

COPD Self-Management Plan

Name _____

Date _____

Green Zone: In Control

- ✓ I breathe easily without a cough or shortness of breath.
- ✓ I am not wheezing.
- ✓ I am not experiencing chest tightness.
- ✓ I do not need to decrease my activity level as I am able to maintain my normal activity level.



Green Means I Should:

- ✓ Continue to take my medicine as ordered.
- ✓ Continue regular activity as tolerated.
- ✓ Follow a low salt diet.
- ✓ Wear oxygen, if prescribed.
- ✓ Keep all physician appointments.

Yellow Zone: Caution

- ✓ I have an increased cough and/or sputum and symptoms.
- ✓ I have an increase in shortness of breath with my usual activity level.
- ✓ I have increased the amount of quick relief medications used.
- ✓ I have had a change in my usual energy level—increase in either tiredness or restlessness.
- ✓ I need more pillows to sleep.
- ✓ I have swollen ankles more often than usual.
- ✓ I have chest tightness.



Yellow Means I Should:

- ✓ Continue taking daily medications.
- ✓ Use oxygen, if prescribed.
- ✓ Contact my physician, nurse, or home health nurse to discuss my change in symptoms and possible adjustment of medication.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone—Medical Alert!

- ✓ I have unrelieved shortness of breath, chest pain, or chest tightness.
- ✓ I have shortness of breath, wheezing, or chest tightness at a rest state.
- ✓ I have an increased or irregular heartbeat.
- ✓ I have a fever or shaking chills.
- ✓ I need to sleep sitting up or in a chair.
- ✓ I have changes in the color of my skin, nail beds, or my lips are gray or blue.
- ✓ I am experiencing confusion or I am coughing up blood.



Red Means I Must:

- ✓ **Take action!**
- ✓ **Go to the Emergency Room or call 9-1-1 immediately!**

Manage Your Diabetes

Name _____ Date _____

Diabetes means that you have too much sugar (glucose) in your blood. High blood sugar levels can lead to serious health problems. Keeping your blood sugar under control is very important. Use this document to help manage your diabetes and understand what to do when your levels rise too high or low, as directed by your doctor.

Blood Sugar (Glucose) Goals



Your doctor or primary care provider will decide the blood sugar and A1c numbers that are best for you.

✓ **Fasting blood sugar 80–130 mg/dl**

This is the blood sugar level when I wake up in the morning before I eat or if I have not eaten for at least 8 hours. My fasting blood sugar goal is _____ mg/dl.

✓ **Post-meal blood sugar less than 180 mg/dl (1 to 2 hours after eating)**

My goal is _____ mg/dl 2 hours after I eat a meal.

✓ **A1c test result less than 7**

The A1c test is a blood test that measures my average blood sugar level over the past three months. My A1c goal is _____.

The ABCs of Diabetes¹



- ✓ **A:** A1c level less than 7
- ✓ **B:** Blood pressure less than 140/90
- ✓ **C:** Cholesterol
 - Total less than 200
 - LDL less than 100
 - HDL greater than 40 (men)
 - HDL greater than 50 (women)
 - Triglycerides less than 150

5 Things You Can Do Everyday



- ✓ Eat healthy meals
- ✓ Get regular exercise
- ✓ Check your blood sugar
- ✓ Take your medications
- ✓ Check your feet

Low-density lipoprotein (bad cholesterol) = LDL

High-density lipoprotein (good cholesterol) = HDL

1. American Diabetes Association, Standards of Medical Care in Diabetes. Available at http://care.diabetesjournals.org/content/40/Supplement_1/S4. Accessed on September 13, 2017.

Diabetes Safety Zones

Name _____

Date _____

Green Zone: All Clear Zone ... This is the safety zone if:

- ✓ Your blood sugar is under control.
- ✓ You have no symptoms of low or high blood sugar.
- ✓ Your fasting blood sugar is between 80–130 mg/dl.
- ✓ Your blood sugar 1 to 2 hours after a meal is less than 180 mg/dl.
- ✓ Your A1c level is less than 7.



Yellow Zone: Caution ... This is the watch zone if you have:

Low Blood Sugar (Hypoglycemia)

- ✓ Blood sugar less than 70 mg/dl
- ✓ Symptoms: Shaky or dizzy, blurry vision, weak or tired, sweaty, headache, hungry, upset or nervous
- ✓ What to do?
 - Check your blood sugar (if possible).
 - Eat or drink something that contains sugar.
(For example: 3 packets or 1 tablespoonful of regular sugar, 4 glucose tablets, 4 pieces of hard candy, 4 ounces of fruit juice or regular [not diet] soda.)
 - Check your blood sugar again in 15 minutes. If it is still below 70 mg/dl, eat or drink something that contains sugar again.

