opening the packaging or the medicine bottles. | |
|  | I have trouble paying for my medicines. | |

Please write down any other concerns you may have:



PATIENT ACTION PLAN FOR HEART FAILURE SIGNS & SYMPTOMS

Purpose: To promote patient identification and self-directed action for onset of symptoms related to heart failure.



Heart Failure - - - Your Plan for ACTION

Use this guide to help you report changes in your symptoms to your doctor or nurse. When you report symptoms *early*, you are less likely to have to go to the hospital for treatment.

You are doing well when:

- ✔ Your weight is stable
- ✔ You have no trouble breathing
- ✔ You can do your normal activities
- ✔ You have no changes in your symptoms

Call your doctor in the next 24 hours when:

- ✔ Your weight goes up _____ pounds in _____ days
- ✔ You have new swelling in your feet, ankles, hands or abdomen
- ✔ You have a dry, harsh cough that does not go away
- ✔ You use 2 or more pillows or a recliner to breathe better at night **if** this is different from how you usually sleep
- ✔ You feel more tired or have less energy than usual
- ✔ You have side effects from your medicines

Call your doctor RIGHT AWAY when:

- ✔ You have trouble breathing –
- ✔ **Call 911 for severe shortness of breath**
- ✔ You feel dizzy
- ✔ You feel very anxious
- ✔ **Call 911 if you have chest pain that does not go away**

MD Name & Phone Number: _____

Tool Adapted by: Lisa Gorski, MS, APRN, BC, CRNI
Adapted from: Patient Teaching Tool - Covenant Home Health & Hospice, Milwaukee, WI

Patient Action Plan for HF Signs & Symptoms
"Improving Outcomes through Enhanced Patient Self-Care Management"
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CHECK FOR SAFETY:

A Home Fall Prevention Checklist for Older Adults

Purpose: tool to educate patients/caregivers in home safety evaluation factors


KEY SAFETY TIPS...

KEEP EMERGENCY NUMBERS IN LARGE PRINT NEAR EACH PHONE.

PUT A PHONE NEAR THE FLOOR IN CASE YOU FALL AND CAN'T GET UP.

THINK ABOUT WEARING AN ALARM DEVICE THAT WILL BRING HELP IN CASE YOU FALL AND CAN'T GET UP.


FLOORS: Look at the floor in each room...

 When you walk in a room, do you have to walk around furniture?


ASK SOMEONE TO MOVE THE FURNITURE SO YOUR PATH IS CLEAR

 Do you have throw rugs on the floor?

REMOVE THE RUGS OR USE DOUBLE-SIDED TAPE OR NON-SLIP BACKING SO THE RUGS WON'T SLIP


 Are papers, magazines, books, shoes, boxes, blankets, towels, or other objects on the floor?

PICK UP THINGS THAT ARE ON THE FLOOR. ALWAYS KEEP OBJECTS OFF THE FLOOR

 Do you have to walk over or around cords or wires (like cords from lamps, extension cords, or telephone cords)?

COIL OR TAPE CORDS AND WIRES NEXT TO THE WALL SO YOU CAN'T TRIP OVER THEM. CONSIDER HAVING AN ELECTRICIAN PUT IN ANOTHER OUTLET.

STAIRS & STEPS: Look at the stairs you use both inside and outside your home...

 Are papers, shoes, books, or other objects on the stairs?

PICK UP THINGS ON THE STAIRS. ALWAYS KEEP OBJECTS OFF THE STAIRS.

 Are some steps broken or uneven?

FIX LOOSE OR UNEVEN STEPS.


 Are you missing a light over the stairway?

HAVE A HANDYMAN OR ELECTRICIAN INSTALL AN OVERHEAD LIGHT AT THE TOP AND BOTTOM OF THE STAIRS.


STAIRS & STEPS: (continued)

 Has the stairway light bulb burned out?

HAVE A FRIEND OR FAMILY MEMBER CHANGE THE LIGHT BULB.

 Do you have only one light switch for your stairs (only at the top or at the bottom of the stairs)?

HAVE A HANDYMAN OR AN ELECTRICIAN PUT IN A LIGHT SWITCH AT THE TOP AND BOTTOM OF THE STAIRS. CONSIDER GETTING LIGHT SWITCHES THAT GLOW.


 Are the handrails loose or broken? Is there a handrail on only one side of the stairs?

FIX LOOSE HANDRAILS OR PUT IN NEW ONES. MAKE SURE HANDRAILS ARE ON BOTH SIDES OF THE STAIRS AND ARE AS LONG AS THE STAIRS.

 Is the carpet on the steps loose or torn?

MAKE SURE THE CARPET IS FIRMLY ATTACHED TO EVERY STEP, OR REMOVE THE CARPET AND ATTACHE NON-SLIP RUBBER TREADS ON THE STAIRS.

KITCHEN: look at your kitchen and eating area...


