



# Advanced Heart Failure Personal Action Plan

**Purpose:** To ensure all health care providers are aware how to care for me and my family during this stage of my life.

Date: \_\_\_\_\_ Signed (patient) \_\_\_\_\_

**What matters most to me:**

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Focus of Care & Collaborative Decisions	Person responsible for follow-up and revision	Collaborative Actions/Approach
<b>Symptom Management: Psychological</b> <i>[symptoms that make me feel sad or anxious and approaches that have been tried and/or are helpful]</i>		
<b>Symptom Management: Physical or Body</b> <i>[symptoms that are bothersome to me and approaches that have been tried and/or are helpful]</i>		
<b>Social Care Needs:</b> <i>Include concerns about: finances, end of life legal planning, medication cost, transportation, access/cost for home support services, equipment, difficult family/caregiver situations, support network ]</i>		



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<p><b>Spiritual Care Needs:</b>  <i>[Individual cultural or spiritual approaches that are important to me and my family]</i></p>		
<p><b>My wishes:</b>                      (for future health care treatment, life support and life-prolonging medical interventions <i>e.g. minimize pill burden or doesn't want invasive procedures</i>)  <input type="checkbox"/> Advance care plan completed (e.g. My Voice)   <input type="checkbox"/> BC Palliative benefits in place</p>		
<p><b>Device management:</b>  <input type="checkbox"/> N/A   <input type="checkbox"/> ICD Deactivation discussion has taken place on [Date]_____ Decision:   <i>[Include plan for deactivation eg. In device clinic or magnet at home, etc]</i></p>		
<p><b>Managing Activities:</b>  <i>[Include energy conservation strategies; activities that are important for me to maintain]</i></p>		
<p><b>Managing diet:</b>  <i>[Include types of foods that I enjoy or tolerate, include wishes around mealtime rituals, etc]</i></p>		



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<b>Supporting My Caregiver(s):</b> <i>[Include things that are important to me and my family e.g. Pastoral care, sharing a bed or room, etc]</i>		
<b>Ways to support Me as a person:</b>		
<b>Worries or concerns I have:</b>		
<b>Other Preferences:</b>		

**Contact information for my team**

Family Doctor/Nurse Practitioner: \_\_\_\_\_

Heart Failure Specialist/Specialty Team members: \_\_\_\_\_

My primary caregiver: \_\_\_\_\_

Health Care Contact: \_\_\_\_\_

Other providers who know me well: \_\_\_\_\_