High Blood Sugar (Hyperglycemia)

- ✓ Blood sugar more than 240 mg/dl
- ✓ Symptoms: Thirsty all the time, blurry vision, need to urinate often, weak or tired, dry skin, often hungry, fruity smelling breath
- ✓ What to do?
 - Call your doctor or primary care provider and tell him/her that your blood sugar is high.
 - Continue to take your medications.
 - Follow your meal plan.



Call your doctor or primary care provider if your blood sugar levels do not improve. You may need a medication adjustment or a change in your eating habits and/or activity level.

Doctor's Name: _____

Phone Number: _____

Red Zone: Medical Alert Zone ... This is the danger zone if you have:

- ✓ A blood sugar level greater than _____ mg/dl OR less than _____ mg/dl, **call your doctor, 9-1-1, or go to the emergency room.**
- ✓ Doctor's Name: _____
- Phone Number: _____



Heart Disease Self-Management Plan

Name _____

Date _____

Every day: Weigh yourself in the morning Take your medications Eat low salt foods Balance activity with rest periods

Green Zone: All Clear

If you have:

- ✓ No shortness of breath
- ✓ No chest pain or chest tightness
- ✓ No weakness
- ✓ Blood pressure less 140/90 (or as directed by your physician)
- ✓ HbA1c <7% if you are diabetic
- ✓ LDL <100 mg/dl
- ✓ Ability to do usual activities



What this could mean:

- ✓ Your symptoms are under control
- ✓ Continue to take your medications as ordered
- ✓ Follow healthy eating habits
- ✓ Keep all physician appointments

Yellow Zone: Caution

If you have **any** of the following:

- ✓ Shortness of breath
- ✓ Swelling of your feet, ankles, legs, or stomach
- ✓ Fatigue or lack of energy
- ✓ Dizziness
- ✓ An uneasy feeling—you know something is not right
- ✓ Difficulty breathing when lying down or you sleep sitting up with extra pillows



What this could mean:

- ✓ Your symptoms may indicate that you need an adjustment of your medications
*Call your home care nurse or primary care doctor **and** your cardiologist*

Doctor: _____

Phone: _____

Instructions: _____

Cardiologist: _____

Phone: _____

Instructions: _____

If you notice a Yellow Zone Caution, work closely with your healthcare team.

Red Zone: Medical Alert! Stop and Think

If you:

- ✓ Are struggling to breathe or have unrelieved shortness of breath while sitting still
- ✓ Have chest pain or heaviness
- ✓ Have confusion or can't think clearly



What this could mean:

- ✓ ***You need to be evaluated by a healthcare professional immediately***
- ✓ ***Call 9-1-1***
- ✓ ***Notify your healthcare provider's office***

Heart Failure Self-Management Plan

Name _____

Date _____

Every day: Weigh yourself in the morning Take your medications Eat low salt foods Balance activity with rest periods

Green Zone: All Clear

If you have:

- ✓ No shortness of breath
- ✓ Weight gain less than two pounds (although a 1–2 pound gain may occur some days)
- ✓ No swelling of your feet, ankles, legs, or stomach
- ✓ No chest pain
- ✓ Ability to do usual activities



What this could mean:

- ✓ Your symptoms are under control
- ✓ Continue to take your medications as ordered
- ✓ Follow healthy eating habits
- ✓ Keep all physician appointments

Yellow Zone: Caution

If you have **any** of the following:

- ✓ A weight gain of two or more pounds in one day or 3–5 pounds in one week
- ✓ Increased shortness of breath
- ✓ Increased swelling of your feet, ankles, legs, or stomach
- ✓ Fatigue or lack of energy
- ✓ Dry hacking cough
- ✓ Dizziness
- ✓ An uneasy feeling—you know something is not right
- ✓ Difficulty breathing when lying down or you sleep sitting up with extra pillows
- ✓ New or frequent chest pain or tightness



What this could mean:

- ✓ Your symptoms may indicate that you need an adjustment of your medications
*Call your home care nurse or primary care doctor **and** your cardiologist*

Doctor: _____

Phone: _____

Instructions: _____

Cardiologist: _____

Phone: _____

Instructions: _____

If you notice a Yellow Zone Caution, work closely with your healthcare team

Red Zone: Medical Alert! Stop and Think

If you:

