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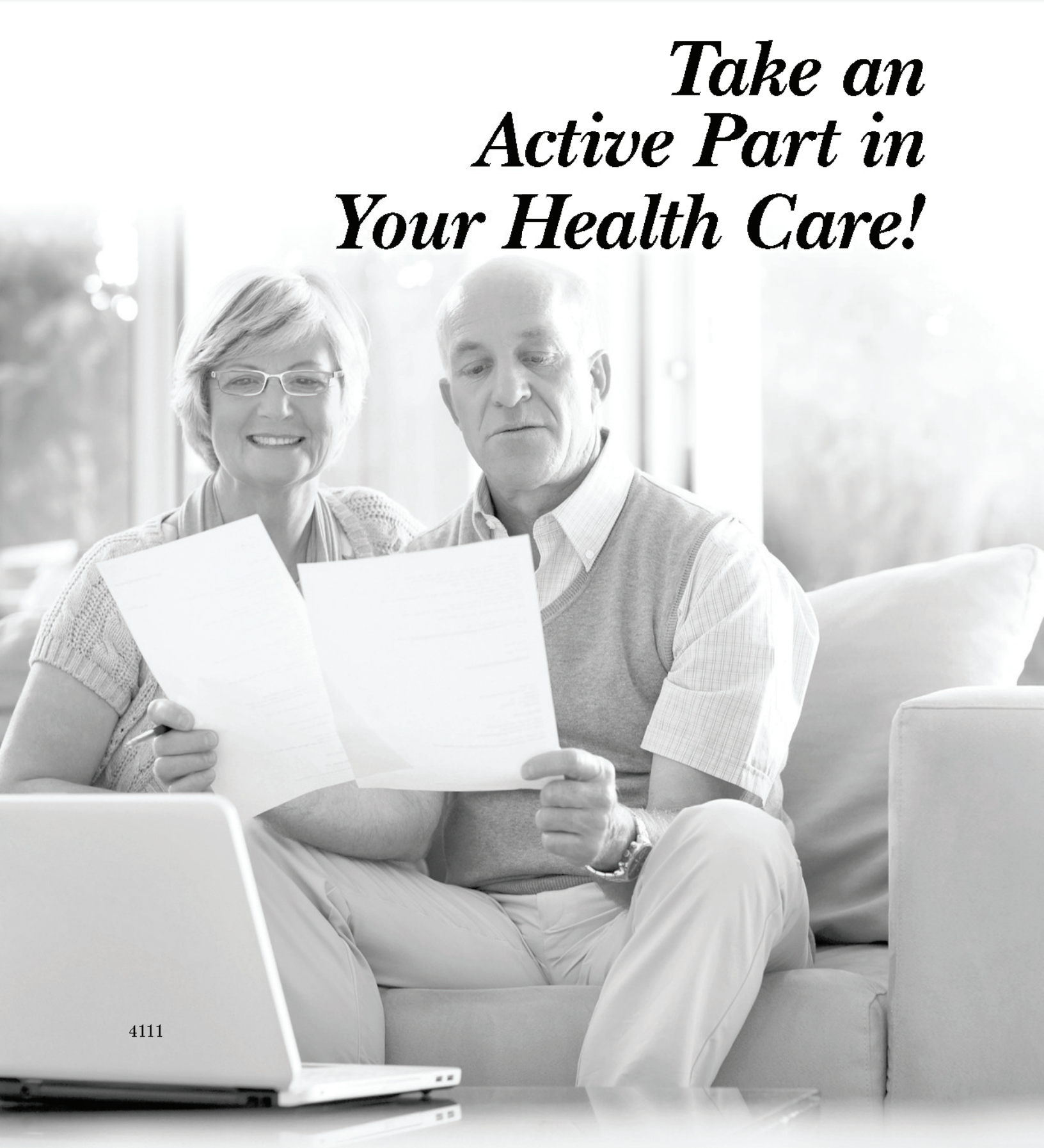
Leading Our Community to Improved Health...

Take an Active Part in Your Health Care!



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Dear Member:
AultCare and Aultra offer a Care Coordination program to advocate for you to get the care, information and community services you need. We have combined the traditional services of Utilization Management, Case Management and Disease Management into one service, provided by one Care Coordinator, who will be your advocate and help you navigate through the health care system. Our team of registered nurses, licensed practical nurses and licensed social workers are available by phone to help you take control of your health and well-being!

Our services are free and we provide:

- Assistance with the referral process to out-of-network specialists
- Help with transitioning your care to panel providers, if appropriate
- Care coordination to help you get the most from your plan benefits while maintaining quality, cost-effective treatment
- Community resource information to provide assistance with prescriptions, utilities and transportation if you are having financial difficulties
- Phone calls with a nurse who specializes in managing care for health conditions
- Educational materials to supplement information your physician has provided
- Informative mailings and handouts about your condition
- Equipment such as the Cardiocom Telescale® and GlucoCom Telemonitoring System to help you manage your condition from the convenience of your home
- Staff to guide you in the right direction and help you work with your doctors to improve your health
- Reliable referrals to service agencies in the community

You may benefit from our Care Coordination services if you:

- Have questions about your health status or health care
- Are in need of a transplant
- Have been newly diagnosed with cancer
- Are experiencing complex medical issues
- Are receiving specialty care outside of the network

Best Regards,
Your Chronic Care Management Team

Getting a Flu Shot

The flu *(influenza)* is caused by a virus that's easy to spread. It can be a lot more serious than you think. A flu shot is your best chance to avoid the flu. It's best to get a flu shot each October or November, before flu season starts. You can get it at your doctor's office or a health clinic. Drugstores, senior centers, and workplaces often offer flu shots, too. If you have questions about getting a flu shot, ask your healthcare provider.

Flu Symptoms

Flu symptoms tend to come on quickly. Fever, headache, fatigue, cough, sore throat, runny nose, and muscle aches are symptoms of the flu. Upset stomach and vomiting are not common for adults. Some symptoms, such as fatigue and cough, may last a few weeks.

How a Flu Shot Protects You

There are many strains *(types)* of flu viruses. Medical experts predict which 3 strains are most likely to make people sick each year. Flu shots are made from these strains. When you get a flu shot, inactivated *("killed")* flu viruses are injected into your body. These cannot give you the flu. But they do prompt your body to make antibodies to fight these flu strains. If you're exposed to the same strains later in the flu season, the antibodies will fight off the germs.

Who Should Get a Flu Shot?

Almost anyone can *(and should)* get a flu shot, especially if you are over 50 years old. But when supplies are limited, these high-risk groups have priority:

- People over 65
- People with chronic health problems *(such as those with diabetes, chronic lung disease, asthma, heart failure, or kidney failure)*
- People undergoing certain medical treatments
- People who live in nursing homes or other long-term care facilities
- Caregivers and household contacts of babies younger than 6 months
- Health care workers

Who Can Not Get a Flu Shot?

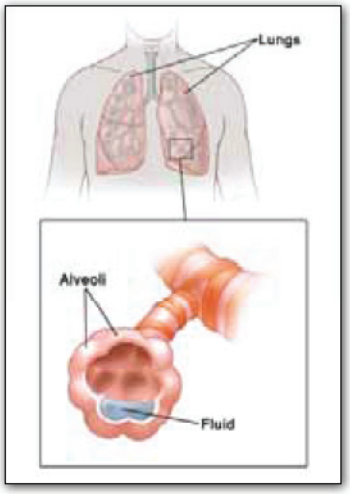
- People severely allergic to eggs
- People who have had bad reactions to the flu vaccination *(including Guillain-Barré syndrome)*
- A person who has a high fever *(the shot can be given after the fever goes away)*

Did you know...

- *The flu shot will not give you the flu.*
- *The flu can be life threatening for people in high-risk groups (such as those with diabetes, chronic lung disease, asthma, heart failure, or kidney failure). About 36,000 people die of complications from the flu each year.*
- *The flu is caused by a virus. It can't be treated with antibiotics.*
- *Influenza is not the same as a "stomach flu," the 24-hour bug that causes vomiting and diarrhea. This is most likely due to a GI (gastrointestinal) infection—not the flu.*
- *You need to get a flu shot each year. Last year's shot will not protect you from this year's flu.*

Pulmonary Edema

Your health care provider has told you that you have pulmonary edema. Read on to learn more about pulmonary edema and how it can be treated.



Pulmonary edema is fluid in the air sacs (alveoli) in the lungs.

What Is Pulmonary Edema?

