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

Pancreas 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.

PANCREAS TRANSPLANT CLINICAL PATHWAY

Your Name: _____ Date of Surgery: _____

Surgeon Name: _____ Case Manager: _____

	Day of Surgery	Day After Surgery	Days 2&3 After Surgery	Days 4+ After Surgery	Home Discharge Criteria	Patient Discharge Checklist
What to do today	☐ You cannot eat anything ☐ Use an incentive spirometer (IS) 10 times/hour while awake to prevent pneumonia	☐ You cannot eat anything ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ Walk short distances	☐ You cannot eat anything ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ Walk in the hall	☐ You may begin sips of liquids and advance your diet as tolerated ☐ Use IS 10 times/hour while awake to prevent pneumonia ☐ Sit in a chair ☐ Walk in the hall	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 ☐ You and/or your family understand your diet instructions ☐ You and/or your family understand your activity instructions ☐ 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 complete for medications to go home ☐ Your medication card is updated ☐ Outpatient dialysis set up (if needed) ☐ 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.**
Activity	• Bedrest • You will have compression boots on your lower legs to prevent blood clots	• Sit in a chair 2X/day • Walk short distances 2X/day • Use compression boots when not walking to prevent blood clots	• Sit in a chair 3X/day • Walk in the hall 3X/day • Use compression boots when not walking to prevent blood clots	• You should be out of bed most of the day • You should walk at least 3X/day • Use compression boots when not walking to prevent blood clots		
Education	• A nurse will review the clinical pathway, volume management and pain scale with you • A nurse will provide you with the "Pancreas Transplant: What to expect" handout • Instructions on how to use an 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 • A Social Worker will meet with you • The Transplant Team will begin to discuss a discharge plan with you	• You and your family will be educated on transplant medications • A Transplant Psychologist will meet with you and your family upon request		
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 will be in place to drain fluid • A nasogastric (NG) tube will be in place to drain your stomach • An intravenous (IV) line will be present 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 surgical drain will remain in to drain fluid • Your IVs will remain in • Your NG tube will remain in • Routine blood sugar checks • Routine blood tests • Your weight is checked	• Your surgical dressing is removed and changed • The catheter will remain in to drain urine • Your surgical drain will remain in to drain fluid • Your IVs will remain in • Your NG tube will remain in • Routine blood sugar checks • Routine blood tests • Your weight is checked	• Your surgical dressing is removed and changed if needed • Your surgical drain may be removed • Your IVs will be removed • Your NG tube will be removed • Routine blood sugar checks • Routine blood tests • Your weight is checked		
Comfort	• IV pain medications	• IV pain medications	• IV pain medications	• Oral pain medication		