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

Liver 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.

LIVER RECIPIENT TRANSPLANT CLINICAL PATHWAY

	Day of Surgery	ICU Stay	Day 1 on Farr 10
What to do today	☐ You cannot eat anything but you may have sips of water	☐ You may start to eat if your team allows ☐ Use incentive spirometer (IS) 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ You may perform your exercise program	☐ You may start to eat a regular diet if your NG is out ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ A Physical and Occupational Therapist will evaluate you ☐ You may attend an exercise class
Activity	• Bedrest • You will be repositioned every 2 hours by the ICU staff • You will have compression boots on your lower legs to prevent blood clots in your legs	• Sit in a chair 2-3X/day • You will use compression boots when not walking to prevent blood clots in your legs	• Sit in a chair 4X/day • Walk out in the hall 3X/day • Use compression boots when not walking to prevent blood clots in your legs
Education	• A nurse will explain how you are doing and what to expect during the first day • A nurse will review the clinical pathway and the pain scale with you	• A nurse will review the clinical pathway with you • A nurse will teach you deep breathing, coughing and incentive spirometry (IS) exercises • Case management will meet with you	• A nurse will review the clinical pathway with you and assess your eligibility to participate in the self-medication program • A nurse will provide you with the "Liver Transplant: What to expect" handout • The Team will begin discussing a discharge plan with you • A Transplant folder will be given to you
Tests/ Procedures	• You will have a breathing tube after surgery • A tube(catheter) will be in your bladder to drain urine • Drains will be in your abdomen from surgery to drain fluid • You will have a tube in your nose (NG) to drain stomach contents and air • Intravenous(IV) lines will be present on the side of your neck and in your arm • Routine blood sugar checks and blood tests	• The breathing tube will be removed and be replaced with an oxygen tube • The catheter may remain in to drain urine • Your surgery drains will remain in • Your NG tube may be removed • Some of your IVs will be removed and others will remain in • Routine blood sugar checks and blood tests • Your weight is checked	• Your Oxygen tube may be removed • Your surgical dressing will be removed and changed • The catheter that drains urine may be removed • Your surgery drains may be removed • Your NG tube may be removed • Your IVs will remain in • Routine blood sugar checks and blood tests • Your weight is checked
Comfort	• IV pain medications	• IV pain medications	• Your IV pain medications may be switched to oral medications

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

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

Day 2+ on Farr 10	Home Discharge Criteria	Patient Discharge Checklist
☐ You may eat your regular diet ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair and walk as much as possible ☐ You may attend an exercise class	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 if needed ☐ You and/or your family understand your diet instructions ☐ You and/or your family understand your activity restrictions ☐ You and/or your family understand the signs and symptoms of rejection	☐ You should understand the instructions for your discharge and home care needs ☐ Medication card updated ☐ You have your Transplant Folder ☐ Prescriptions are given for medications to go home 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.**
• You should be out of bed most of the day • Walk in the hall at least 3X/day • Use compression boots when not walking to prevent blood clots in your legs		
• You will have self-medication and transplant care teaching • A Social Worker will meet with you • A Transplant Psychologist will meet with you at your request • A Transplant Coordinator will meet with you • You will be notified of a weekly liver transplant support group meeting		
• Your Oxygen tube will be removed • Your surgical dressing will be removed and changed • Your surgical drains may be removed • Your IVs may be removed • Routine blood sugar checks and blood tests • Your weight is checked		
• Oral pain medications		