Pulmonary edema occurs when the air sacs (alveoli) in your lungs fill with fluid. The fluid buildup makes it hard for the lungs to do their job, including getting oxygen from the air you breathe. This can make it difficult to breathe. The most common cause of pulmonary edema is heart failure. When the heart doesn't work properly, it can cause pressure to rise in the veins (blood vessels) of the lungs. As pressure builds, fluid fills the alveoli. The extra fluid prevents oxygen from moving through the lungs properly. But heart failure isn't the only cause of pulmonary edema. Damage to the lungs or kidney failure can also cause fluid to fill the lungs. And in some cases, living or exercising at high altitudes can lead to fluid buildup in the lungs.

How Is Pulmonary Edema Diagnosed?

Your health care provider examines you and asks about your health history. You may also have one or more of the following:

- *Blood tests to take samples of blood.*
- *Imaging tests to take detailed pictures of inside the body. These may include a chest x-ray and ultrasound.*
- *Electrocardiography (ECG or EKG) to test how well the heart is functioning.*
- *How Is Pulmonary Edema Treated?*

Treatment usually depends on what's causing the edema. For instance, if it's due to heart failure, treating the heart condition will treat the edema. Treatment can also ease symptoms. Therapy often includes the following:

- Oxygen. This may be given through a mask that goes over the nose. It may be given through a small tube that sits under the nose. Or it may be given through a tube that's placed into the windpipe (trachea). A ventilator—often called a breathing machine—may also be used.
- Medications. These may include diuretics ("water pills") to help relieve the body of extra fluid. The fluid passes out of the body as urine. Medications to treat the heart may also be given. These can help improve how the heart functions, which helps reduce fluid buildup in the lungs.

What Are the Long-term Concerns?

If treated right away, pulmonary edema can be improved. It may even be cured. But, in some cases, ongoing treatment is needed to help control the problem. This may require having procedures or taking medications for months or years. In some cases, long-term use of oxygen or breathing equipment is needed. This can lead to complications such as damage to lung tissue. Your health care provider can tell you more if needed.

Call the health care provider right away if you have any of the following:

- Chest pain (call 911)
- Severe trouble breathing (call 911)
- Coughing up blood (call 911)
- Skin turns blue (call 911)
- Unusual or irregular heartbeat
- Unable to speak full sentences before running out of breath
- Sweating more than usual

Discharge Instructions for Heart Failure

You have been diagnosed with heart failure (also called congestive heart failure, or CHF). The term "heart failure" sounds scary. But it doesn't mean that your heart will suddenly stop or that you are near death. It means the heart is not doing its job as well as it should. Heart failure happens when your heart muscle cannot keep up with your body's need for blood flow. Symptoms of heart failure can be controlled by changes in your lifestyle and by following your doctor's advice.

Home Care

- Work hard to remove the salt from your diet.
  - Limit canned, dried, packaged, and fast foods.
  - Don't add salt to your food at the table.
  - Season foods with herbs instead of salt when you cook.
- Ask your doctor about an exercise program. You can benefit from simple activities such as walking or gardening. Don't be discouraged if your progress is slow at first.
- Break the smoking habit. Enroll in a stop-smoking program to improve your chances of success.
- Weigh yourself every day. Do this at the same time of day and in the same kind of clothes. See below for instructions on when to call your doctor about weight gain.
- Rest as needed.
- Recognize that your health and survival depend on following medical recommendations.
- Avoid exposure to temperature extremes, such as hot tubs and saunas.
- Take your medications exactly as prescribed. Don't skip doses. If you miss a dose of your medication, take it as soon as you remember—unless it's almost time for your next dose. In that case, just wait and take your next dose at the normal time. Don't take a double dose.

Follow-Up

Make a follow-up appointment as directed by our staff. Keep appointments for checkups and lab tests that are needed to check your medications and condition.

When to Call Your Doctor

Call your doctor right away if you have any of the following signs of worsening heart failure:

- Sudden weight gain (3 or more pounds in one day or 5 or more pounds in one week)
- Trouble breathing not related to being active
- New or increased swelling of your legs or ankles
- Swelling or pain in your abdomen
- Breathing trouble at night (waking up short of breath, needing more pillows to breathe)
- Frequent coughing that doesn't go away
- Feeling much more tired than usual

Coping With Heart Failure

When you're living with heart failure, it's normal to feel sad or down at times. Some medications can also affect your mood. Following your treatment plan may seem like a lot to remember. If you feel overwhelmed, just focus on one day at a time. Don't be afraid to ask others for help when you need it.

