

A woman with blonde hair, wearing a grey cardigan over a red top, is shown from the chest down. She is looking down at a white, wrist-worn medical device on her left wrist. Her right hand is positioned over the device, as if she is adjusting it or checking the display. The device has a small screen and several buttons. The background is a plain, light-colored wall.

Cardiac Therapy Self- Monitoring Guide

Coram[®]

♥CVS specialty infusion services

Cardiac Therapy Self-Monitoring Guide

We hope you find this self-monitoring guide useful. It will help you track information that you can share and discuss with your doctor. You can track one month's worth of information in this booklet. When you need another booklet, ask your nurse.

Please note that this guide is not a substitute for talking directly with your doctor about your health.

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If you have questions about this guide or Coram[®] therapy services, please call us at **1-800-423-1411**.

Emergency contact information

Take a moment to fill out this information with numbers you may need in the event of an emergency. Keep these phone numbers handy.

If you are having a medical emergency, call 911.

Patient name	Address	Phone number

Call your doctor immediately with:

- A temperature of 100.5 degrees or higher
- Shaking, chills or any signs of infection
- A new cough, shortness of breath or increased shortness of breath at night
- Any signs of bleeding
- Any redness, drainage, swelling or tenderness at the site of your venous catheter or your incision
- Chest or abdominal pain
- Increased fatigue
- Fainting
- Decreased urine output
- A weight gain of more than two pounds in a day or five pounds in a week
- Swelling in legs or ankles

Other contacts	Name	Phone number
Emergency contact (include relationship to patient)		
Caregiver		
Cardiologist		
Primary care physician		
Pain & palliative care physician		
Other physician/specialist		
Attending physician/surgeon		
Social worker		
Outpatient clinic/office		
Home care provider		
Transplant center		
Transplant surgeon/physician		
Transplant coordinator		

Questions for your pharmacist

Learn as much as you can about your medications by asking questions. Your pharmacist is a good resource for information about medications. He or she can help you understand product package inserts and label instructions.

Ask if any medications you are taking could interact with certain foods or other drugs.

These other drugs include nonprescription medications and herbal products.

Read the label. If you're not sure whether you've been given the correct medication, ask the pharmacist to check the prescription with your doctor. Also talk to the pharmacist if the amount of medication or the dosage isn't what you thought it would be.

Take note of any warnings on the label. If you have questions about them, ask your doctor or pharmacist.

Ask if there are any activities you should avoid while taking your medication. These activities may include driving or exercising.

Discuss the side effects that your medication may cause. Find out what you should do if you have any of these side effects.

Know what to expect from your medication. For instance, be sure to find out when it will start working and how long you should take it.

Keep track of any medication changes ordered by your doctor. Be sure to tell your pharmacist about them.

Making the most of your doctor visit

Here are some points you may want to discuss with your doctor. Be honest and open with your doctor. This helps your doctor get a better idea about how you're doing. You may want to take a family member or friend to your appointments. They can help you better understand and remember what is said.

Briefly describe your symptoms, even those you feel may not be important.

You may want to keep a list to help you remember them.

Tell your doctor all of the medications you take. Include over-the-counter and herbal drugs. Tell your doctor about any problems you may be having with them.

Be sure you understand all of your doctor's instructions, especially for medications.

Know which drug to take when, how often and in what amount.

Find out about side effects. Ask what side effects are possible from any drug your doctor prescribes for you.

Don't hesitate to ask questions. This includes asking the meaning of any medical term you don't understand.

After your appointment, feel free to call your doctor's office for more information.

Be sure to do this if you still have questions or are uncertain about your treatment.

Questions for your doctor

Going to the doctor can be a stressful time. It may be hard to remember everything you want to ask and everything you hear. It helps to prepare a list of questions. Use the following pages to write down any questions you would like to have answered.

Date of visit	Question	Answer

Date of visit	Question	Answer

Your home medications

It's important to keep track of all your medications, including when and how you take them. List all your medications in the table below. Be sure to include all prescription, over-the-counter and herbal medications you take.

Name of medication	Dosage/dose amount	Doses per day	Date medication started	Date medication stopped
<i>(Example) Bisoprolol</i>	<i>5 mg</i>	<i>once</i>	<i>7/6/20</i>	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Other information

Please note any allergies you have or if there are any drugs that you cannot tolerate.

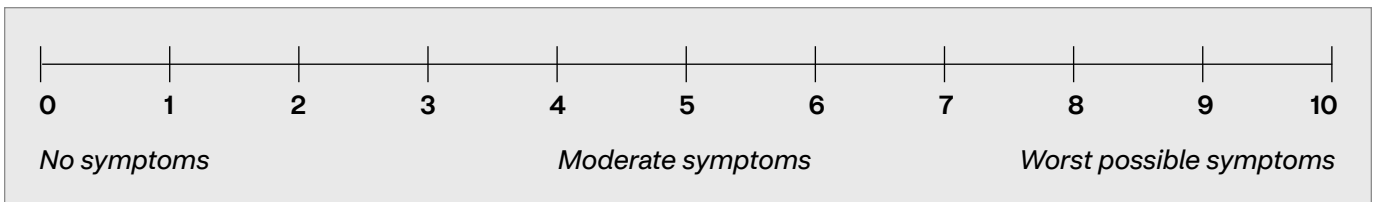
Allergies/Reactions

Drug allergies or reactions:

Other allergies or reactions:

Rate your symptoms

Use the scale below to rate the symptoms listed in each table. Write the number that matches your symptom level for each day in the spaces provided. If you rate any of your symptoms at 5 or higher, or if there's a change you didn't expect, talk to your doctor.



Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
Shortness of breath with activity							
Anxiety							
Fatigue							
Pain – note both level of the pain and where you feel the pain							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
Shortness of breath with activity							
Anxiety							
Fatigue							
Pain – note both level of the pain and where you feel the pain							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
Shortness of breath with activity							
Anxiety							
Fatigue							
Pain – note both level of the pain and where you feel the pain							

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Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
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Fatigue							
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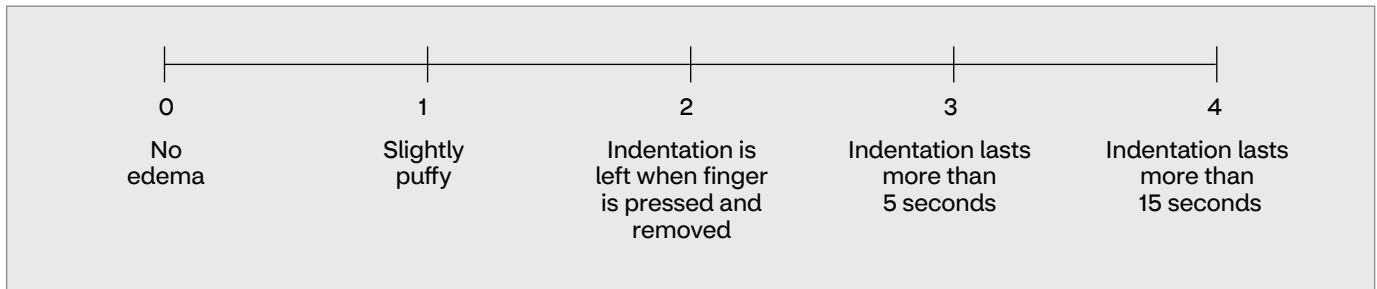
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Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
Shortness of breath with activity							
Anxiety							
Fatigue							
Pain – note both level of the pain and where you feel the pain							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
Shortness of breath with activity							
Anxiety							
Fatigue							
Pain – note both level of the pain and where you feel the pain							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Shortness of breath while lying down							
Shortness of breath with activity							
Anxiety							
Fatigue							
Pain – note both level of the pain and where you feel the pain							

Edema

Use the scale below to rate your edema symptoms. Write the number that matches your edema symptom level for each day in the spaces below.



Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Week of:							
Symptom	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Edema							

Other important information

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Week of:							
Other important information	Sun.	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
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Daily weight – notify your doctor of any weight gain greater than 2 lbs in a day or 5 lbs in a week							
Daily blood pressure							
Do you have a cough?	Yes No	If yes, how often?					
Is cough productive in bringing up sputum?	Yes No	If yes, what color is it?					

Problems/symptoms

Based on your symptoms and notes from the previous pages, write down the symptoms or any health concerns you want to share with your doctor. Be sure to take this with you to all your doctor visits. You can also write down the action or treatment plan that your doctor discussed with you.

Date	Problem/symptom	Action/treatment

Date	Problem/symptom	Action/treatment

Patient/home nurse notes

Date	Notes

Date	Notes

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This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health related questions you have. Coram CVS Specialty® Infusion Services (Coram) assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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