 Are the things you use often on high shelves?

ASK FRIENDS OR FAMILY TO HELP TO PLACE THINGS ON LOWER SHELVES OR CABINETS (ABOUT WAIST HIGH).


 Is your step stool unsteady?

IF YOU MUST USE A STEP STOOL, GET A STEADY STOOL WITH A BAR TO HOLD ON TO. NEVER USE A CHAIR AS A STEP STOOL.

BEDROOMS: Look at all your bedrooms...


 Is the light near the bed hard to reach?

PLACE A LAMP CLOSE TO THE BED WHERE IT IS EASY TO REACH.


 Is the path from your bed to the bathroom dark?

PUT A NIGHT-LIGHT SO YOU CAN SEE WHERE YOU'RE WALKING. CONSIDER NIGHT-LIGHTS THAT GO ON BY THEMSELVES AFTER DARK.

BATHROOMS: Look at all your bathrooms...

 Is the tub or shower floor slippery?

PUT A NON-SLIP RUBBER MAT OR SELF-STICK STRIPS ON THE TUB OR SHOWER FLOOR.

 Do you have some support when you get in and out of the tub, or up from the toilet?

HAVE A HANDYMAN OR A CARPENTER PUT IN GRAB BARS NEXT TO AND INSIDE THE TUB AND NEXT TO THE TOILET.

OTHER THINGS YOU CAN DO TO PREVENT FALLS...

EXERCISE REGULARLY-
Exercise makes you stronger and improves your balance and coordination.

HAVE YOUR DOCTOR OR PHARMACIST LOOK AT ALL THE MEDICINES YOU TAKE, EVEN OVER THE COUNTER MEDICINES.
Some medicines can make you sleepy or dizzy.

HAVE YOUR VISION CHECKED AT LEAST ONCE A YEAR BY AN EYE DOCTOR.
Poor vision can increase your risk of falling.

GET UP SLOWLY AFTER YOU SIT OR LIE DOWN.
Some medicines or conditions can make you lightheaded with quick position changes.

WEAR STURDY SHOES WITH NON-SLIP SOLES
Avoid slippers and athletic or jogging shoes with thick soles.

PAINT A CONTRASTING COLOR ON THE TOP FRONT EDGE OF ALL STEPS SO YOU CAN SEE THE STAIRS BETTER.
For instance, if you have dark wood, use a light color paint.

IMPROVE THE LIGHTING IN YOUR HOME
Put in brighter bulbs. Use lamp shades to reduce glare.

IT IS SAFEST TO HAVE UNIFORM LIGHTING THROUGHOUT A ROOM.
Add lighting to dark areas. Hang light weight curtains to reduce glare from bright windows and doors.

Tool Developed by: Linda H. Krulish, PT MHS

Adapted from: Department of Health and Human Services, the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, and; "Check for Safety: A Home Fall Prevention Checklist for Older Adults" (2004) www.cdc.gov Full Brochure at: <http://www.cdc.gov/ncipc/pub-res/toolkit/brochures.htm> last accessed 070804

My Blood Pressure Wallet Card:

Purpose: Self Management Tool for management of high blood pressure



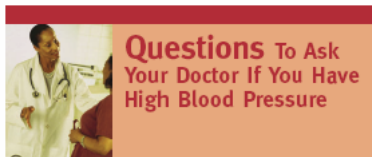
Ask your doctor to help you fill out the information below.

Blood Pressure Medicine:

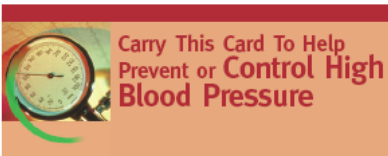
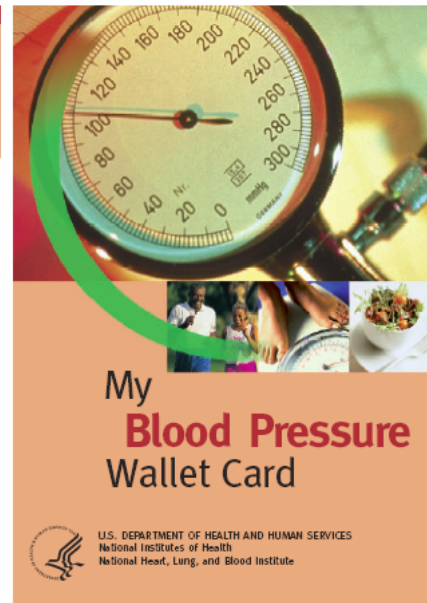
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Special Instructions:

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- What is my blood pressure reading in numbers?
- What is my goal blood pressure?
- Is there a healthy eating plan that I should follow to help lower my blood pressure and lose weight?
- Is it safe for me to do regular physical activity?
- What is the name of my medication? What is the generic name?
- What are the possible side effects of my medication?
- What time of day should I take my blood pressure medicine?
- Should I take it with or without food?
- What should I do if I forget to take my blood pressure medication at the recommended time?



