



TR3714



ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

**PLANNING AHEAD FOR YOUR
TRANSPLANT**

****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.

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 FOR A TRANSPLANT

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

- How are you getting here? _____
- If flying, are funds set aside? _____
- If driving, who will drive? _____
- Who is your backup driver? _____
- Plans for traveling if the weather is bad? (Check 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 scheduled education sessions during the weekdays.** Family members are NOT able to stay overnight in your hospital room.



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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.**

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.

- Who is your daily driver? _____
- Who/what is your backup transportation 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 **both** statements below:
 - I understand that this is not guaranteed and I need to have a reasonable backup 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.
- I own/have access to an RV and plan to bring it to Portland.
 - I have saved/have access to at least \$1,200 to cover slip rental and food while in Portland.

➤ **MEDICAL TRAVEL BENEFITS**

- I have access to travel benefits through my medical insurance. It includes:
 - Lodging in the amount of \$_____
 - Food per diem in the amount of \$_____
 - Mileage in the amount of \$_____
- I am prepared to pay all my expenses and debts while I am recovering from transplant. This includes rent, mortgage, utilities, health insurance, etc



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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.

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 a 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
Thereafter	at 12 months
	at 24 months
	at 36 months
	as needed

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



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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.

Please read this agreement carefully. 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, and 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

Name: _____
Relationship _____
Phone: _____
City/State: _____

Secondary support person (no signature required):

Name: _____
Relationship: _____
Phone: _____
City/State: _____

We have read the information on these four (4) pages and answered the questions to the best of our abilities. As a patient seeking transplant, I agree to let my transplant team know of any changes to my plan

Patient Signature

Date

Primary Support Signature

Date

Transplant Staff Signature

Date