



*The Transplant Center at  
Beth Israel Deaconess  
Medical Center*



A teaching hospital of  
Harvard Medical School



# A GUIDE TO YOUR DAILY CARE

## *Pancreas 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

	Day of Surgery	Day After Surgery	Days 2&3 After Surgery
What to do today	<input type="checkbox"/> You cannot eat anything <input type="checkbox"/> Use an incentive spirometer (IS) 10 times/hour while awake to prevent pneumonia	<input type="checkbox"/> You cannot eat anything <input type="checkbox"/> Use IS 10 times/hour while awake to prevent pneumonia <input type="checkbox"/> Sit in a chair <input type="checkbox"/> Walk short distances	<input type="checkbox"/> You cannot eat anything <input type="checkbox"/> Use IS 10 times/hour while awake to prevent pneumonia <input type="checkbox"/> Sit in a chair <input type="checkbox"/> Walk in the hall
Activity	<ul style="list-style-type: none"> <li>• Bedrest</li> <li>• You will have compression boots on your lower legs to prevent blood clots</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in a chair 2X/day</li> <li>• Walk short distances 2X/day</li> <li>• Use compression boots when not walking to prevent blood clots</li> </ul>	<ul style="list-style-type: none"> <li>• Sit in a chair 3X/day</li> <li>• Walk in the hall 3X/day</li> <li>• Use compression boots when not walking to prevent blood clots</li> </ul>
Education	<ul style="list-style-type: none"> <li>• A nurse will review the clinical pathway, volume management and pain scale with you</li> <li>• A nurse will provide you with the “Pancreas Transplant: What to expect” handout</li> <li>• Instructions on how to use an incentive spirometer to prevent pneumonia</li> <li>• Instructions on patient controlled analgesia (PCA) will be reviewed by a nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Case management will meet with you</li> <li>• You and your family will be educated on transplant medications</li> <li>• A Transplant Folder will be provided to you</li> </ul>	<ul style="list-style-type: none"> <li>• You and your family will be educated on transplant medications</li> <li>• A Social Worker will meet with you</li> <li>• The Transplant Team will begin to discuss a discharge plan with you</li> </ul>
Tests/ Procedures	<ul style="list-style-type: none"> <li>• An Oxygen tube will be in your nose</li> <li>• A tube (catheter) will be in your bladder to drain urine</li> <li>• A drain from the surgery will be in place to drain fluid</li> <li>• A nasogastric (NG) tube will be in place to drain your stomach</li> <li>• An intravenous (IV) line will be present on the side of your neck and in your arm</li> <li>• Routine fingerstick blood sugar checks</li> <li>• Routine blood tests</li> </ul>	<ul style="list-style-type: none"> <li>• The Oxygen tube in your nose may be removed</li> <li>• The catheter will remain in to drain urine</li> <li>• Your surgical drain will remain in to drain fluid</li> <li>• Your IVs will remain in</li> <li>• Your NG tube will remain in</li> <li>• Routine blood sugar checks</li> <li>• Routine blood tests</li> <li>• Your weight is checked</li> </ul>	<ul style="list-style-type: none"> <li>• Your surgical dressing is removed and changed</li> <li>• The catheter will remain in to drain urine</li> <li>• Your surgical drain will remain in to drain fluid</li> <li>• Your IVs will remain in</li> <li>• Your NG tube will remain in</li> <li>• Routine blood sugar checks</li> <li>• Routine blood tests</li> <li>• Your weight is checked</li> </ul>
Comfort	<ul style="list-style-type: none"> <li>• IV pain medications</li> </ul>	<ul style="list-style-type: none"> <li>• IV pain medications</li> </ul>	<ul style="list-style-type: none"> <li>• IV pain medications</li> </ul>

Your Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Surgeon Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Days 4+ After Surgery	Home Discharge Criteria	Patient Discharge Checklist
<ul style="list-style-type: none"> <li><input type="checkbox"/> You may begin sips of liquids and advance your diet as tolerated</li> <li><input type="checkbox"/> Use IS 10 times/hour while awake to prevent pneumonia</li> <li><input type="checkbox"/> Sit in a chair</li> <li><input type="checkbox"/> Walk in the hall</li> </ul>	<p>You can be discharged home when:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your vital signs (blood pressure, heart rate, etc) are stable</li> <li><input type="checkbox"/> You can walk safely and independently</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> You should understand the instructions for your discharge and home care needs</li> <li><input type="checkbox"/> Prescriptions are complete for medications to go home</li> <li><input type="checkbox"/> Your medication card is updated</li> </ul>
<ul style="list-style-type: none"> <li>• You should be out of bed most of the day</li> <li>• You should walk at least 3X/day</li> <li>• Use compression boots when not walking to prevent blood clots</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> You are eating enough</li> <li><input type="checkbox"/> Your pain scale is 1-4 on oral pain medication</li> <li><input type="checkbox"/> You and/or your family understand your medications</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Outpatient dialysis set up (if needed)</li> <li><input type="checkbox"/> You have your Transplant Folder</li> <li><input type="checkbox"/> Home care is set up if needed</li> </ul>
<ul style="list-style-type: none"> <li>• You and your family will be educated on transplant medications</li> <li>• A Transplant Psychologist will meet with you and your family upon request</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> You and/or your family understand your diet instructions</li> <li><input type="checkbox"/> You and/or your family understand your activity instructions</li> <li><input type="checkbox"/> You and/or your family understand the signs and symptoms of rejection</li> </ul>	<p>Follow-up appointment: Place: _____ / _____ <span style="float: right;">Date      Time</span></p>
<ul style="list-style-type: none"> <li>• Your surgical dressing is removed and changed if needed</li> <li>• Your surgical drain may be removed</li> <li>• Your IVs will be removed</li> <li>• Your NG tube will be removed</li> <li>• Routine blood sugar checks</li> <li>• Routine blood tests</li> <li>• Your weight is checked</li> </ul>		<p><b>When you are home, if you have any medical concerns, please call your Transplant Coordinator.</b></p> <p><b>For after hours (5PM-8:30AM) and weekend coverage, please call (617) 632-9700.</b></p>
<ul style="list-style-type: none"> <li>• Oral pain medication</li> </ul>		

# 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

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*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.*



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