Doctor's Name:

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Doctor's Address:

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Doctor's Telephone Number:

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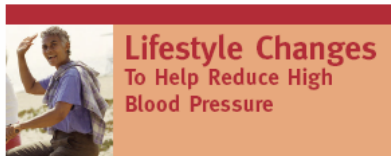
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Talk with your doctor about the lifestyle changes that are appropriate for you. Check off the lifestyle changes you are going to use to help lower your blood pressure.

MY LIFESTYLE CHANGES

- Maintain a healthy weight.
- Do physical activity for 30 minutes most days of the week.
- Eat a diet high in fresh fruits and lowfat dairy products with reduced saturated and total fat.
- Choose foods that are lower in salt and other forms of sodium. Read food labels.
- If you drink alcohol, have no more than one drink a day for women, two drinks a day for men.
- Remember to take your blood pressure medicine.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 National Institutes of Health
 National Heart, Lung, and Blood Institute
 NIH Publication No. 03-5068
 November 2003

Reference:

U.S. Department of Health and Human Services, National Heart, Lung, and Blood Institute, NIH Publication No. 03-5068, November 2003. Accessed at: <http://www.nhlbi.nih.gov/health/public/heart/hbp/hbpwallet.pdf>

Tips to Help You Feel Better and Stay Healthy

GOOD NEWS for People with Diabetes

There are many good reasons to take action now to manage your diabetes.

In the short run, you can:

- Feel better
- Stay healthy
- Have more energy

In the long run, you can:

- Reduce your risk for heart attack and stroke
- Reduce your risk for eye, kidney, or nerve disease
- Enjoy life more

Follow this three-part action plan that will help you live a long and healthy life.

1 Know your diabetes ABC numbers.



Manage your **A**1C (blood glucose), **B**lood pressure, and **C**holesterol. You will lower your chances of having a heart attack, a stroke, or other diabetes problems. Ask your health care team:

- What are my **A**1C (blood glucose), **B**lood pressure, and **C**holesterol numbers?
- What should my numbers be?



Here are the **ABC** goals for most people with diabetes.

A1C: 7 or less (A1C shows how your blood glucose has been over the last three months.)

Blood pressure: 130/80 or less

Cholesterol: LDL 100 or less

2 Reach your diabetes ABC goals.

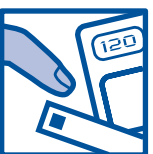
Work with your health care team, friends, and family to reach your **ABC** goals.



- **Follow your diabetes food plan.** If you do not have one, ask your health care team.
- **Eat the right portions of healthy foods:** fruits and vegetables (5 to 9 servings a day), fish, lean meats, dry beans, whole grains, and low-fat milk and cheese.



- **Eat foods that have less salt and fat.**
- **Get 30 to 60 minutes of activity** on most days of the week.



- **Stay at a healthy weight**—by being active and eating the right amounts of healthy foods.

- **Stop smoking**—seek help to quit.
- **Take medicines** the way your doctor tells you. Ask if you need aspirin to prevent a heart attack or stroke.
- **Check your feet every day** for cuts, blisters, red spots, and swelling. Call your health care team right away about any sores that won't heal.
- **See your dentist** at least twice a year. Tell the dentist you have diabetes.
- **Check your blood glucose** the way your doctor tells you to.

3

Keep your diabetes ABCs under control.



Set goals you can reach and break a big goal into small steps.

Start with a 5- to 10-minute walk three times a week. Then, walk longer and more often.

Make changes that you can stick with for the rest of your life.

To lose weight and keep it off, eat smaller portions and be more active.



Create a plan to deal with diabetes. Use these tips to keep at it.

- Make a list of all your reasons to control your diabetes for life.
- Set goals you can reach and break a big goal into small steps.
- Make changes that you can stick with.
- Try to figure out what tempts you to slip up in reaching your goals. Decide now how you will handle these events next time.
- Reward yourself for staying in control. Spend time with a friend or go to a show.
- Ask for a little help from friends or family when you're down or need someone to talk to.
- Learn to manage setbacks. Admit that you've slipped and learn what you can from it and move on.
- Don't be too hard on yourself. Work towards a healthy future.

MY ACTION PLAN To Manage My Diabetes ABCs

Date _____

Write down your numbers: A1C _____ Blood pressure _____ Cholesterol _____

Write down your goals: A1C _____ Blood pressure _____ Cholesterol _____

Three reasons to control my diabetes for life:

1. _____ 2. _____ 3. _____

Three things I will work on over the next 3 months to reach my diabetes ABC goals:

1. _____ 2. _____ 3. _____

The people who can help me do these things (e.g., friend, co-worker, health care team):

Your action plan will change over time, so be ready to make a new one about every three months. Then, place your plan where you will see it often. **Do it today!**