- ✓ Are struggling to breathe or have unrelieved shortness of breath while sitting still
- ✓ Have chest pain not relieved or reoccurs after taking three nitro tablets
- ✓ Have confusion or can't think clearly



What this could mean:

- ✓ ***You need to be evaluated by a healthcare professional immediately***
- ✓ ***Call 9-1-1***
- ✓ ***Notify your healthcare provider's office***

Kidney Self-Management Plan

Name _____

Date _____

Green Zone: In Control

- ✓ I am breathing easily.
- ✓ I am not experiencing weight gain in excess of two pounds a day.
- ✓ I do not have swelling of my feet, ankles, legs, hands, or face.
- ✓ I am not experiencing chest tightness or pain.
- ✓ I am able to maintain my normal activity level.



Green Means I Should:

- ✓ Continue to take my medicine as ordered.

Yellow Zone: Caution

- ✓ I experience weight gain of more than 2–3 pounds in one day.
- ✓ I experience shortness of breath or trouble breathing when lying down.
- ✓ I have swollen feet, ankles, legs, hands, or face.
- ✓ I am more tired than usual.
- ✓ I have fever, chills, cough, or feel weak and achy.
- ✓ I do not have buzzing (thrill) in my fistula or graft.
- ✓ I have painful, hot, red or swollen skin, or drainage around my fistula, graft, or catheter.
- ✓ I have had diarrhea more than three times in a day, or vomited more than once a day.
- ✓ I do not feel well enough to go to dialysis.



Yellow Means I Should:

- ✓ Contact my dialysis center, kidney physician, or access surgeon and share my symptoms as I may have too much fluid or I may need my fistula or graft checked.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone—Medical Alert!

- ✓ I am bleeding from my access that I cannot stop.
- ✓ I have a Central Venous Catheter (CVC) that has fallen out.
- ✓ I have trouble breathing.
- ✓ I experience an increased heartbeat.
- ✓ I am having trouble thinking clearly or am confused.
- ✓ I have chest pain or heaviness in my chest.
- ✓ I experience severe weakness, trouble walking, and tingling around the mouth.



Red Means I Must:

- ✓ **Take action!**
- ✓ **You need to go to the Emergency Room or call 9-1-1 immediately!**

Every Day

- I will weigh myself in the morning.
- I will eat low salt foods and plenty of protein.
- I will take my phosphate binders with my meals.
- I will keep the amount I drink to 3 cups (24 oz) plus my measured urine output amount each day as directed.
- I will keep track of all the fluids I drink and eat and stop when I reach my daily limit.
- I will not miss dialysis treatments, or cut them short.
- I will take my medications.
- I will keep all of my medical appointments.

Medications and Your Health

Name _____

Date _____

- Follow your medical or mental health providers' directions regarding medication
- Do not stop medicines without first checking with your medical or mental health provider
- Do not restart medicines without first checking with your doctor
- Do not skip or double up on your medicines

- Make sure your medicines have not expired; check the dates!
- Check with your pharmacist before drinking alcohol when taking prescription medicines
- Tell your doctor about ALL medications you are taking, including over-the-counter vitamins

Green Zone: All Clear

If you:

- ✓ Have no side effects with medication(s)
- ✓ Take your medication(s) as prescribed (although a 1–2 pound gain may occur some days)
- ✓ Are getting your medication(s) filled regularly

What this could mean:

- ✓ Your symptoms are under control

Yellow Zone: Caution

If you have **any** of the following:

- | | |
|---|---|
| ✓ Problems taking your medication(s) as prescribed by your medical provider (e.g., missing or skipping doses) | ✓ Upset stomach or abdominal pain |
| ✓ Trouble urinating | ✓ Blurred vision |
| ✓ Constipation or diarrhea | ✓ Dark, tarry stools, or noticeable blood in your stool |
| ✓ Side effects like fatigue, weakness, dizziness, swelling or hands or feet | ✓ Ringing in the ears |
| | ✓ Feeling "off balance" |
| | ✓ Excessive tiredness |
| | ✓ "Foggy thinking" |

What this could mean:

- ✓ You may need further education or support on medication management
- ✓ You could be having side effects to the medication(s)
- ✓ Your medication(s) may need adjustment
- ✓ Your medication(s) may be affecting your digestive system

If you notice a Yellow Zone Caution, work closely with your healthcare team. Call your home care nurse, primary care doctor, and/or your mental health provider.

