Your Core Transplant Team

Please call the Transplant Center at (617) 632-9700 with questions for your:

Surgeon: _____ **Medical Doctor:** _____

Social Worker: _____ **Transplant Coordinator:** _____

Helpful contacts during your stay:

Farr 10 Main Number:	**(617) 632-8731**	**Your Room Phone:**	**(617) _____-_____**
Nurse Manager:	**(617) 632-8754**	**Room Service:**	**(617) 667-3663**
Pastoral Care:	**(617) 667-3030**	**Patient Relations:**	**(617) 632-0364**
Case Manager:	**(617) 632-8731**		

NOTES

This information is not intended to replace the medical advice of your doctor or health care provider. Please consult your health care provider for advice about a specific medical condition.

Transplant Institute

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

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A GUIDE TO YOUR DAILY CARE

Kidney Recipient Transplant Surgery

This is an outline of what you can expect each day during your hospital stay. It is a general guide and may change to meet your individual needs. Your nurse and doctor are happy to discuss your questions and concerns. Please feel free to ask. Taking an active role in your own recovery is a key ingredient to a successful transplant.

KIDNEY TRANSPLANT RECIPIENT CLINICAL PATHWAY

Your Name: _____ **Date of Surgery:** _____

Surgeon Name: _____ **Case Manager:** _____

	Day of Surgery	Day After Surgery	Day 2 After Surgery
What to do today	☐ You cannot eat anything but you may have sips of water ☐ Use incentive spirometer (IS) 10 times/hour while awake to prevent pneumonia	☐ You may have sips of clear liquids ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ Walk	☐ You may start to eat a regular diet ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ Walk
Activity	• Bedrest • You will have compression boots on your lower legs to prevent blood clots	• Sit in a chair 3X/day • Walk short distances 2X/day • Use compression boots when not walking to prevent blood clots	• Sit in a chair 4X/day • Walk out in the hall 3X/day • Use compression boots when not walking to prevent blood clots
Education	• A nurse will review the clinical pathway, fluid management and the pain scale with you • A nurse will provide you with the "Kidney Transplant: What to expect" handout • Instructions on how to use the incentive spirometer to prevent pneumonia • Instructions on patient controlled analgesia(PCA) will be reviewed by a nurse	• Case management will meet with you • You and your family will be educated on transplant medications • A Transplant Folder will be provided to you	• You and your family will be educated on transplant medications • The Team will begin discussing a discharge plan with you
Tests/ Procedures	• An Oxygen tube will be in your nose • A tube(catheter) will be in your bladder to drain urine • A drain from the surgery may be in place to remove fluid • An intravenous (IV) line will be placed on the side of your neck and in your arm • Routine fingerstick blood sugar checks • Routine blood tests	• The Oxygen tube in your nose may be removed • The catheter will remain in to drain urine • Your surgery drain will remain in • Your IVs will remain in • Routine fingerstick blood sugar checks • Routine blood tests • Your weight will be checked	• Your surgical dressing is removed and changed • The catheter will remain in to drain urine • Your surgery drain will remain in • Your IVs will remain in • Routine fingerstick blood sugar checks • Routine blood tests • Your weight will be checked
Comfort	• IV pain medications	• IV pain medications	• IV pain medications will be switched to oral medication

Day 3+ After Surgery	Home Discharge Criteria	Patient Discharge Checklist
☐ You may eat a regular diet ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ Walk	You can be discharged home when: ☐ Your vital signs (blood pressure, heart rate, etc.) are stable ☐ You can walk safely and independently ☐ You are eating enough ☐ Your pain scale is 1-4 on oral pain medication ☐ You and/or your family understand your medications ☐ Your drain and/or wound care can be performed at home by you, your family or a visiting nurse ☐ You and/or your family understand your diet instructions ☐ You and/or your family understand your activity restrictions ☐ Diabetic teaching is complete ☐ You and/or your family understand the signs and symptoms of rejection	☐ You should understand the instructions for your discharge and home care needs ☐ Prescriptions are given for medications to go home ☐ Medication card updated ☐ You have your Transplant Folder ☐ Home care is set up if needed Follow-up appointment: Place: _____ _____ / _____ Date Time **When you are home, if you have any medical concerns, please call your Transplant Coordinator.** **For after hours (5PM-8:30AM) and weekend coverage, please call (617) 632-9700.**
• Sit in a chair at least 4X/day • Walk in the hall at least 3X/day • Use compression boots when not walking to prevent blood clots		
• You and your family will be educated on transplant medications • A Social Worker will meet with you • A Transplant Psychologist will meet with you upon request		
• Your dressing is removed and changed if needed • The catheter to drain urine may be removed • Your surgical drain may be removed • Your IVs will remain in • Routine fingerstick blood sugar checks • Routine blood tests • Your weight is checked		
• Oral pain medication		