



**Clinical Transplant Services
Kidney/Pancreas Transplant Program**

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OHSU Patient Label

****Please complete all pages and return to your Transplant Social Worker**
Keep a copy for yourself as your plan will be reviewed while listed and at time of transplant**

PLANNING AHEAD FOR YOUR TRANSPLANT

Being well prepared for a kidney transplant is a key part of your success. This form details the practical issues around transplantation and can help make this time less stressful. You will receive a packet titled "You and Your Kidney" at time of listing; review it every 2 months while waiting for your transplant; keep it always available and bring it with you when you are called in for transplant.

It is essential to notify the Kidney Transplant Program of any changes with your plan listed below.

NAME: _____

DOB: _____

When Called for Transplant

When you are on the deceased donor waitlist, the call can come at any time so you need to be ready to leave the house within 1 hour. You will need to have made arrangements for your children, pets, work notification, paying bills, etc... If you are flying, you will need current airline schedules. If driving, you will need a working vehicle with fuel and may need to secure directions/map to OHSU. You must bring a copy of your medical insurance and prescription/drug coverage card(s) when you come in for transplant. The Coordinator will ask you to also bring a medication list/supplies and equipment if applicable.

- How are you getting here? _____
- If flying, are funds set aside? _____
- If driving, who will drive? _____
- Who is your back-up driver? _____
- Plans for traveling if weather is bad? (Circle all that apply)

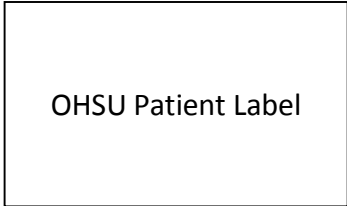
Chains AWD Leave earlier to allow extra time Other: _____

In the Hospital

Your stay in the hospital can be as few as four days. During that short time, you need to recover from surgery as well as learn about post-transplant medicines and routines. It is required that your support person(s) also learn this information so they can help you after discharge. ***Starting the day after you are transplanted, your support person(s) will need to be available during the day, Monday through Friday, to attend scheduled education sessions.*** Be aware family members are not able to stay overnight in your hospital room during your transplant stay. Please make alternative housing arrangements for them if necessary.

Does your insurance allow you to use the OHSU Outpatient Pharmacy for your discharge medications? (Circle)

YES NO



**If NO, your support person(s) will need to go to your outside pharmacy to pick up your medications a day or two before you are discharged.*

After Discharge

After you are discharged from the hospital, you will need to make frequent trips to OHSU for lab tests and clinic appointments. **You will not be able to drive for approximately 4 weeks after surgery.**

Weeks 1 through 4 after discharge: Plan on labs 2-3 times each week with lab draw times between 8 a.m. and 9 a.m. and at least one morning clinic appointment each week. Plan to be at OHSU for 2 – 3 hours on clinic days. Some recipients may still require dialysis or have additional visits.

- Who is your daily driver? _____
- Who/what is your back-up transportation plan? _____

Unplanned Transportation – When NOT a 911 Emergency

You may need to come to OHSU on an unexpected, urgent basis after transplant (for example, if you develop a high fever at 1 a.m.) Public transportation (bus, light rail, etc...) or Medical Ride Services are not always options due to limited schedules. If using a taxi, be sure to have a plan to cover the cost.

- Who will be your driver/provide transportation for these situations? _____

Housing and Meals

You are required to stay within 1 hour of OHSU for about 4 weeks after discharge. *****If you receive a pancreas transplant or live out of state, you will need to plan for up to a 3-month stay in the Portland area.** OHSU is unable to provide housing, meals or transportation. OHSU lodging discounts *may* be available.

It is your responsibility to create a clear, realistic and affordable plan for this time.

- Where will you be staying? _____
- Who will stay with you? _____
- Will there be additional expenses for your lodging and/or meals? (circle) Yes No
 - If yes, how much \$ _____
- Do you have money set aside for these expenses? (circle) Yes No Amount: \$ _____
- Do you have a travel benefit through your insurance for lodging, meals & mileage? (circle) Yes No
- If yes, what is the amount available? \$ _____ How do you get access to these funds?

- Are you prepared to cover these costs as well as your costs at home? (circle) Yes No

Be Reachable

Your post-transplant coordinator could be calling you almost daily for the first few weeks with medication changes, lab schedule changes, to schedule additional tests, etc... We will need to speak with you or leave a message that you can return promptly. You need to have a way for us to leave a message (answering machine, cell phone voice mail, etc...) and you need to be willing and able to check your messages frequently during the day and promptly return calls as requested.

