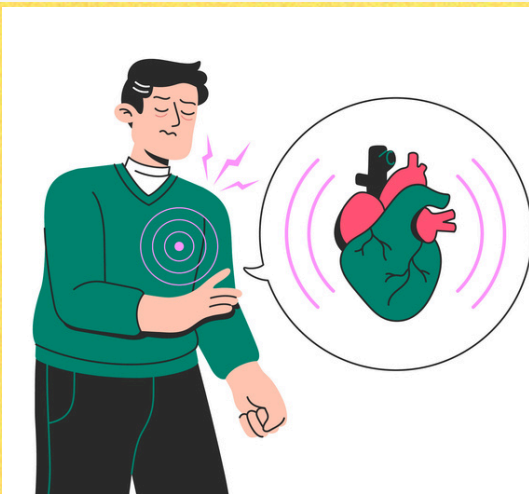


A Day in the Life of a Patient with Heart Failure



🕒 MORNING (6:00–9:00 AM)



“I woke up feeling like I ran a marathon in my sleep. My chest felt heavy, and I had to sit up just to catch my breath. This is how most mornings begin now.”

Morning dyspnea and orthopnea are common in patients with heart failure with reduced ejection fraction (HFrEF). Nocturnal fluid redistribution contributes to pulmonary congestion, especially in NYHA Class II–III.

☀️ MIDDAY (12:00–3:00 PM)



“By noon, I’m drained. Even folding clothes feels like a workout. I see the stairs, and I pause. The stairs feel like a mountain. I ask myself, do I really need to go?”

Fatigue and reduced exercise tolerance are hallmark symptoms of chronic heart failure. They significantly impact quality of life and activities of daily living. Energy conservation is often necessary, even for basic tasks.

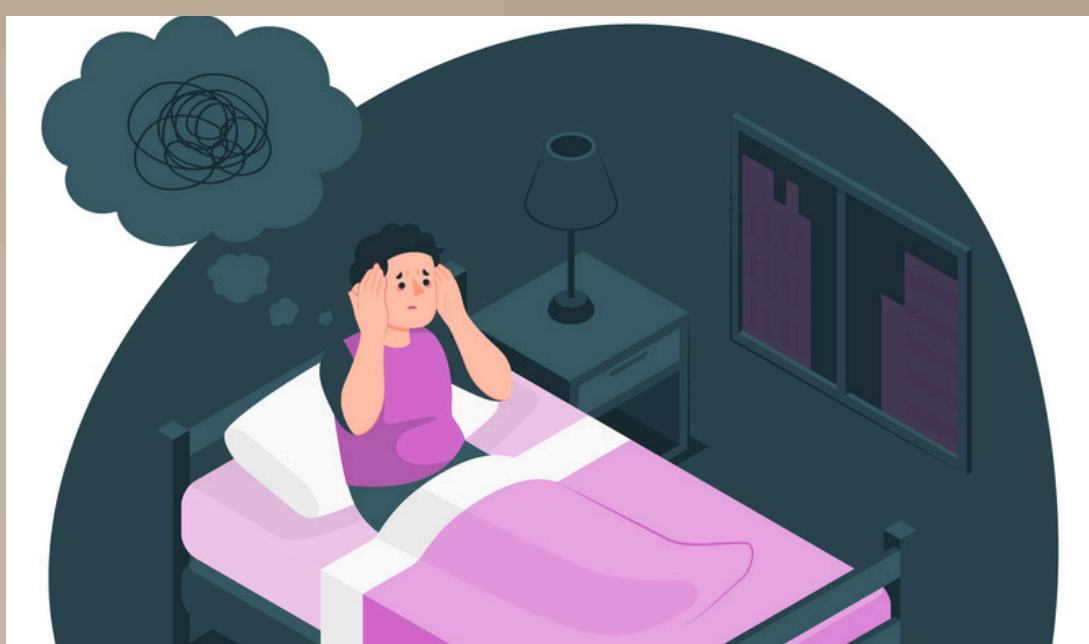
🌃 EVENING (5:00–7:00 PM)



“It’s time for my daily check-in. I log my weight, blood pressure, heart rate. My nurse called today and said my numbers look okay, but I still feel off.”

Remote monitoring and early intervention reduce hospitalizations. However, subjective symptom burden often exceeds objective metrics. HCPs must balance data with patient-reported discomfort.

🌙 NIGHT (9:00 PM onward)



“I lie in bed listening to every heartbeat, wondering if it will skip again. The silence is the loudest part of the day. I miss sleep the most.”

Anxiety, sleep disturbance, and nocturnal dyspnea are common. Psychosocial support and sleep hygiene are under-addressed components in HF management despite their significant impact.

Patients aren’t just numbers. They live each hour with the weight of heart failure. Let’s treat the person, not just the stats.

Verivance Medcomms
Precision In Every Word

This poster is a fictional, patient-centered storytelling sample created for educational and portfolio demonstration purposes