Ways to Feel Better

Try not to withdraw from family and friends, even if you are finding it hard to talk to them. They can still be a good source of support. To feel better, you can also:

- Spend time doing things you enjoy. This may include participating in a favorite hobby, meditating, praying, or spending time with people you care about.
- Share what you learn about heart failure with the people in your life. Invite family members along when you visit your health care provider.
- Think about joining a support group for people with heart failure. It may be easier to talk to people who know firsthand what you're going through. They can offer advice and share stories. You may want to ask loved ones to join you for a meeting.

Asking for Help

Having heart failure doesn't mean that you have to feel bad all the time. Consider talking to your healthcare provider or a therapist if:

- You feel worthless or helpless, or are thinking about suicide. These are warning signs of depression. Treatment can help you feel better. When depression is under control, your overall health may also improve.
- You feel anxious about what will happen to you or your loved ones if your health gets worse. Taking care of legal arrangements, such as a living will and durable power of attorney, can help you feel more secure about you and your loved ones' futures.

Cardiocom: A Communication System

The Cardiocom TELESCALE® provides a system for daily health checks and weights within 3 minutes. The Telescale plugs into a phone jack and an electrical outlet. Here is how it works:

1. After getting up in the morning and going to the bathroom, you press a button to turn on the Telescale.
2. The Telescale will ask you health check questions in a clear, friendly voice. Answer the questions by pressing the "Yes" or "No" buttons.
3. Step on the scale, measure your weight and you are done! Your results are immediately sent through the phone line and this information can be conveyed to your doctor.

Please contact Linda to be a part of the Cardiocom™ program, or to ask any questions that you may have.

Linda Hahn, BSN, RN, CCM
Office phone: 330-363-3956

Heart Failure: Procedures That May Help

Certain procedures may help in some cases of heart failure. They are done to treat health problems that are affecting your heart. These procedures are not the best options for all patients. If any of them can help you, your doctor will give you more details.

Treating Artery and Valve Problems

If you have coronary artery disease or valve disease, procedures may be done to improve blood flow. This helps the heart pump better, which can improve heart failure symptoms.

- **Cardiac catheterization** helps detect clogged blood vessels. X-ray dye is injected into the heart through a **catheter** *(thin tube)*. Then, an **angiogram** *(special type of x-ray)* is taken of the blood vessels.
- **Angioplasty** and **stenting** expand narrowed arteries. These procedures are done during cardiac catheterization.
- **Bypass surgery** allows blood to flow around a clogged artery.
- **Valve surgery** repairs or replaces faulty valves so blood can flow properly.

Treating Heart Rhythm Problems

Certain devices may be attached to the heart to regulate a slow or abnormal heart rhythm. This helps take strain off the heart.

- **A pacemaker** is a small electronic device that treats a slow heartbeat.
- An **ICD** *(implantable cardioverter defibrillator)* is a device that treats fast heart rhythms when they become life-threatening.
- **Cardiac resynchronization therapy** *(CRT)* is a treatment that stimulates the **heart's lower chambers** *(ventricles)* so their contractions are more efficient. So, more blood is pumped with each beat. This therapy is delivered by either a pacemaker or an ICD.

In Severe Cases

For a few people who are very sick, a heart transplant may be an option. A heart transplant is very serious and not an option for all patients. Your doctor can tell you more.

Taking Medication to Control Heart Failure

Having heart failure means your heart isn't pumping enough blood. Medications can help your heart work better. But they can't do their job unless you take them exactly as directed by your doctor.

Why Take Your Medications?

- They help you feel better. That means you can do more of the things you enjoy.
- They help your heart work better.
- They can help you stay out of the hospital.

Have all your prescriptions filled. Talk to a pharmacist if you have questions.

Know Your Medications

You may take one or more of the medications below. Be sure you know which ones you take.

- **ACE inhibitors** lower blood pressure and decrease strain on the heart. This makes it easier for the heart to pump. Angiotensin receptor blockers have similar effects. These are prescribed for some patients instead of ACE inhibitors.
- **Beta-blockers** help lower blood pressure and slow your heart rate. This lessens the work your heart has to do. Beta-blockers may improve the heart's pumping action over time.
- **Diuretics** *("water pills")* help the body get rid of excess water. This helps prevent swelling. Having less fluid to pump means your heart doesn't have to work as hard. Some diuretics make your body lose a mineral called potassium. Your doctor will tell you if you need to take supplements or eat more foods high in potassium.
- **Digoxin** helps your heart pump with more strength. This helps your heart pump more blood with each beat so more oxygen-rich blood travels to the rest of the body.
- **Aldosterone antagonists** help alter hormones and decrease strain on the heart.
- **Hydralazine and nitrates** are two separate medications used together to treat heart failure. They may come in one "combination" pill. They lower blood pressure and decrease how hard the heart has to pump.

Tips for Taking Your Medication

- Take your medications ***exactly*** as directed. Follow the directions on the label.
- Take your medications at the same time or times each day.
- **If you miss a dose,** take it as soon as you remember—unless it's almost time for your next dose. If so, skip the missed dose. Do not take a double dose.
- Never change the dose or stop taking a medication unless your doctor tells you.

Suggestions from the Chronic Care Management Team:

Many of us have questions about our health. Would you like to hear about simple changes that can make your meals healthier? Do you want help to become more active? How do you decide if you should call the doctor? Call our Service Center and ask to speak to the Chronic Care Management Team for answers to these and other important questions.

Your Service Center phone number is located at the beginning of this booklet.

Heart Failure: Medications to Help Your Heart

Your doctor will likely prescribe medications for heart failure and any underlying health problems you have. Most heart failure patients take one or more types of medication. Your health care provider will work to find the combination of medications that works best for you.

Heart Failure Medications

Here are the most common heart failure medications:

- **Angiotensin Converting Enzyme (ACE) inhibitors** lower blood pressure and decrease strain on the heart. This makes it easier for the heart to pump. **Angiotensin receptor blockers** have similar effects. These are prescribed for some patients instead of ACE inhibitors.
- **Beta-blockers** help lower blood pressure and slow your heart rate. This lessens the work your heart has to do. Beta-blockers may improve the heart's pumping action over time.
- **Diuretics** (also called "water pills") help rid your body of excess water. This can help rid your body of swelling. Having less fluid to pump means your heart doesn't have to work as hard. Some diuretics make your body lose a mineral called potassium. Your doctor will tell you if you need to take supplements or eat more foods high in potassium.

Bring all of your medications to appointments so you can discuss them with your healthcare provider.

- **Digoxin** helps your heart pump with more strength. This helps your heart pump more blood with each beat. So, more oxygen-rich blood travels to the rest of the body.
- **Aldosterone antagonists** help alter hormones and decrease strain on the heart.
- **Hydralazine and nitrates** are two separate medications used together to treat heart failure. They may come in one "combination" pill. They lower blood pressure and decrease how hard the heart has to pump.

Medications for Related Conditions

Controlling other heart problems helps keep heart failure under control, too. Depending on other heart problems you have, medications may be prescribed to:

- Lower blood pressure (antihypertensives)
- Prevent blood clots (anticoagulants or aspirin)
- Lower cholesterol levels (statins)
- Keep the heartbeat steady (antiarrhythmics)

Heart Failure: Warning Signs of a Flare-Up

Once you have heart failure, flare-ups can happen. Below are signs that can mean your heart failure is getting worse. If you notice any of these warning signs, call your health care provider.

Swelling

- Your ankles or lower legs get puffier.
- Your shoes feel too tight.
- Your clothes are tighter in the waist.
- You have trouble getting rings on or off your fingers.

Shortness of Breath

- You have to breathe harder even when you're doing your normal activities or when you're resting.
- You wake up at night short of breath or coughing.
- You need to use more pillows or sit up to sleep.

Other Warning Signs

- You feel weaker, dizzy, or more tired.
- You have chest pain or changes in your heartbeat.
- You have a cough that won't go away.
- You can't remember things or don't feel like eating.

Tracking Your Weight

Gaining weight is often the first warning sign that heart failure is getting worse. Gaining even a few pounds can be a sign that your body is retaining excess water and salt. Weighing yourself each day is the best way to know if you're retaining water. Your health care provider will show you how to track your weight. Follow your health care provider's instructions about calling to report weight gain.

Tips for Weighing Yourself

- Weigh yourself at the same time each morning, wearing the same type of clothes. Weigh yourself after urinating and before eating.
- Use the same scale each day. Put it on a flat, hard surface - not on a rug or carpet.
- Do not stop weighing yourself. If you forget one day, weigh again the next morning.

Call your doctor if...

- You gain 3 or more pounds in 1 day.
- You gain 5 or more pounds in 1 week.

This is often a sign of worsening heart failure. Your doctor will tell you what to do next.

Sodium Test

At a Glance

Also known as: Na

Formal Name: Sodium

Related tests: Chloride, CO2, Potassium, Electrolyte panel

Why get tested? To determine whether your sodium concentration is within normal limits and to help evaluate electrolyte balance and kidney function; to monitor chronic or acute hyper- or hyponatremia.

When to get tested? If you are experiencing dehydration, edema, problems with blood pressure, or have non-specific symptoms; often part of routine laboratory evaluations; also to monitor certain chronic conditions, like high or low blood pressure.

Sample required: A blood sample drawn from a vein in the arm or, in some cases, a urine sample.

The Test Sample

What is being tested? This test measures the level of sodium in the blood. Sodium is a mineral that is vital to normal body function. It is an electrolyte, a positively charged molecule that works with other electrolytes, such as potassium, chloride, and total carbon dioxide (CO2), to help regulate the amount of fluid in the body. Sodium is present in all body fluids but is found in the highest concentration in the blood and in the fluid outside of the body's cells. We get sodium in our diet, from table salt (sodium chloride or NaCl), and to some degree from most of the foods that we eat. Most people have an adequate intake of sodium. The body uses what it requires and the kidneys excrete the rest in the urine to maintain sodium concentration within a very narrow range. It does this by:

- Producing hormones that can increase (natriuretic peptides) or decrease (aldosterone) sodium losses in urine;
- Producing a hormone that prevents water losses (antidiuretic hormone [ADH]); and
- Controlling thirst. (Even a 1% increase in blood sodium will make you thirsty and cause you to drink water, returning your sodium level to normal.)

Abnormal blood sodium is usually due to some problem with one of these systems. When the level of sodium in the blood changes, the water content in your body also changes. These changes can be associated with dehydration or excess fluid (edema), especially in the legs.

How is the sample collected for testing? A blood sample is taken by needle from the arm. In some cases, a urine sample may be required.

The Test

How is it used? Blood sodium testing is used to detect hyponatremia or hypernatremia associated with dehydration, edema, and a variety of diseases. Your doctor may order this test, along with other electrolytes, to screen for an electrolyte imbalance. It may be ordered to determine if a disease or condition involving the brain, lungs, liver, heart, kidney, thyroid, or adrenal glands is causing or being exacerbated by a sodium deficiency or excess. In patients with a known electrolyte imbalance, a blood sodium test may be ordered at regular intervals to monitor the effectiveness of treatment. It may also be ordered to monitor patients taking medications that can affect sodium levels, such as diuretics.

Urine sodium levels are typically tested in patients who have abnormal blood sodium levels to help determine whether an imbalance is from taking in too much sodium or losing too much sodium. Urine sodium testing is also used to see if a person with high blood pressure is eating too much salt. It is often used in persons with abnormal kidney tests to help the doctor determine the cause of kidney damage, which can help guide treatment.

Sodium Test (continued)

When is it ordered? This test is a part of the routine lab evaluation of most patients. It is one of the blood electrolytes, which are often ordered as a group. It is also included in the basic metabolic panel, widely used when someone has non-specific health complaints, and in monitoring treatment involving IV fluids or when there is a possibility of developing dehydration. Electrolyte panels and basic metabolic panels are also commonly used to monitor treatment of certain problems, including high blood pressure, heart failure, and liver and kidney disease.

A blood sodium test may be ordered when a patient has symptoms of hyponatremia, such as weakness, confusion, and lethargy, or symptoms of hypernatremia such as thirst, decreased urinary output, muscle twitching, and/or agitation.

What does the test result mean? A low level of blood sodium means you have hyponatremia, which is usually due to too much sodium loss, too much water intake or retention, or fluid accumulation in the body (edema). If sodium falls quickly, you may feel weak and fatigued; in severe cases, you may experience confusion or even fall into a coma. When sodium falls slowly, however, there may be no symptoms. That is why sodium levels are often checked even if you don't have any symptoms.

Hyponatremia is rarely due to decreased sodium intake (deficient dietary intake or deficient sodium in IV fluids). Most commonly, it is due to sodium loss (Addison's disease, diarrhea, excessive sweating, diuretic administration, or kidney disease). In some cases, it is due to increased water (drinking too much water, heart failure, cirrhosis, kidney diseases that cause protein loss [nephrotic syndrome]). In a number of diseases (particularly those involving the brain and the lungs, many kinds of cancer, and with some drugs), your body makes too much anti-diuretic hormone, causing you to keep too much water in your body.