Doctor: _____

Phone: _____

Instructions: _____

Red Zone: Medical Alert! Stop and Think

If you have **any** of the following:

- | | |
|-------------------------------------|--|
| ✓ Loss of consciousness or fainting | ✓ No bowel movement for three or more days (particularly when taking a narcotic) |
| ✓ Develop a rash | ✓ Vomiting blood |
| ✓ Cannot urinate | |
| ✓ Blurred vision | |

What this could mean:

- ✓ **You need to be evaluated by a healthcare professional immediately**
- ✓ **Call 9-1-1**
- ✓ **Notify your healthcare provider's office**

Mood and Your Health

Name _____

Date _____

- Be physically active
- Eat a healthy diet

- Spend time with people who support you
- Find ways to relax

- Avoid excessive alcohol and illicit drug use
- Make time for things you enjoy every day

Green Zone: All Clear

- If you:**
- ✓ Feel positive
 - ✓ Have a good appetite
 - ✓ Sleep well
 - ✓ Take medications as prescribed



What This Could Mean:

- ✓ Your symptoms are under control
- ✓ Continue to take your medications as ordered
- ✓ Keep all physician appointments

Yellow Zone: Caution

- If you have any of the following:**
- ✓ Decreased interest or joy in doing things
 - ✓ Often feel down, blue, sad, or hopeless
 - ✓ Difficulty sleeping or want to sleep all the time
 - ✓ Increased or decreased appetite
 - ✓ Difficulty concentrating
 - ✓ Decreased energy/feel fatigued
 - ✓ Excessive energy and feelings of invincibility
 - ✓ Feel hopeless, helpless, overwhelmed
 - ✓ Feel unable to get out of bed, or are unable to sleep
 - ✓ Stopped taking medications or are missing doctor or mental health appointments

- If taking medication and have:**
- ✓ Dry mouth
 - ✓ Diarrhea or constipation
 - ✓ Headaches
 - ✓ Nausea and/or vomiting
 - ✓ Restlessness
 - ✓ Weight gain



What This Could Mean:

- ✓ You may have increasingly unstable moods
- ✓ You may need treatment/medication(s) or changes in your current treatment/medication(s)
- ✓ You could be having a side effect from your medication and need help before things get worse

Call your primary provider or mental health worker:

Name: _____

Phone: _____

Instructions: _____

If you notice a Yellow Zone Caution, work closely with your healthcare team

Red Zone: Medical Alert! Stop and Think

- If you:**
- ✓ Have recurring thoughts of death or feel like harming yourself or others
 - ✓ Have done something to hurt yourself or someone else



What This Could Mean:

- ✓ You should be evaluated by a healthcare professional immediately
- ✓ Call national suicide prevention line: **1.800.273.8255 (TALK)**
- ✓ Have someone take you to a psychiatric crisis center or the nearest emergency department
- ✓ Call 9-1-1

This material was prepared by Aging and Disabilities Services and adapted and updated for use with permission by Health Services Advisory Group, the Medicare Quality Innovation Network-Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-C.3-01302019-01

Pain Self-Management Plan

Name _____

Date _____

Green Zone: All Clear

Your comfort level is _____
0–10 scale; 0=pain and 10=worst pain you ever had

If you:

- ✓ Are able to do basic activities and rest comfortably
- ✓ Do not have any new pain
- ✓ Are taking opioid pain medication, your bowels are moving at least every 2–3 days



What this could mean:

- ✓ You are managing your pain at an acceptable level for you
- ✓ Continue to take your medications as ordered
- ✓ Continue _____ (ice, heat, therapy, relaxation, etc.), along with your medicines
- ✓ Keep all physician appointments
- ✓ Continue regular exercise as prescribed

Yellow Zone: Caution

If you have **any** of the following:

- ✓ Pain that is not at your comfort level with your usual treatments
- ✓ You are not able to do basic activities or rest comfortably
- ✓ New pain you have never had before
- ✓ If you are taking opioid medication, your bowels have not moved in 2–3 days
- ✓ You are sleeping more than usual
- ✓ You feel sick to your stomach
- ✓ You cannot take your medicine

Know your warning signs: Mental, emotional, or physical fatigue



What this could mean:

- ✓ Your pain control plan may need to be changed

Call your home health nurse or primary care doctor

Home Health Nurse: _____

Phone Number: _____

Doctor: _____

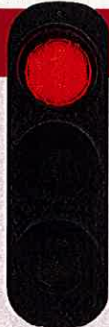
Phone Number: _____

***If you notice a Yellow Zone Caution,
work closely with your healthcare team***

Red Zone: Medical Alert! Stop and Think

If you:

- ✓ Cannot get any relief from your usual treatments
- ✓ Have new, severe pain
- ✓ Are taking opioid medication, and your bowels have not moved for more than 3 days
- ✓ Are extremely sleepy
- ✓ Are throwing up
- ✓ Are confused



What this could mean:

- ✓ ***You need to be evaluated by a healthcare professional immediately***
- ✓ ***Call your healthcare provider's office or home health nurse***
- ✓ ***Have someone take you to the nearest emergency room or Call 9-1-1***

Pneumonia Self-Management Plan

Name _____

Date _____

Green Zone: In Control

- ✓ I am breathing easily.
- ✓ I have no fever.
- ✓ I am not coughing, wheezing, or experiencing chest tightness or shortness of breath.
- ✓ I am able to maintain my normal activity level.



Green Means I Should:

- ✓ Continue to take my medicine as ordered.
- ✓ Balance activity and rest periods.
- ✓ Drink plenty of water, unless ordered otherwise.
- ✓ Take a deep breath and cough 2–3 times every hour to open up my lungs. (Coughing helps to clear my airways.)

Yellow Zone: Caution

- ✓ I have an increase or change in the color of my mucus (phlegm).
- ✓ I am coughing or wheezing more than usual.
- ✓ I become short of breath with activity.
- ✓ I have a fever of 100.5 F or greater oral or 99.5 F or greater under the arm.
- ✓ Need more pillows or need to sleep sitting up.



Yellow Means I Should:

- ✓ Contact my physician, and share my symptoms.

Physician Contact:

Doctor: _____

Phone: _____

Red Zone—Medical Alert!

- ✓ I am experiencing unrelieved shortness of breath.
- ✓ I have a change in the color of my skin, nails, or lips to gray or blue.
- ✓ I have unrelieved chest pain.
- ✓ I experience an increased or irregular heartbeat.



Red Means I Must:

- ✓ **Take action!**
- ✓ **You need to go to the Emergency Room or call 9-1-1 immediately!**

My Plan for Prevention and Early Recognition of Stroke

Name _____

Date _____

Green Zone: In Control

My condition is under control and I:

- ✓ Am keeping my blood pressure under control.
- ✓ Am not smoking.
- ✓ Have no headache or vision problems.
- ✓ Have no trouble speaking or swallowing.
- ✓ Have no arm or leg weakness or numbness.
- ✓ Have all my medicine.



Green Means I Should:

- ✓ Continue to take my medicine as ordered.
- ✓ Keep my doctor and other appointments.
- ✓ Follow instructions for diet, exercise, and therapy.
- ✓ Check my blood pressure regularly.

Yellow Zone: Caution

- ✓ I experience occasional dizziness or headache.
- ✓ I experience brief or temporary arm or leg weakness or numbness.
- ✓ My blood pressure is above 140/90.
- ✓ **Have I missed my medications?**
- ✓ **Do I have less than 3 days worth of medicine left?**



Yellow Means I Should:

- ✓ Contact my physician and share my symptoms.

Doctor: _____

Phone: _____

- ✓ Discuss adjusting my medications with my physician.
- ✓ Request refills if my medication is running out.

Red Zone: Medical Alert!

I am likely to experience:

- ✓ Trouble speaking.
- ✓ Trouble walking or a change in my walk.
- ✓ My arm and/or leg feeling heavy or numb.
- ✓ A drooping on one side of my face or smile.
- ✓ Trouble with vision.
- ✓ Blood pressure above 160/90.



Red Means I Must:

- ✓ **Act fast ... stroke is serious!**
- ✓ **Call 9-1-1 and say, "I need to be evaluated immediately. I am concerned I am experiencing a stroke."**
- ✓ Not attempt to drive myself to the hospital. Paramedics will evaluate me for possible stroke.
- ✓ Bring all my medicines and supplements with me to the hospital.

National Stroke Association. Preventing a Stroke. Available at: <http://www.stroke.org/understand-stroke/preventing-stroke>. Accessed on: July 3, 2018.

Centers for Disease Control and Prevention. Preventing Stroke: Healthy Living. Available at: https://www.cdc.gov/stroke/healthy_living.htm. Accessed on: July 3, 2018.

National Institutes of Health (NIH) National Institute of Neurological Disorders and Stroke (NINDS). About the Campaign. Available at: <https://stroke.nih.gov/about/index.htm>. Accessed on: July 3, 2018.

NIH NINDS. Know the Signs. Act in Time. A Facilitator's Guide for the Know Stroke Community Education Kit and Video. Available at: https://stroke.nih.gov/documents/NINDS_KS_FacilitatorsGuide_06FNL_alt.pdf. Access on: July 3, 2018.

This material was prepared by Health Services Advisory Group, Inc., the Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-C.3-07032018-01

Total Hip Replacement

Name: _____

Date: _____

Every Day:

- ✓ No smoking! Avoid second hand smoke.
- ✓ Balance activity and rest.
- ✓ Resume a well-balanced diet or the specific diet your physician recommended.
- ✓ Take your medication as prescribed. Avoid NSAIDS (Advil, Naproxen, Ibuprofen, etc.) until your doctor tells you to take them.
- ✓ Monitor your surgery site daily.

My Doctor:

Telephone:



Green Zone: All Clear. This is the safety zone if you have:

- ✓ Pain that is controlled by prescribed pain medications.
- ✓ No swelling, redness, or draining at your surgery site.
- ✓ Been keeping all appointments with physical therapy and your doctor.



Yellow Zone: Warning. Call your doctor if you have:

- ✓ Pain that is not controlled by prescribed pain medications.
- ✓ Fever higher than 100.5 degrees.
- ✓ Swelling that seems to be worsening, redness, opening of wound, cloudy or bloody drainage from your surgical site.
- ✓ Trouble tolerating physical therapy well.



Red Zone: Medical Alert!

Go to the emergency department or call 911 if you have:

- ✓ A fall at home.
- ✓ Shortness of breath or chest pain.

Total Knee Replacement

Name: _____

Date: _____

Every Day:

- ✓ No smoking! Avoid second hand smoke.
- ✓ Balance activity and rest.
- ✓ Resume a well-balanced diet or the specific diet your physician recommended.
- ✓ Take your medication as prescribed. Avoid NSAIDS (Advil, Naproxen, Ibuprofen, etc.) until your doctor tells you to take them.
- ✓ Monitor your surgery site daily.

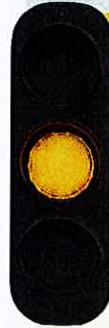
My Doctor:

Telephone:



Green Zone: All Clear. This is the safety zone if you have:

- ✓ Pain that is controlled by prescribed pain medications.
- ✓ No swelling, redness, or draining at your surgery site.
- ✓ Been keeping all appointments with physical therapy and your doctor.



Yellow Zone: Warning. Call your doctor if you have:

- ✓ Pain that is not controlled by prescribed pain medications.
- ✓ Fever higher than 100.5 degrees.
- ✓ Swelling that seems to be worsening, redness, opening of wound, cloudy or bloody drainage from your surgical site.
- ✓ Trouble tolerating physical therapy well.



Red Zone: Medical Alert!

Go to the emergency department or call 911 if you have:

- ✓ A fall at home.
- ✓ Shortness of breath or chest pain.

Urinary System and Your Health

Name _____

Date _____

Drink water when you feel thirsty

Urinate often and when the urge arises

Consider limiting your caffeine

Green Zone: All Clear

If you have:

- ✓ No problems urinating



What this could mean:

- ✓ You are taking steps toward your urinary health

Yellow Zone: Caution

If you have **any** of the following:

- ✓ New urinary incontinence, dribbling urine
- ✓ Feel pain or burning when you urinate
- ✓ Have a fever, feel tired, or are shaky
- ✓ Feel you need to urinate often
- ✓ Feel pressure in your lower belly
- ✓ Have urine that smells bad, is cloudy, or reddish
- ✓ Feel pain in your back or side below the ribs



What this could mean:

- ✓ You may have a urinary tract infection

Call your home care nurse or primary care doctor

Name: _____

Phone: _____

Instructions: _____

If you notice a Yellow Zone Caution, work closely with your healthcare team

Red Zone: Medical Alert! Stop and Think

If you have **any** of the following:

- ✓ Red/bloody urine
- ✓ Feel nauseated or vomit
- ✓ Are unable to pass any urine
- ✓ Have mental changes or confusion
- ✓ Have a fever above 101 degrees
- ✓ Feel pain in the side, back, or groin



What this could mean:

- ✓ **You need to be evaluated by a healthcare professional immediately**
- ✓ **Call 9-1-1**
- ✓ **Notify your healthcare provider's office**