OHSU Patient Label

Equipment

You will need a **scale** (any kind), a **thermometer** (digital for mouth), and an **arm electronic blood pressure cuff** (no wrist or finger cuff types) to monitor yourself on a daily basis after transplant. If you are not going home after discharge, you will need to bring all items with you when you come to OHSU for your surgery.

- Do you already have this equipment? (circle) Yes No

If no, what is your plan to get them? _____

Activity Restrictions

You will have restriction on how much you can lift after transplant. For the first 6 weeks, you cannot lift more than 10 pounds. For weeks 7 through 12 after transplant, you cannot lift more than 20 pounds. Your support person(s) will need to help with chores, laundry, grocery shopping, childcare and other activities.

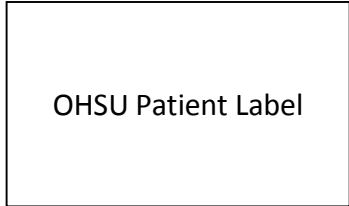
Lab Schedule

Month	Schedule	OHSU Lab	Local Lab
Discharge-Up to Month 3	Monday, Thursday	X	
4 – 6	Monday		X
7 – 12	Every other Monday		X
13 – 18	Once a month		X
19 – 24	Every 3 months		X
25 – 36	Every 4 months		X
Thereafter	Every 6 months		X

Clinic Schedule

Time	OHSU MD	Local MD
Month 1	Weekly	
Months 2 & 3	Every 2-3 weeks	Reestablish care at 3 months; be seen 1-2 weeks after 3-month anniversary
Months 4 – 12	Every 3 months	As directed by primary nephrologist
Months 13 – 18	At 18 months	
Months 19 – 36	Every 6 months	
Thereafter	Annually	

SUPPORT PERSON AGREEMENT



A successful kidney transplant requires commitment not only from the patient and medical team, but also from those who support you. Your support system may include a spouse or other family members, friends, co-workers, neighbors, a church, or other social communities. The Kidney Transplant Program at OHSU requires you identify both a primary support person as well as an alternative support person(s) because having reliable support will help you be successful.

Please read this agreement carefully. Failure to complete and keep any part of this plan will affect your transplant status. **It is essential to notify the Kidney Transplant Program of any changes with your support plan.**

Your support person agrees to:

- Accompany you to both the Transplant Education Class (3 hr) and the Transplant Social Work Interview (1.5 hrs).
- Accompany you to any pre-transplant medical appointment at OHSU, unless other arrangements have been made with the pre-transplant coordinator. This can happen over 1-3 days' time frame.
- Work with you on a plan to secure safe transport to OHSU when you are called in for transplant.
- Be available for you up to 24 hours/day for approximately 1-3 months after your discharge from the hospital.
- Attend discharge-teaching sessions, done at OHSU prior to your discharge, with the transplant coordinator and show knowledge of material given (filling pill box correctly; learn post-transplant care etc)
- Be knowledgeable and responsible for you getting the right medication at right time and at correct dose during the early post-discharge period. Help you follow any special dietary guidelines; take bp, weight, temperature.
- Transport you, or arrange for your safe transport, to all clinic, lab, and other appointments.
- Support you in making a housing plan in the Portland area upon your discharge from OHSU.
- Help you follow the lifting limits (10 lbs or less for 6 wks) chores, meal prep, shopping, errands etc.
- Serve as a communication link with Transplant Team and Call for medical care if needed.
- Be attentive to your needs and give encouragement.
- Watch for changes or concerning signs in your condition and report these to the Transplant Team.

Helpful Tips for Caregivers

- ❖ Get adequate sleep, food, activity
- ❖ Know your limits; ask for help
- ❖ Take a break when able
- ❖ Use relaxation and/or humor
- ❖ Keep a list of questions for the Transplant Team
- ❖ Make a telephone tree, email or use web to update family & friends
- ❖ Seek out Support when YOU need it!

Primary support person:

Name _____
 Relationship _____
 Phone _____ City/State _____

Alternate support person (no signature required):

Name _____
 Relationship _____
 Phone _____ City/State _____

We have read the information on these 4 pages and answered the questions to the best of our abilities. As a patient seeking transplant, I agree to inform my Transplant Team with any changes to my plan.

Patient Signature

Primary Support Signature

Transplant Staff Signature

Patient Printed Name

Date: _____

Date: _____

Date: _____