#### **OHSU TRANSPLANT SERVICES**

# Your social work phone consult

How to get ready for phone appointment

You will have a telephone consult with a transplant social worker as part of your transplant evaluation. Here are some tips to help you make the most out of your call.

## What to expect



- The phone call will last up to 2 hours.
- Both your primary support person and backup support person will need to join the call.

## What to do before the call



- Find a quiet place for the call that has no distractions. You
  might want to be somewhere private since we will talk
  about sensitive topics.
- Make sure your phone is fully charged.
- Get a pen and paper ready so you can take notes.
- Have the attached required paperwork nearby. We will
  go over these forms during the call. When the call is over,
  please return them in the enclosed envelope.

## What we will talk about



• Where you will live. You will need to stay within a 1-hour drive to OHSU Hospital (between Salem and Longview for example) for the first month after your transplant. We recommend that you stay with friends or family in the area. If that is not an option, we can talk with you about hotels and other places to stay. It costs about \$4,000 to live in Portland for one month.



- **Primary support person.** You will need someone to live with you for the first month after your transplant. Please identify who this person is BEFORE our phone call. We will talk about what it means to be a support person during the call.
- **Secondary support person.** You will need a back-up support person who can help out in case your primary support person cannot. They will need to be on this call as well.
- **Transportation.** You will need someone to drive you to appointments and labs for the first month after your transplant. You will not be able to drive for 1 month after surgery.
- **Expenses.** We will talk about insurance, your medical costs, the cost of moving to Portland (if needed), and if you can cover your expenses at home while you recover.

> Call us at 503-494-8500 or toll-free at 800-452-1369 extension 8500 if you have any questions.





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

Mail Code: CB569 ● 3181 SW Sam Jackson Park Rd. ● Portland, OR 97239-3098 Tel: 503-494-8500 ● Toll free: 800-452-1369 x 8500 ● Fax: 503-494-4492

**OHSU Patient Label** 

\*\*Please complete all pages and return to your Transplant Social Worker\*\* Keep a copy for yourself. We will review your plan while you are listed and at the time of transplant.

## **Planning Ahead for your Transplant**

Being well-prepared for a kidney transplant is a key part of your success. This form helps you plan the details of your transplant. When you are listed, we will give you a packet titled "You and Your Kidney." Review it every 2 months and always keep it nearby to bring it with you when you are called in for transplant.

You MUST let the Kidney Transplant Program know of any changes you make to your plan.

Name:		DOB:
When we call you fo	r transplant	
1 hour. You will need to ha you will need current airlir OHSU. You must bring a co	ve a plan for your children, pets, telling y	,
How are you getting	g here?	
• If flying, are funds se	et aside?	
• If driving, who will d	rive?	
Who is your back-up	o driver?	
	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 4 days. During that short time, you need to recover from surgery and learn about post-transplant medicines and routines. Your support person(s) must also learn this so they can help you when you leave the hospital. Starting the day after your transplant, your support person(s) will need to go to <u>scheduled</u> education sessions during the weekdays. Family members are NOT able to stay overnight in your hospital room.

## After you leave the hospital

After you leave the hospital, you will need to make many trips to OHSU for lab tests and clinic appointments. You will NOT be able to drive for around 4 weeks after surgery.

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For the first 4 weeks, plan on lab draws 2-3 times a week at 8 - 9 a.m. and at least 1 morning clinic appointment each week. Plan to be at OHSU for 2-3 hours on clinic days. You may still need dialysis or more visits.

Ly J.	of more visits.
•	Who is your daily driver?
•	Who/what is your back-up transportation plan?
	r rocovomy plan
ıır	r recovery plan

## Your recovery plan

]	Lodging	
]	Let us know your post-transplant lodging plan. The cost estimates below are for 1 month, which applies to most kidney transplant patients. You may need to stay within 60 miles of OHSU for up to 3 months if you get a pancreas and kidney transplant at the same time, or if your transplant nurse tells you that you need to.	
	☐ I live within 60 miles of OHSU and will recover at home.	
	☐ I have family/friend within 60 miles of OHSU and plan to stay with them.  Name and address of family/friend:	
	☐ I would like to stay at OHSU Rood Family Pavilion, if available.	
	Please review and attest to <b>both</b> statements below:  ☐ I understand that this is not guaranteed and I need to have a reasonable back-up plan.  ☐ I have saved/have access to at least \$2,000 to cover lodging and food while at Rood Family Pavilion.	
	☐ I plan to rent lodging (i.e., hotel, Airbnb)☐ I have saved/have access to at least \$3,500 to cover lodging and food while at a hotel.	
	<ul> <li>I own/have access to an RV and plan to bring it to Portland.</li> <li>I have saved/have access to at least \$1,200 to cover slip rental and food while in Portland.</li> </ul>	
>	Medical travel benefits	
	<ul> <li>□ I have access to travel benefits through my medical insurance. It includes:</li> <li>□ Lodging in the amount of \$</li> <li>□ Food per diem in the amount of \$</li> <li>□ Mileage in the amount of \$</li> </ul>	

☐ I am prepared to pay all my expenses and debts while I am recovering from transplant. This includes rent, mortgage, utilities, health insurance, etc.