A high blood sodium level means you have hypernatremia, almost always due to excessive loss of water (dehydration) without enough water intake. Symptoms include dry mucous membranes, thirst, agitation, restlessness, acting irrationally, and coma or convulsions if levels rise extremely high. In rare cases, hypernatremia may be due to increased salt intake without enough water, Cushing syndrome, or too little anti-diuretic hormone (called diabetes insipidus).

Sodium urine concentrations must be evaluated in association with blood levels. Concentrations may mirror blood levels or be the opposite. The body normally excretes excess sodium, so the concentration in the urine may be elevated because it is elevated in the blood. It may also be elevated in the urine when the body is losing too much sodium. In this case, the blood level would be normal to low. If blood sodium levels are low due to insufficient intake, then urine concentrations will also be low.

Common Questions

How much salt should I eat to maintain normal sodium levels? Are the sodium requirements the same for men and women?

- Most sodium comes from table salt and canned and pre-prepared foods. According to the National Heart, Lung, and Blood Institute, adult Americans average 4 - 5 grams (4,000 - 5,000 mg) of sodium per day. However, you only need about one tenth of that (500 mg) to meet the needs of the body. Total daily sodium intake should not exceed 2000 mg. Here are the U.S. Recommended Dietary Allowances (RDA) for sodium for adults (both men and women), children, and infants:
  - ~ Adults: 500mg
  - ~ Children: 400 mg
  - ~ Infants: 120-200 mg

Is anyone at particular risk for low or high sodium levels? Yes. People who have diarrhea, profuse sweating, kidney disease, or congestive heart failure may have low sodium levels.

Taking a Diuretic

Your doctor has prescribed a diuretic, or "water pill," to help your body get rid of excess water and salt. Taking your diuretic can help you feel better and have more energy.

The name of my diuretic is: _____

Medication Tips

- Read the fact sheet that comes with your medication. It tells you when and how to take it. Ask for a sheet if you don't get one.
- If you take two or more doses each day, take the last one before dinner. That way you'll get up fewer times during the night to go to the bathroom.
- If you miss a dose, take it as soon as you remember. If it is almost time for the next dose, skip the missed dose. Do not take a double dose.

Take your diuretic medication early in the day at the same time each day.

For Your Safety

- Follow your doctor's guidelines for eating high-potassium foods.
- Get up slowly when you are sitting or lying down.
- Ask your doctor or pharmacist before you take any other prescription or nonprescription medications or herbal supplements.

Call Your Doctor If You:

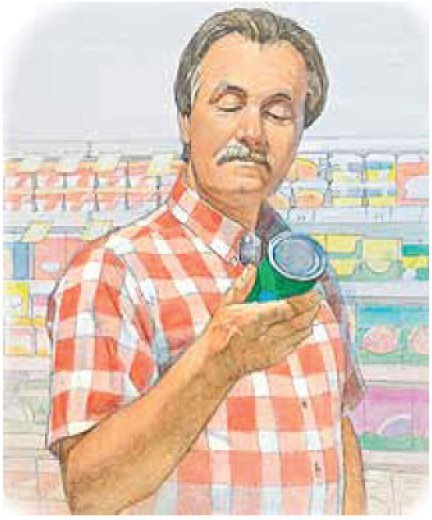
- Have diarrhea, constipation, nausea or vomiting.
- Lose your appetite or notice a rapid or excessive weight gain.
- Feel extremely tired or weak.
- Have shortness of breath or difficulty breathing or swallowing.
- Have numbness or tingling in your hands, feet, or lips or a ringing in your ears.
- Feel lightheaded when getting up after sitting or lying down.
- Have headaches, blurred vision, or feel a sense of confusion.
- Have muscle cramps or joint pain.
- Have chest pains or changes in your heartbeat.
- Have an excessive thirst or a dry mouth.
- Notice a skin rash.
- Gain more than 3 pounds in 7 days.
- Have any other unusual symptoms.

Did you know...

Salt is salt. Whether it is garlic salt, onion salt, iodized salt, or sea salt, it is still high in sodium. Most of the day's sodium comes from what is naturally in the food or already added to food before we get it. Be careful not to add even more salt!

Heart Failure: Making Changes to Your Diet

When you have heart failure, excess fluid is more likely to build up in your body. This makes the heart work harder to pump blood. Fluid buildup also causes symptoms such as shortness of breath and **edema** *(swelling)*. Controlling the amount of **salt** *(sodium)* you eat may help prevent fluid from building up. Your doctor may also tell you to reduce the amount of fluid you drink.



Reading Food Labels

Read food labels to keep track of how much sodium you eat. Keep in mind that canned, frozen, and processed foods can be high in salt. Check the amount of sodium in each serving. Also, watch out for high-sodium ingredients like **MSG** *(monosodium glutamate)*, baking soda, and sodium phosphate. Your health care provider will tell you how much sodium you can eat each day.

Eating Less Salt

Give yourself time to get used to eating less salt. It may take a little while, but your heart is worth it. Here are some tips to help:

- Take the saltshaker off the table. Replace it with salt-free herb mixes and spices.
- Eat fresh or plain frozen vegetables. These have much less salt than canned vegetables.
- Choose low-sodium snacks like sodium-free pretzels, crackers, or air-popped popcorn.
- Don't add salt to your food when you're cooking. Instead, season your foods with pepper, lemon, garlic, or onion.
- When you eat out, ask that your food be cooked without added salt.

If You're Told to Limit Fluid

You may need to limit fluid intake to help prevent swelling. This includes anything that is liquid at room temperature, such as ice cream and soup. If your doctor tells you to limit fluid, try these tips:

- Measure drinks in a measuring cup before you drink them. This will help you meet daily goals.
- Chill drinks to make them more refreshing.
- Suck on frozen lemon wedges to quench thirst.
- Only drink when you're thirsty.
- Chew sugarless gum or suck on hard candy to keep your mouth moist.

A tip from AultCare's dietitian Joy Benjamin, RD, LD:
Don't be misled by soups labeled "healthy" or "less sodium" because these terms don't mean "low sodium." They're often meant to mislead you into thinking that a product would fit into your low sodium diet. Remember that you can also call Joy at 330-363-3282 for more nutrition tips.

Heart Failure: Being Active

Being active doesn't mean that you have to wear yourself out. Even a little movement each day helps to strengthen your heart. If you can't get out to exercise, you can do simple stretching and strengthening exercises at home.

Ideas to Get You Started

- Add a little movement to things you do now. Walk to mail letters. Park your car at the far end of the parking lot and walk to the store.
- Choose activities you enjoy. You might walk, swim, or ride an exercise bike. Things like gardening and washing the car count, too.
- Join a group exercise program at a YMCA or YWCA, a senior center, or a community center. Or look into a hospital cardiac rehabilitation program.

Tips to Keep You Going

- Get up and get dressed each day. You'll feel more like being active.
- Make a plan. Choose one or more activities that you enjoy and that you can easily do. Then plan to do at least one each day. You might write your plan on a calendar.
- Go with a friend or a group if you like company. This can help you stay motivated.

For Your Safety

- Exercise indoors when it's too hot or too cold outside, or when the air quality is poor. Try walking at a shopping mall.
- Wear socks and sturdy shoes.
- Always warm up your muscles by gently stretching first.
- Start slowly. Do a few minutes several times a day at first. Increase your time and speed little by little.
- Stop and rest whenever you feel tired or get short of breath.
- Don't push yourself on days when you don't feel well.

Suggestions from the Chronic Care Management Team:

Anything over your usual activity is exercise! You do not have to have a detailed exercise plan if you have not exercised in a while. When a TV commercial comes on, get up and walk around the house or move your arms and legs while you sit.

Ask your doctor what exercises you should do and what you should avoid. Get your doctor's permission before starting a new exercise plan.

AultCare and Aultra Members...

If you have questions regarding provider information, coverage, benefits, services, business hours or any other health plan topics we are here to help!

Please contact our friendly customer service staff for fast answers to your questions!

AultCare Service Center:
330-363-6360 or 1-800-344-8858
TTY: 330-363-2393 or 1-866-633-4752
Call Center & Walk-In Hours:
Monday - Friday 7:30 am - 5:00 pm EST

Aultra Group Service Center:
330-363-2050 or toll free: 1-855-270-8497
Call Center Hours:
Monday - Friday 7:30 am - 5:00 pm EST

24 Hour Health Line

By calling the Aultman Health Line at **330-363-7620**, or toll-free at **1-866-422-9603** you will be directed to an experienced nurse to answer your health-related questions. This service is available 24 hours a day. All calls are **FREE** and entirely confidential!

- Provide first aid instructions and general health information
- Determine what level of care is most appropriate for you
- Answer your medication questions
- Other suggestions for self care