## > Being reachable

Your post-transplant coordinator may call you daily for the first few weeks. This is to talk about changes to your medication or lab schedule, to schedule more tests, etc. We will need to be able to speak with you right away when we call. Please set up a way for us to leave messages, and make sure to check your messages many times a day. Also, please return our calls as soon as you can.

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### **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). This is to monitor yourself daily after transplant. If you are not going home right after you leave the hospital, make sure to bring all these items with you when you come to OHSU for your surgery.

☐ Yes, I have a weigh scale, a digital thermometer, and an electronic blood pressure cuff. If I will be recovering away from home, I will bring them to OHSU when I get my transplant.

## Activity limits

- For the first 6 weeks, DO NOT lift 10+ pounds.
- For weeks 7-12 after transplant, DO NOT lift 20+ pounds.
- Your support person(s) will need to help with chores, laundry, grocery shopping, childcare, etc.

## Lab Schedule

Managed by OHSU Transplant		
Discharge to 1 month	Monday, Thursday	
Months 2 and 3	Weekly	
Months 4, 5 and 6	Every two weeks	
After 6 months	Monthly	

Managed by Nephrologist (recommended)	
After 1 year	Every 2 months
After 2 years	Every 3 months
After 3 years and thereafter	Every 6 months

## Clinic Schedule

OHSU Transplant Clinic Visits		
Discharge to 1 month	Weekly	
After 1 month	Every 2 to 3 weeks	
After 3 months	at 6 months	
	at 12 months	
Thereafter	at 24 months	
	at 36 months	
	as needed	

Nephrology Clinic Visits		
After 3 months	To reestablish care	
Thereafter	Per nephrologist	

## **Support Person Agreement**

To have a successful kidney transplant, there needs to be a commitment from the patient, the medical team and 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. We require you to name both a primary and secondary support person so that you get the best care possible.

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<u>Please read this agreement carefully</u>. If you cannot complete and keep any part of this, it will affect your transplant status. **You must let your kidney transplant team know of any changes you make to your support plan.** 

Your support person agrees to:

- Go with you to both the Transplant Education Class (3 hours) and the Transplant Social Work Interview (1.5 hours).
- Go with you to any pre-transplant medical appointment at OHSU, unless your pre-transplant coordinator has made other arrangements. These appointments can happen over 1-3 days.
- Work with you on a plan to get you safely to OHSU when you are called in for transplant.
- Be available for you up to 24 hours/day for 1-3 months after you leave the hospital.
- Go to discharge-teaching sessions at OHSU before you leave the hospital. These sessions are with your transplant coordinator. Your support person will need to show what they learned (such as how to fill a pill box correctly and other care tasks).
- Know how to get you the right medication at right time and at the correct dose after you leave the hospital.
- Help you follow any special diets and take your daily blood pressure, weight and temperature.
- Drive you (or arrange for you to be safely driven) to all clinic, lab and other appointments.
- Help you make a housing plan within the required distance from OHSU after you leave the hospital.
- Help you follow the lifting limits (NO lifting 10+ pounds for 6 weeks) and do chores, meal prep, shopping, errands, etc.
- Be the communication link with your transplant team, and call for medical care if needed.
- Attend to your needs and encourage you.
- Watch for changes (warning signs) to your health and report them to your transplant team.

### Helpful tips for caregivers

- Get plenty of sleep, food, activity
- Know your limits; ask for help
- Take a break when you can
- Use relaxation and/or humor

- ❖ Keep a list of questions for the transplant team
- Update family and friends through a telephone tree, email or web
- ❖ Get help when YOU need it!

Primary support person:	Secondary su	pport person (no signature required):
Name	Name	
Relationship	Relationship _	
Phone	Phone	
City/State	City/state	
	hese 4 pages and answered the question gree to let my transplant team know of	
Patient Signature	Primary Support Signature	Transplant Staff Signature
Date:	Date:	_ Date: