Allogeneic Transplant
Patient and Family Resource Information

Bring This Binder with You to All Appointments and During Your Hospital Stay

Adult Blood and Marrow Transplant (BMT) Program

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

BMT & CELLULAR THERAPY PROGRAM
Allogeneic Patient and Family Resource Information

Table of Contents

**Welcome Letter** ................................................................. 1
  Pre-Transplant phone list ..................................................... 3
  Maps
  Notes pages

**Important Paperwork and Forms** ................................. 5
  Advance Directive Tips .......................................................... 6
  *Start the Conversation: Making your health care wishes known*
  Pre-Transplant Patient Checklist ........................................ 7
  Caregiver Responsibilities Agreement .................................. 9
  BMT Patient Dental Clearance Instructions and BMT Dental
  Evaluation Clearance Form .................................................... 12
  Oral Care Instructions for People Undergoing Bone Marrow
  Transplant ................................................................................ 14

**Section 1: Pre-Transplant Information** ...................... 18
(coordinator forms – front of section 1)
BMT consult information checklist, bone marrow Biopsy sheet, request and consent to donor search, request for outside records.

  *Transplant Outcomes and Treatment Decisions (Be the Match)*
  Your Healthcare Team ......................................................... 19
  Common Pre-Transplant Tests and Procedures ..................... 23
  The Tunneled Catheter ........................................................... 26
  Preparing for Your Hospital Stay ......................................... 28
  Home Magnesium Infusion FAQ’s ........................................ 31
  Patient Calendar
  Teaching Slides
  Consents
  Food Safety Booklet

**Section 2: Bone Marrow Transplant Basics and Individualized Information** ................................. 37

  Chemotherapy Education Sheets
  Be The Match Information:
  *Basics of Blood and Marrow Transplant*
  *Allogeneic Transplant Information*
Dear Patient and Family,

Welcome to the Michigan Medicine Cellular Therapy & Blood and Marrow Transplant (BMT) program. More than 25 years ago we began performing the first transplants, today we are proud to have cared for thousands of BMT patients from Michigan and beyond. To provide outstanding medical treatment, we believe in a multidisciplinary team approach. Our team has expertise in every area of the BMT process. Michigan Medicine is a leader in bringing innovative treatments, state of the art facilities, research and educational resources to serve our patients. We are very excited to partner with you as we embark upon this important journey!

This BMT resource binder is a resource on some of the ‘key steps’ that you may find helpful as you proceed through the transplant process. Understand that it is common to have questions and to feel overwhelmed when you receive materials. The binder is only one resource and we encourage you to use the “Notes” pages in the front to write down information and questions. The BMT staff are available to you to help navigate through this entire process.

How can I use this information?

- You and your family or caregiver will find information in this binder that will be useful before, during, and after your transplant.
- Read sections that address certain questions you may have.
- Review information with your family/caregiver.
- Write down questions that you may have for your transplant staff and bring them to your appointments. (*Transplant Outcomes & Treatment Decisions* from Be the Match in Section 1 is a guide to help you talk with your doctor.)
Who do I call if I have questions after I see the transplant team?

- The BMT Clinic is open Monday -Friday, from 8am to 5pm. During these hours, call (734) 936-9814.
- After 5pm, on weekends, and holidays, call (734) 936-6267 and ask for the BMT physician on-call.
- You can also refer to the following handouts for further contact information on the next page labeled “BMT Pre-Transplant Contact Information” and also in Section 5 labeled “BMT Discharge Contact Information.” These handouts give you several phone numbers that you may find helpful. If you have any questions or concerns about anything, do not hesitate to call.

Thank you for entrusting us with your care. We are committed to providing the very best comprehensive care for you and your family.

Sincerely,

Your Blood and Marrow Transplant Team
# BMT Pre-Transplant Contact Information

The list below includes contact information you may need pre-transplant.

<table>
<thead>
<tr>
<th>Questions/Concerns:</th>
<th>Clinician:</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency</td>
<td></td>
<td>Call 911</td>
</tr>
<tr>
<td>Medical Questions (non-emergent)</td>
<td>MD/NP/PA/RN</td>
<td>Use on-line portal</td>
</tr>
<tr>
<td>Medical Questions (requiring same day follow-up)</td>
<td>BMT Nurse Coordinators (M-F, 8a-5p)</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Urgent Concerns that cannot wait for clinic hours (nights/weekends/holidays)</td>
<td>BMT doctor on-call</td>
<td>(734) 936-6267</td>
</tr>
<tr>
<td>Physicians</td>
<td>Clinic Days</td>
<td>Phone number</td>
</tr>
<tr>
<td>Sarah Anand, MD</td>
<td>Wednesday, Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Monalisa Ghosh, MD</td>
<td>Tuesday, Thursday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>John Maciejewski, MD</td>
<td>Wednesday, Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>John Magenau, MD</td>
<td>Tuesday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Attaphol Pawarode, MD</td>
<td>Monday, Wednesday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Mary Riwes, DO</td>
<td>Monday, Thursday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>BMT Nurse Coordinators</td>
<td>Clinic Days</td>
<td>Phone number</td>
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<td>----------------------------------</td>
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</tr>
<tr>
<td>Julie Fornwald</td>
<td>Monday - Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Kim Kyro</td>
<td>Monday - Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Denise Mouro</td>
<td>Monday - Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Maureen Rose</td>
<td>Monday - Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Christy Young</td>
<td>Monday - Friday</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Donor Nurse Coordinator</td>
<td>Clinic Days</td>
<td>Phone number</td>
</tr>
<tr>
<td>Isabel Vial</td>
<td>Monday - Friday</td>
<td>(734) 232-7564</td>
</tr>
</tbody>
</table>

**Other assistance:**

<table>
<thead>
<tr>
<th>Pre-Transplant Insurance Coordinators</th>
<th>Clinic Days</th>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Pratt (A-L)</td>
<td>Monday - Friday</td>
<td>(734) 615-5438</td>
</tr>
<tr>
<td>Walter Cole (M-Z)</td>
<td>Monday - Friday</td>
<td>(734) 615-6798</td>
</tr>
<tr>
<td>New Patient Intake Coordinator</td>
<td>Clinic Days</td>
<td>Phone number</td>
</tr>
<tr>
<td>Teresa Logerquist</td>
<td>Monday - Friday</td>
<td>(734) 232-8838</td>
</tr>
<tr>
<td>HLA Sample Coordinator</td>
<td>Clinic Days</td>
<td>Phone number</td>
</tr>
<tr>
<td>Nancy Custer</td>
<td>Monday - Friday</td>
<td>(734) 232-7589</td>
</tr>
<tr>
<td>BMT Scheduler</td>
<td>Clinic Days</td>
<td>Phone number</td>
</tr>
<tr>
<td>Tracie Taylor</td>
<td>Monday - Friday</td>
<td>(734) 232-7591</td>
</tr>
<tr>
<td>Apheresis</td>
<td>Monday - Friday (8a - 4p)</td>
<td>(734) 936-6900</td>
</tr>
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**Pharmacy location**

<table>
<thead>
<tr>
<th>Hours</th>
<th>Phone number</th>
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<tbody>
<tr>
<td>Cancer Center</td>
<td>(M-F, 9a-5:30p)</td>
</tr>
<tr>
<td>Ambulatory Care/Taubman</td>
<td>(M-F, 9a-6p; Sat 9a-4:30p)</td>
</tr>
</tbody>
</table>

**Social Work**

<table>
<thead>
<tr>
<th>Phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jack Harrington</td>
</tr>
<tr>
<td>Monday - Friday</td>
</tr>
<tr>
<td>Toni Spano-English</td>
</tr>
<tr>
<td>Monday - Friday</td>
</tr>
</tbody>
</table>

**Billing and Insurance**

<table>
<thead>
<tr>
<th>Patient Financial Counselors (PFC's)</th>
<th>(877-326-9155)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangible (transportation, lodging, prescription cost resources, coordination of Medicaid travel benefits, etc.)</td>
<td></td>
</tr>
<tr>
<td>Guest Assistance Program (GAP)</td>
<td>(800) 888-9825</td>
</tr>
<tr>
<td>Lodging (short-term)</td>
<td>(800) 544-8684</td>
</tr>
<tr>
<td>Patient &amp; Visitor Accommodations (PVA)</td>
<td>(877) 907-0859 or (734) 232-6366</td>
</tr>
<tr>
<td>Supportive Assistance (Families Facing Cancer, PsychOncology, Symptom Mgmt, etc.)</td>
<td></td>
</tr>
<tr>
<td>Patient and Family Support Services (PFSS)</td>
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Adult Blood and Marrow Transplant (BMT) Program
Allogeneic Transplant
Important Paperwork and Forms to Return

BMT & CELLULAR THERAPY PROGRAM
Advance Directive Tips

Attached is the document, “Start the Conversation: Making your healthcare wishes known - Advance Directives and Durable Power of Attorney for Health Care.”

If you already have a legal Advance Directive, there is no need to complete the attached document. Rather, we ask that you please provide a copy of your existing legal document to your social worker who will then send it for scanning into your medical record.

If you do not already have a legal Advance Directive, Living Will, or Durable Power of Attorney for Health Care (DPOA-HC), we encourage you to complete the attached document.

- A notary is not necessary however, the signatures below are required for the document to be legally binding:
  1. Page 13 – Patient signature
  2. Page 14 – Patient full name and date of birth
  3. Page 16 – Patient signature and two witness signatures
     Important note: Witnesses cannot be family members, your identified patient advocates or members of your healthcare team
  4. Page 17 – Advocate signature(s)

- Once the document is complete with signatures, please keep the original and provide a copy of pages 8-17 (only) to your social worker.
- Note: To be sure you have completed the document in its entirety, please refer to the “Advance Directives Final Checklist” sheet found after page 17.

If you have any additional questions, feel free to contact your social worker.

Sincerely,

Jack Harrington, LMSW  Barbara Rose LMSW, ACSW  Toni Spano-English, LMSW
Phone: (734) 232-9073  Phone: (734) 232-8757  Phone: (734) 232-5776
Pre-Transplant Patient Checklist – Allogeneic Transplant

Patient Name: ___________________  MRN: ___________________

A successful blood and marrow stem cell transplant requires commitment not only from you and your medical team, but from your support system as well. To ensure the best transplant outcomes, it is vital that you, BMT staff, and your family and friends all partner together before, during and after stem cell transplant. To ensure this, all areas below must be addressed before moving forward with your transplant admission and will be confirmed by your BMT doctor, nurse coordinator and social worker.

Please note that failure to comply with, or providing false information regarding any of the following may result in your transplant candidacy being placed on hold temporarily or indefinitely, as determined by the transplant team.

☐ **Caregiver**: One of the most important requirements for every patient is to have a **minimum of one full-time primary caregiver and one secondary caregiver** to act as back-up and/or provide general relief should the primary caregiver need (a total of 2), residing with you within 100 miles from Michigan Medicine and attending all of your medical appointments for approximately 3 months after hospital discharge.

Note: Private duty caregivers/home care agency staff as well as alternate care settings such as nursing homes, assisted living centers or group homes are not acceptable caregiver options.

☐ **Treatment compliance**: A crucial part of a successful transplant is for you to participate as a partner in achieving your required health care goals. You are therefore required to follow the treatment plan recommended by the transplant team before, during and after transplant. This includes but is not limited to: attending all appointments and taking all medications as prescribed.

☐ **Alcohol, nicotine and illicit drug use**: All patients are required to stop the use of non-prescription substances before, during and after transplant. Alcohol abuse screening, as well as drug and nicotine testing, will be used as necessary to ensure your safety. If you smoke, you will be referred to our tobacco consultation service (TCS) team for evaluation.
- **Mental health**: Your mental health status is a key aspect of care when seeking the best transplant outcomes. With or without a previous mental health diagnosis you can still be affected by depression, anxiety or have other coping concerns from your cancer diagnosis or treatment. Your transplant team may recommend consultation or ongoing follow-up with a mental health provider as part of your care.

- **Lodging**: If you reside over 100 miles away from the hospital (mileage will be verified), you will be required to secure and pay for temporary lodging within 100 miles of the hospital (preferably in the Ann Arbor area) to ensure a safe recovery for both yourself and your caregiver **for approximately 3 months after hospital discharge**.

- **Transportation**: While you are in need of caregiver support (item #1 above), you are also in need of transportation assistance. You will be unable to drive until cleared by the BMT doctor. Caregivers are often also the driver and are required to attend all appointments with you.

- **Dental care**: you are required to undergo a complete dental exam, including a full set of dental x-rays or panorex, and to provide a copy of the completed evaluation or treatment plan to the pre-transplant nurse coordinator.

- **Advance Directives / Durable Power of Attorney For Health Care (DPOA-HC)**: as an able, competent adult, you have the right to accept or refuse medical treatment. Should you become too sick to make decisions regarding your medical care, even for only a period of time, “advance directives” allow you to identify who you would want to make medical decisions on your behalf. To ensure your wishes are met, you are encouraged to provide a completed DPOA-HC document. See the handout: “Start the Conversation: Making your health care wishes known: Advance Directives and Durable Power of Attorney for Health Care BOOKLET and FORMS”: [http://www.med.umich.edu/1LIBR/AdvanceDirectives/ADBooklet.pdf](http://www.med.umich.edu/1LIBR/AdvanceDirectives/ADBooklet.pdf)

By signing below, you indicate agreement with, and commitment to, the above transplant requirements.

<table>
<thead>
<tr>
<th>Patient Signature</th>
<th>Date</th>
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</thead>
</table>
Caregiver Responsibilities Agreement: Allogeneic Transplant

Patient Name (Printed) ________________________________
Patient Medical Record Number (MRN) ________________________________

A successful allogeneic (donor) blood and marrow stem cell transplant requires commitment not only from the patient and medical team, but from the patient’s support system as well. Each patient requires a minimum of one full-time primary caregiver and one secondary caregiver to act as back-up and/or provide general relief should the primary caregiver need (a total of 2).

A caregiver is a responsible adult family member or friend who is able and willing to provide physical care, observation, reliable transportation and emotional support throughout the transplant process. Private duty caregivers/home care agency staff as well as alternate care settings such as nursing homes, assisted living centers or group homes are not acceptable caregiver options. The caregiver or alternate must be available as needed during the entire transplant process, including but not limited to:
- pre-transplant evaluation
- education sessions
- weekly visits during hospital admission
- full-time following discharge from the hospital

Being a caregiver for a transplant patient is a vital role. Please consider the following list of responsibilities and requirements from the transplant center before agreeing to this commitment.
- I/we will be available 24 hours a day upon discharge, for about 3 months or for as long as medically required by the BMT doctor.
- I will carry a cell phone with me at all times.
- I/we will reside with the patient, within 100 miles of Michigan Medicine, for about 3 months or for as long as required by the BMT doctor. If the patient’s primary residence is not within 100 miles, I/we will arrange temporary lodging post-transplant in a 100-mile radius preferably in the Ann Arbor area.
- I/we will attend discharge training (required by the transplant center) to learn intravenous (IV) care.
- I/we will review the transplant materials and treatment instructions provided by the transplant center.
- I/we will ask the transplant center staff questions and be available for communication as needed.
- I/we will provide the patient’s transportation to all appointments.
• I/we will be with the patient at all appointments (early morning appointments are standard).
• I/we will have an understanding of the patient’s medications, assist with administration as needed and keep a log.
• I/we will follow the transplant center instructions and precautions regarding infection prevention.
• I/we will coordinate food preparation, maintain a clean home environment and assist with daily living functions.
• I/we will follow the transplant center treatment plan and any additional requirements set by the transplant center.

By signing below, I indicate that I have reviewed these potential responsibilities and feel comfortable being listed as a caregiver. **If I am unable to fulfill any necessary support throughout the transplant process, I will communicate with the patient and an alternate caregiver to arrange for coverage in my absence.**

1. **Primary Caregiver**

<table>
<thead>
<tr>
<th>Patient Caregiver Name (Printed)</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Primary Caregiver Signature</th>
<th>Contact Number (Cell)</th>
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2. **Secondary Caregiver**

<table>
<thead>
<tr>
<th>Secondary Caregiver Name (Printed)</th>
<th>Relationship to Patient</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Secondary Caregiver Signature</th>
<th>Contact Number (Cell)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
As additional caregiver(s) for ___________________________, I/we agree to assist the primary and secondary caregivers with the previously listed responsibilities.

**3. Additional Caregiver Information:**

<table>
<thead>
<tr>
<th>Caregiver Name (Printed)</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Signature</td>
<td>Contact Number (Cell)</td>
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</table>

**4. Additional Caregiver Information:**

<table>
<thead>
<tr>
<th>Caregiver Name (Printed)</th>
<th>Relationship to Patient</th>
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</thead>
<tbody>
<tr>
<td>Caregiver Signature</td>
<td>Contact Number (Cell)</td>
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**5. Additional Caregiver Information:**

<table>
<thead>
<tr>
<th>Caregiver Name (Printed)</th>
<th>Relationship to Patient</th>
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</thead>
<tbody>
<tr>
<td>Caregiver Signature</td>
<td>Contact Number (Cell)</td>
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**6. Additional Caregiver Information:**

<table>
<thead>
<tr>
<th>Caregiver Name (Printed)</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Signature</td>
<td>Contact Number (Cell)</td>
</tr>
</tbody>
</table>
BMT Patient Dental Clearance Instructions

In order to minimize the risk for systemic infection before, during and after transplant, you must have a complete oral dental exam with x-rays. Please arrange an appointment with your local dentist to obtain dental clearance for your BMT admission. You may also request that an appointment be arranged for you at Michigan Medicine Hospital Dentistry, as part of your initial BMT work-up.

- Please have your dentist complete the attached *Dental Evaluation Clearance Form* and have it faxed to our clinic. **Do not** have copies of your dental x-rays sent to our BMT clinic.
- Before any dental procedure being performed (including teeth cleaning), ask your dentist to contact the Blood & Marrow Transplant Team Nurse Coordinators at telephone number (734) 936-9814, as you may have low blood counts and require medical clearance to proceed with any dental procedures.
- You will not be able to have any dental work completed during the first six months following your stem cell transplant.

We are attaching recommendations from the faculty in Hospital Dentistry at the University of Michigan School of Dentistry to help you understand oral complications of bone marrow transplant and the frequent oral complications of graft versus host disease. Please contact your BMT Nurse Coordinator if you have any questions regarding your dental clearance.
BMT Dental Evaluation Clearance Form

Patient Name: __________________________ Date of Birth: ________________

Dental Office Name: ____________________________________________________

Address: ______________________________________________________________

Phone: ________________________________________________________________

Date of Evaluation: _________________

Initial Impression / Plan: ________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Conclusion:

☐ Patient is Cleared for Stem Cell Transplant

☐ Patient is NOT cleared for Stem Cell Transplant due to the following reasons: _______________________________________________________

Dentist signature: ______________________________________________________

Date: __________________________

Please do not send copies of the patient’s x-rays to our clinic. If you need additional information regarding our request or the medical condition of this patient, please contact us at (734) 232-7589. Please FAX your Clearance Form and treatment plan, if needed, to: (734) 232-9454.

Version 1, effective date 4/2/19
Oral Care Instructions for People Undergoing Bone Marrow Transplant

Your mouth will undergo some changes both during and after bone marrow transplant. The purpose of these instructions is to explain these changes and give some suggestions as to how you can protect your teeth and keep your mouth healthy.

How can a bone marrow transplant affect salivary glands?
About 30-40 out of 100 patients (30-40%) who have bone marrow transplant experience changes in their salivary glands. This results in a decrease in saliva flow. This is sometimes called “xerostomia”, or dry mouth, and can be annoying.

How can I alleviate dry mouth?
- drink plenty of water or take frequent sips of water
- humidify your home
- chew sugar free (xylitol based) gum or candy

There are some mouth rinses and gels that are also recommended to relieve dry mouth symptoms:
- Biotene oral balance gel
- Stoppers 4 Dry Mouth spray

Choose mouthwash without alcohol and toothpaste without whitening and tartar-fighting properties to decrease irritation:
- Crest Pro Health Mouth rinse
- Biotene Mouthwash
- Biotene Dry Mouth toothpaste
- Any children’s tooth paste
**How do I prevent tooth decay?**

Saliva plays a very important role in preventing tooth decay (cavities). You will not only be experiencing a reduction in amount in saliva, but also a change in its decay-preventing properties. Follow these recommendations:

a) Before bedtime, brush for at least five (5) minutes. Floss. Use a regular soft or electric toothbrush and take care to clean well at the gum line, as this is where plaque develops.

b) Use fluoride gel every night by using the “Brush-on” technique: Place a pea-sized portion of fluoride gel on your toothbrush. Brush on all surfaces of your teeth; try to use your brush to squeeze the fluoride in between your teeth. After one full minute, spit out the excess. Don’t eat, drink, or rinse for one-half hour.

c) Reduce or stop eating high sugar foods and drinks such as Coca-Cola, candy, etc.

d) If you must have high sugar foods (Pediasure, Ensure) rinse your mouth with water to loosen sugar and prevent it from sticking to teeth. Drink at least 1 cup/glass of water after having high sugar foods.

e) Continue regular dental visits every 3 to 6 months. Early detection of cavities is very important so that they can be filled when small and your prevention techniques can be evaluated. Your family dentist should still be comfortable treating you even though you’ve had a bone marrow transplant. If your dentist has any questions or concerns, they should feel free to call us for advice.

f) Consider chewing gum to increase salivary flow. Gums that contain xylitol (Spry, Trident) or calcium phosphate (Trident Extracare) may also prevent tooth decay.

Studies have shown that unfortunately your saliva amount may not return to normal levels even years after bone marrow transplant. For this reason, the fluoride should be used for the rest of your life.
Will I have mouth sores?
The soft tissues in your mouth will normally replace cells on a regular basis. Transplant slows down this process during and for a period of 1-2 months after treatment. This is called mucositis. Combined with the dryness, your cheeks can become quite uncomfortable. We recommend that you rinse with a salt and baking soda rinse, as this creates a buffer against the acids which tend to burn mouth tissue.

- Mix 1/8 tsp. salt and 1/8 tsp baking soda in a cup of water and rinse. Do this as often as you wish. If you find the tissues are still uncomfortable after this, please let us know and we can discuss other solutions.

It is important to realize that you play the most important role in preventing dental problems. Sticking to a preventive regimen as described above, plus regular recall visits to your dentist will help. In addition, we are always available to answer any questions for you or your family dentist regarding the impact of radiation therapy on your oral health.

What are the oral health care instructions for infants and children?
Consult with a pediatric or local dentist and establish a regular dentist by 12 months of age. Routine dental check-ups are recommended every 3-6 months, depending on the stage of treatment.

Guidance for primary caregivers:
We understand that your child needs to eat, drink and take medications. However, it is very important to note the high sugar content in milk, juice, high-calorie supplements and medications in order to make them more flavorful. Paying careful attention to sugar content can help prevent unnecessary pain and infection from dental decay. Here are some suggestions to follow:
**Diet:**
- Decrease sugar exposure by restricting feeding (breastmilk, bottled-milk, pediasure) to meal times with at least 2 hours between feedings.
- Avoid feeding at will or allowing your child to fall asleep while feeding.
- Do not fill the bottle or sippy cup with milk, chocolate milk, pediasure or juice and allow your child to carry this around. Have your child drink this in one sitting.
- If frequent feedings are necessary, wash teeth with a wash cloth or rinse the mouth with water after each feeding.
- If your child carries a sippy cup or bottle around, fill it with water.
- Medications are high in sugar content to make them more flavorful. Do not let your child fall asleep immediately after taking medications. Wash teeth with a wash cloth or rinse the mouth with water after taking medications.
- Avoid sharing food or drink with your child, especially if active decay is present in the mouth.

**Oral hygiene for infants:**
- Clean your child’s teeth with a wash cloth or soft toothbrush as soon as they start showing.
- By age 1, brush teeth with a regular tooth brush and water. Do not use toothpaste until your child learns to spit.
- Brush with a pea-size amount of fluoridated toothpaste as soon as your child has learned to spit excess.

**Who can I call if I have questions?**
- Samuel Zwetchkenbaum, DDS, MPH
- Carol Anne Murdoch-Kinch, DDS, PhD
- Benjamin Cornwall, DDS
- Call: (734) 936-5955
- Email: szwetch@umich.edu
Section 1:
Pre-Transplant Information

Transplant Outcomes & Treatment Decisions
Your Health Care Team
Common Pre-Transplant Tests and Procedures
The Tunneled Catheter
Consents
Food Safety Booklet
Preparing for Your Hospital Stay
Teaching Slides
Magnesium Information
Patient Calendars
Your Health Care Team - Allogeneic

Your Blood and Marrow Transplant Team includes the following professionals:

Doctors
While undergoing your transplant, medical care is provided by a transplant doctor. He or she sees you on a daily basis to answer questions you may have and keep you informed of your progress. Responsibilities of the transplant doctors change every 2 weeks. This means that you will have the opportunity to receive care from a few doctors during your hospitalization and recovery period. Weekly meetings of the doctors and other team members keep everyone up-to-date on the status of every patient.

Nurse Practitioners and Physician Assistants:
These providers have advanced training in transplant patient care and have day-to-day responsibility for your care while you are in the hospital or in the clinic. They work in close collaboration with the doctors in both the inpatient and outpatient setting.

Pre-Transplant Nurse Coordinators
Your pre-transplant nurse coordinator tracks your treatment prior to your transplant admission and plans the necessary testing and treatment you will need to get ready for transplant. The BMT nurse coordinator also plans your donor's schedule. The BMT nurse coordinator is your primary contact as you work your way toward transplant.

Inpatient Nurses
These nurses are experienced in the care and specific needs of transplant patients. Your inpatient staff nurses organize your care from the time you are admitted until you are discharged from the hospital. Once admitted, your nurse
will discuss the transplant process and what will be expected of you during your hospitalization. They also will be available to help you and your family with physical or emotional problems as they arise. Throughout your hospitalization, they will provide ongoing education about the transplant process in preparation for discharge.

**Care Management**
Your case manager is a nurse that will partner with you, your family, and your healthcare team to coordinate a safe discharge. The team will begin working on your transition for a safe discharge as soon as you are admitted to the hospital. They help coordinate home care needs, which will likely include a visiting nurse coming to your residence to help with home magnesium infusions as well as line maintenance.

**BMT Clinic Nurses**
Once you are discharged, the outpatient clinic nurses will help develop your plan of care in the outpatient setting. These nurses are also experienced in the care and specific needs of transplant patients. Your clinic nurse will assist you and your caregiver through the recovery process.

**Social Workers**
Part of your required pre-transplant preparation is an initial psychosocial assessment with a social worker that will give you the opportunity to discuss non-medical needs and other concerns you may have. Social work is available to provide as needed mental health support services, including counseling, therapy and support groups to help patients, families and caregivers adjust to the transplant process. Social workers are available to providing assistance for coping with the stress of hospitalization or post-transplant complications. They are available to address practical matters as well, including education regarding
Social Security Disability, caregiver planning, community and Michigan Medicine resources, financial stress, and referrals to insurance specialists.

**Dietitians**
The transplant dietician will meet with you while you are inpatient to explain any diet considerations during your hospital stay and when you go home. They also work with you to set nutritional goals to prevent weight loss, follow your nutrition intake and offer suggestions on how to achieve your nutrition requirements. The dietician is available to you after you are discharged and during your recovery as your appetite returns to normal.

**Clinical Pharmacists**
A clinical pharmacist participates in the planning of your chemotherapy and other medications you receive as an outpatient or inpatient. They are available to answer questions you may have about the medications you receive.

**Cell Therapy Technologists**
This team is responsible for processing your donors stem cells. A cell therapy tech will bring your cells to the bedside on day of transplant.

**Physical/Occupational Therapists**
A physical and occupational therapist may see and assist you while you are in the hospital, to help you maintain your strength and endurance during and after transplant. A physical therapy tech will also be available to encourage activity throughout your stay.

**Inpatient Spiritual Care**
A spiritual care counselor is a supportive care resource for coping with the stress of transplant. They are available to provide you with spiritual and religious resources.
Medical Assistants and Patient Care Techs
Medical Assistants in the clinic will check you in and obtain your vital signs prior to seeing the doctor. On the inpatient unit, patient care techs will assist you with daily activities including hygiene and mouth care, assess your vital signs, draw blood, and check blood sugars.

Clerical Staff
Clerical Staff will check you in at clinic appointments and when you are admitted to the inpatient unit. They coordinate communication between other departments or units in the hospital.

Research Coordinators
Research Coordinators ensure that protocol requirements such as diagnostic tests, lab samples, etc. are completed. They also ensure that study medications are dispensed and tracked for any clinical trials you may be enrolled in.
Common Pre-Transplant Tests and Procedures

**Blood tests**- The most common test (called a “Complete Blood Count” or CBC) measures the number of red blood cells, white blood cells, and platelets in the blood. In addition to blood cell counts, tests to measure the values of many chemicals in the blood (such as a “metabolic panel”) can indicate how other parts of the body are functioning, including your liver, kidneys, heart and lungs. A metabolic panel is one test within a chemistry panel which are groups of tests that are ordered to determine a person’s general health status.

**Bone marrow tests**- Blood cells (white blood cells, red blood cells, and platelets) are made in the marrow. Bone marrow tests allow doctors to look at the fluid (inner liquid part of the marrow also known as the spongy part of the bone) and tissue in the marrow to determine whether cancer or another disease is affecting blood cell production or the structure of the marrow. Marrow tests can help determine the type and extent of the disease. Certain changes to blood cells can be detected in marrow samples before they can be detected in blood samples.

**Imaging tests**- Imaging or radiology tests create pictures of the chest, abdomen (belly), head, neck, and other parts of the body. Examples of imaging tests include X-rays, ultrasound, CT scans, MRI, and PET scans. Imaging tests are generally used to look for signs of disease or to check if the cancer (tumors or masses of cells) has spread to other areas.

**Some of the tests below may be ordered for you before your transplant admission:**

- **Echocardiogram**- An echocardiogram (echo) is a test that uses high frequency sound waves to make pictures of your heart. This tests helps your doctor to find out the size and shape of your heart, how your heart moves and the heart's pumping strength.
• **EKG (Electrocardiogram)**- An EKG records the electrical signals in your heart. It's a common test used to detect heart problems and monitor the heart's status in many situations.

• **Pulmonary Function Tests (PFTs)**- PFTs are a group of tests that measure how well your lungs work. This includes how well you're able to breathe and how effective your lungs are at being able to bring oxygen to the rest of your body.

• **Chest X-Ray (CXR)**- A chest x-ray produces images of the lungs, heart, airway, blood vessels and the bones of the spine and chest.

• **Positron Emission Tomography (PET) Scan** - A PET scan is an imaging test that measures blood flow, oxygen use, glucose metabolism and other body processes. It is commonly used to detect and monitor cancers because it shows tissue abnormalities at the cellular level.

• **Computed Tomography (CT or Cat) Scans**- A CT scan is an imaging test that combines a series of X-ray images taken from different angles around your body and uses computer processing to create cross-sectional images (slices) of the bones, blood vessels and soft tissues inside your body. CT scan images provide more-detailed information than plain X-rays do.

• **Magnetic Resonance Imaging (MRI)**- Is a medical imaging technique used in radiology to form pictures of the anatomy and the physiological processes of the body. MRI scanners use strong magnetic fields and radio waves to generate images of the organs of the body.

• **Skeletal Survey**- (also called a bone survey) is a series of x-rays of all the bones in the body.

• **Bone Marrow Biopsy and Aspiration**- Samples of fluid, tissue and cells are examined under a microscope to look for chromosomal changes and other changes in the cells. This test is used to evaluate the response to cancer treatment and to further identify the type of abnormality in the bone marrow.
• **Lumbar Puncture (LP)** - is a medical procedure in which a needle is inserted into the spinal canal, most commonly to collect cerebrospinal fluid (CSF) for diagnostic testing.

• **24 Hour Urine Collection** - A 24-hour urine test is used to check kidney function and measures certain proteins present in the urine.
The Tunneled Catheter

What is a tunneled catheter?
A tunneled catheter is a small tube made of a material called silicone. It is called “tunneled” because it is inserted into a large vein and tunneled under the skin to a place where it exits your body. In this handout, we will simply refer to it as a catheter.

Why are tunneled catheters used?
A catheter is used to give medications, fluids, blood products, chemotherapy, stem cells, or nutrition through a vein. It may also be used for drawing blood or for apheresis.

How is the catheter inserted?
The catheter is inserted in an operating room or radiology department and should take about 30-60 minutes. The practitioner makes a small opening in the mid-chest area. Another opening is made where the catheter enters the vein. A tunnel is formed under the skin between the two openings. The catheter is passed through this tunnel and then gently threaded until the tip is near your heart in the large vein called the superior vena cava. After placement, the catheter will be checked to confirm it is in the right position.
**What is a cuff?**

Most catheters have a small cuff that lies beneath the skin about one to four inches from the exit site. The cuff serves two main purposes:

1. The cuff holds the catheter in place by forming scar tissue. Scar tissue will grow around the cuff after 1-2 weeks, making it difficult to pull the catheter out.
2. The cuff helps protect against infection by blocking bacteria from entering the exit site.

**What is a lumen?**

The word lumen means the opening or path that is inside the catheter. It is through this opening that you give medications or blood can be drawn. We also use this word to describe the ends of the catheter that are outside your body. You will notice that your catheter has 1, 2, or 3 lumens (see image below).

Adapted from “Care of the Tunneled Catheter” Manual, 2016
Preparing for Your Hospital Stay

Being in the hospital can be difficult. The transplant team encourages you to bring personal items to make the hospital room feel more at home. Items from home can also provide distraction and often help decrease stress and boredom. The items listed below are offered as suggestions. Remember, your room size is limited. Check with your nurse coordinator or social worker if you have questions about items not on this list.

**Items you must bring:**
- One copy of your Medical Durable Power of Attorney and Living Will
- Your transplant education binder
- Your current list of medications you take

**Items to consider bringing:**
- Pajamas, sweats, or loose fitting, comfortable street clothing to change daily
- Clean underwear to change daily
- Slippers with non-skid bottoms or slip on shoes
- Shoes to walk the halls/ride exercise bikes
- Hangers for the closet
- Turbans, scarves, or hats (in case you feel chilly after losing your hair)
- Pillows, blankets, and stuffed animals may be brought in, however they should be machine washed before bringing into the room. They must be
sanitary. Avoid feather pillows. New items do not need to be washed before bringing them into the room

☐ Electric razors only
☐ Soft toothbrush, toothpaste
☐ Nail file or emery board
☐ Make-up in new, unopened containers only (keep to a minimum)
☐ Menstrual pads (we only stock very large bulky ones), do not use tampons
☐ Night light
☐ Silk plants/silk flowers
☐ Favorite family photos or decorations
☐ Personal address/phone book
☐ Cell phones and chargers
☐ Electronic devices (cell phones, laptops, tablets, etc) and chargers
☐ Leisure activities such as magazines, books, puzzles, games, cards, or crafts
☐ A journal, stationary, stamps and envelopes (consider pre-addressing them)
☐ Snacks for your room
☐ 1-2 days quantity of perishable food items may be brought in and stored in the refrigerator in room.

**Items not to bring:**

- Contacts
- Dental floss
- Tampons
- Cologne/perfume/body spray/lotion with fragrance
- Refrigerators or other small appliances
- Fans
- Live plants and flowers
- Valuables
- Tight restrictive clothing
- Disposable razors
- Finger nail-clippers
- Artificial nails
- Multiple dose eye drops
Sources of standing water
(humidifiers, vases of water with flowers, etc)

Home medications (Actual) - Do bring a list of current medications

Bar soap or loofah

Diffusers

* Refer to Section 4 for information on what to expect during your hospital stay.
Home Magnesium Infusion F.A.Q.’s

Why do I need to have Magnesium infusions at home after transplant?
As part of your treatment after an Allogeneic transplant, you will likely be prescribed Tacrolimus to prevent rejection of your graft. Unfortunately, a common side effect of the Tacrolimus is a loss of magnesium, an essential mineral in your body which must be replaced. Blood tests measure how much you’re losing and determine how much replacement you need.

Just after transplant, you may not be able to tolerate oral magnesium because it can be upsetting to your digestive system. Your clinic team will work with you to transition from the IV form of magnesium to the oral magnesium solution as your gastrointestinal (GI) system heals. As your ability to eat a more varied and healthy diet improves, this will also help increase your magnesium levels.

How long does the Magnesium Infusion take to run?
Essentially 1 gram of I.V. Magnesium = 1 hour of infusion time
We can usually subtract an hour, so:
2 grams = 1-2 hours
4 grams = 3-4 hours
6 grams = 5-6 hours
8 grams = 7-8 hours
10 grams = 9-10 hours
Rarely someone may even require 12 grams of supplemental IV magnesium. If the Magnesium cannot be given at home, then we have to get creative to find a solution because infusion centers aren’t open long enough to infuse longer than 9 hours. For example, we’ll try to give some Magnesium orally with the IV. Sometimes there is not a choice to give the magnesium out-patient. In that case it must be given at home, with a caregiver available to administer it daily. This
may mean it has to be paid for out of pocket if the patient's insurance does not cover the cost.

**How long will I need to have IV Magnesium after discharge?**

This will depend on how much magnesium you need to replace and how quickly you're able to eat well without having problems with your stomach or bowels. Some people can discharge on as little as 2 grams of Magnesium and others as much as 12 grams. The smaller the amount of magnesium that is needed, the quicker you will likely be able to wean off the IV form and start the oral supplement.

Your clinic team will be monitoring your progress to help determine when it’s safe to begin weaning and how quickly you can transition to oral magnesium.

**Is the Magnesium infusion covered by my insurance?**

Our Patient Financial Counselors check your insurance coverage before transplant and notify you if your insurance does not have home infusion coverage.

Normally the Visiting Nurse home visits are covered by insurance, however the nurse's role is to *teach caregivers* the infusion and dressing changes so that caregivers become independent. The home nurse will then end the temporary home visits.

**I have Medicare coverage. Doesn’t it cover home infusions, like Magnesium?**

Unfortunately, at this time, Medicare does not cover home infusion costs. If you have a Medicare *supplement*, it follows Medicare guidelines and normally does not cover home infusions. If you have a *separate* insurance health insurance policy, such as health insurance from your spouse’s work, it would most likely
cover the home infusion costs. The clinic’s financial counselors will check your insurance coverage and notify you if you do not have coverage.

If I don’t have home infusion coverage, what are my options?
You can arrange for private-pay arrangements with a Home Infusion Provider. The RN Case Manager (RN CM), also known as “Discharge Planner” will facilitate this. The cost to you is around $22.05 per day and the magnesium & supplies would be delivered to your discharge address on a weekly basis. The Visiting Nurse services are normally covered by insurance and your RN Case Manager can confirm these costs and coverages for you before discharge.

Home Infusion (IV) Insurance Information
Allogeneic Bone Marrow Transplant (BMT) candidates receiving donor cells will need home infusions or infusion (IV) supplies to continue their care for approximately 100 days after being discharged from the hospital after transplant.

If your insurance provider does NOT cover home infusion (IV) supplies, please read below.

Upon hospital discharge after transplant, you will require daily magnesium at a minimum average of 2 grams and a maximum of 12 grams. Once you are able to tolerate the minimum daily dose via magnesium pill or solution, you will be weaned off the IV.

As stated on the Caregiver Responsibilities Agreement they signed before transplant, your caregivers are required to attend hospital discharge training to learn intravenous (IV) care. Insurance will not pay for a visiting nurse to provide daily IV magnesium infusions.
*Attention veterans*

If you have care established with a hematology or oncology doctor at the VA hospital, you may be eligible for home infusion coverage.

Please contact the VA nurse coordinator below to discuss.

- **Ann Arbor**: Nicole Hosler (734) 845-5800
- **Battle Creek**: Ask for the hematology/oncology nurse coordinator (269) 966-5600
- **Saginaw**: Tami Fox (989) 497-2500, Extension: 15257

Below are your options for receiving infusion (IV) or supplies at the time of your hospital discharge:

1. Return to a Michigan Medicine infusion center daily for infusion and line care, typically covered by most insurances under the “Outpatient Services” portion of the policy. Please note that, although more affordable, this option requires caregivers to provide daily transportation to and from clinic and can be physically taxing on the patient’s recovery.
   - Infusions can initially last from 2-12 hours daily, decreasing over time
   - Clinics can typically only accommodate infusions of 2-6 grams
   - Infusion Hours:
     - **Monday – Friday:**
       - BMT clinic (7:30am-5:30pm)
       - Brighton (7:30am-7pm)
       - Cancer Center (7:30am-8pm)
       - Canton (8am-4pm)
       - Chelsea (see West Ann Arbor)
       - East Ann Arbor (M/W 8am-6:30pm, Tu/Th/F 8am-4:30pm)
       - Northville (7:30am-5:30pm)
       - West Ann Arbor (M-Th 8:30am-5:30pm, F 8:30am-4:30pm)
- **Saturday:**
  - Brighton (8:30am-4pm)
  - Cancer Center (7:30am-5:30pm)
  - East Ann Arbor (7:30am-11:30am)

- **Sundays and holidays:**
  - BMT clinic (8am-4pm, with Taubman Center infusion staff)

2. Pay out of pocket for at home infusion supplies. HomeMed charges **$22.05 per day** for the magnesium, IV tubing and necessary supplies. These charges can be placed on a charge card or covered by setting up a monthly payment plan with HomeMed.

3. Arrange a combination of the above by receiving infusions both at a Michigan Medicine infusion center and at home/local lodging (i.e. weekdays at Michigan Medicine, weekends at home/local lodging)

If you have further questions regarding the above, please contact Sheryl Bennett, RN Case Manager, at (734) 647-9019 (M-F, 7:30am-3:30pm).

**Are there any other options for the I.V. Magnesium infusions, other than getting it at home?**

You can arrange for appointments to receive IV Magnesium infusions in the BMT Infusion Center on the 7th floor of Mott Hospital, Sunday-Friday 8:00am-4:30pm and in the Cancer Center on Saturdays when an appointment is scheduled.

Occasionally, infusions can be scheduled at other infusion centers but the rules at each center vary. Some infusion centers require that the person be established with a doctor who has admitting privileges to the hospital that they’re associated with. Many are not open on Sundays or holidays. Your RN Case Manager will look into other possible options for you if you would like to
have your infusion in an outpatient infusion center instead of at home. There may be limitations that don't make this option possible but we will investigate what is available for your needs.

**Are there foods that are high in Magnesium that I should try to include in my diet?**

Our inpatient Dietitian has a handout that lists the magnesium content of various foods and can help you select foods that are higher in magnesium—just ask for that handout some time during your stay.
BMT & CELLULAR THERAPY PROGRAM

Allogeneic

Section 2
Bone Marrow Transplant Basics And Individualized Information

Chemotherapy Education Sheets
Be The Match Information:
Basics of Blood And Marrow Transplant,
Allogeneic Transplant Information
Haploidentical Transplant
Allogeneic Transplant Process
Allogeneic Graft-Versus-Host
Disease Specific Information
Psychosocial Support and Resources

Pre-Transplant Patient Checklist (Reference copy)
Caregiver Responsibilities Agreement (Reference copy)
Support Group Information
Letter to Family and Friends
Psychosocial Support and Resources

Clinical social work role in transplant:
A core member of your Blood and Marrow (BMT) team is the clinical social worker. You will work with two Masters-level social workers in the BMT program throughout your transplant; one in the outpatient clinic and one during your inpatient stay(s).

Included in the required transplant preparation process is for you and your caregiver(s) to meet with a social worker for an initial psychosocial assessment. All patients being considered for a transplant must be cleared by social work to proceed.

The assessment is a comprehensive review to help you and the social worker identify and discuss any concerns you and your caregiver(s) may have, as well as evaluating the following areas:

- Support system
- Caregiver plans
- Lodging plans (for patients traveling over 100 miles to Michigan Medicine)
- Work, financial, insurance and disability concerns
- Past and current use of alcohol, tobacco and drugs
- Understanding of the need for abstinence from alcohol, tobacco and drugs
- Coping and mental health support
- Supporters of your family and caregivers and how they are coping
- Understanding and adjustment to the transplant process by you, your family and caregivers
- Ability to follow your treatment plan
- Goals of care
In the folder titled “Important Paperwork and Forms to Return” within your transplant binder, you have been provided the following forms to complete and submit to your social worker before transplant:

- Pre-Transplant Patient Checklist*
- Caregiver Responsibilities Agreement*

* Copies of these forms, minus the signatures, are included in this section for your reference.

Our clinical social workers provide expert assistance with the psychological, social, emotional and practical needs of transplant patients and their families. Social work is available for supportive counseling, education, advocacy and resource identification before, during and after transplant as needed. If the clinical social worker or your BMT medical team identifies a need for additional assessment, you may be referred for evaluation in the Rogel Cancer Center PsychOncology clinic. https://www.rogelcancercenter.org/locations/psychoncology-clinic

Your BMT clinical social work team is comprised of:
Jack Harrington, LMSW – outpatient/clinic (734-232-9073)
Barb Rose, LMSW – inpatient/hospital (734-232-8757)
Toni Spano-English, LMSW – outpatient/clinic (734-232-5776)

Social work locations at Michigan Medicine:
At Michigan Medicine, we offer practical support and assistance at the following two locations:
1. Guest Assistance Program (GAP) office - in the main hospital (800-888-9825)
2. Patient Assistance Center (PAC) office - in the Rogel Cancer Center
   (877-907-0859)
Bachelors-level social workers are available in the GAP and PAC offices to
assist you and your caregiver(s) before, during and after transplant as needed.
GAP and PAC social workers are available to help address the numerous
practical matters that you face throughout your treatment. This can include
assistance with:

- prescription payment
- transportation
- wigs
- parking
- lodging payment
- meal vouchers
- gas cards
- information on community resources
- other unforeseen needs

GAP and PAC staff can also connect you to resources within and/or outside of
Michigan Medicine, such as:

- **Clinical social workers** for assistance with psychological, social, emotional
  and practical needs
- **Medicaid** for coordination with your caseworker related to potential meal,
  lodging and/or transportation benefits while you receive care at Michigan
  Medicine
- **Patient Financial Counselors (PFC’s)** for assistance with billing, insurance
  and payment concerns
  Phone: (877-326-9155)
- **Patient and Visitor Accommodations (PVA)** for assistance with locating
  discounted lodging in the Ann Arbor area
  Phone: (800-544-8684)
  Website: https://www.rogelcancercenter.org/support/financial-assistance/practical-assistance-center
Additional support resources at Michigan Medicine:

- **Hematology/Oncology Patient and Family Support Group**
  For adult patients, or families and caregivers of someone undergoing hematology/oncology treatment or transplant. This support group is offered once a week and is an open forum lead by a social worker on the inpatient unit. Website: https://www.rogelcancercenter.org/files/hem-onc-bmt-support-group.pdf

- **Families Facing Cancer**
  Parents or grandparents with cancer often have concerns about how to discuss the illness with their children. The *Families Facing Cancer* program specialist is a Certified Child Life Specialist who provides assistance to the patient and family in helping children understand and cope. Resource kits with information about talking with children, parenting during illness, and recommendations of appropriate books for children are available. Website: https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/families-facing-cancer

- **Symptom Management/Palliative Care**
  Palliative Care offers pain and symptom management as well as emotional support. The goal of palliative care is to improve quality of life for the patient and family. It is appropriate at any age and at any state in a serious illness, and can be provided along with curative treatment. You can speak with your provider about a referral to the Symptom Management clinic at any point in your treatment. Website: https://www.rogelcancercenter.org/files/palliative-care-information-guide.pdf
**Fertility Assistance**

At the Center for Reproductive Medicine/Reproductive Endocrinology clinic, there are several resources available that offer information and support on fertility preservation and sexual and fertility changes. Some insurances may require a referral from your medical provider.

**Patient and Family Support Services (PFSS) Program**

Cancer affects not only the body, but the whole person and the whole family. To reduce the burden of cancer, which can take many forms throughout diagnosis and treatment, services of the Patient & Family Support Services (PFSS) Program are integrated into each patient’s multidisciplinary treatment plan. Available services are listed below on the following pages.
Website: https://www.rogelcancercenter.org/about/support-services

**Services Available through PFSS:**

**Spiritual Care**

Clinically trained chaplains are available to listen and provide spiritual care and assistance to those working through the distress that can accompany disease and treatment. They represent a variety of religions and faith traditions. Chaplains are available Monday through Friday, 8am - 5pm for consultations (inpatient, outpatient, infusion settings). A chaplain is also on-call after hours and on weekends for urgent needs.
Website: https://www.rogelcancercenter.org/support/managing-emotions/spiritual-care
• **Complementary Therapies Program**
  Providing activities which offer a creative and/or physical outlet to reduce stress and anxiety, such as the following:
  
  o **Art Therapy**
    A practice that complements standard cancer treatment by integrating artistic expression into your healing process. You will work with a Board Certified art therapist. Projects are based on individual needs and preferences.
    Website: [https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/art-therapy](https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/art-therapy)
  
  o **Guided Imagery/Meditation/Breathwork**
    A licensed specialty clinician will customize resources to help you regain a sense of control and calm. You will learn tools and practices to manage anxiety, pain and other symptoms by using breath and visualization.
    Website: [https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/guided-imagery](https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/guided-imagery)

• **Music Therapy**
  With the support of accomplished musicians and certified therapists, music interventions that are based on science and research will be utilized to meet your physical, emotional, cognitive and social needs.
  Website: [https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/music-therapy](https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/music-therapy)

• **Legacy Therapy**
  A legacy therapist guides individuals in legacy activities, providing a wide assortment of projects and supplies to help navigate the journey of life review and reminiscence through creative expression and discovery.
Examples include photography/film, art, music and visual/digital storytelling.
Website: https://www.rogelcancercenter.org/support/managing-emotions/complementary-therapies/legacy-therapy

Other resources:
• Gifts of Art – Utilizing arts to assist and enhance the healing process, reduce stress, support human dignity and renew the spirit.
  Website: http://www.med.umich.edu/goa/
• Art Cart – A volunteer can bring framed posters to the floor for patients to select different artwork to display in their rooms.
• Bedside Music Program – Certified music practitioners provide bedside music in your room.
• Bedside Art Program – Engage patients and families with art making projects at the bedside, free of charge (journals, beaded bracelets, paper folding, drawing, cards and more).
• Story Studio – Provides an opportunity for patients and families to record a personal story for someone special in their lives.
Pre-Transplant Patient Checklist: Allogeneic Transplant

Note:
A separate copy of this document is included in the “Important Paperwork and Forms to Return” folder in the “Patient and Family Resource Information” binder. Complete and return it to the BMT social worker before transplant.

A successful blood and marrow/stem cell transplant requires commitment not only from you and your medical team, but from your support system as well. To ensure the best transplant outcomes, it is vital that you, BMT staff, and your family and friends all partner together before, during and after stem cell transplant. To ensure this, all areas below must be addressed before moving forward with your transplant admission and will be confirmed by your BMT doctor, nurse coordinator and social worker.

Please note that failure to comply with, or providing false information regarding any of the following may result in your transplant candidacy being placed on hold temporarily or indefinitely, as determined by the transplant team.

- **Caregiver:** One of the most important requirements for every patient is to have a minimum of one full-time primary caregiver and one secondary caregiver to act as back-up and/or provide general relief should the primary caregiver need (a total of 2), residing with you within 100 miles from Michigan Medicine and attending all of your medical appointments for approximately 3 months after hospital discharge.

  Note: Private duty caregivers/home care agency staff as well as alternate care settings such as nursing homes, assisted living centers or group homes are not acceptable caregiver options.

- **Treatment compliance:** A crucial part of a successful transplant is for you to participate as a partner in achieving your required health care goals. You are therefore required to follow the treatment plan recommended by the transplant team before, during and after transplant. This includes but is not limited to: attending all appointments and taking all medications as prescribed.
Alcohol, nicotine and illicit drug use: All patients are required to stop the use of non-prescription substances before, during and after transplant. Alcohol abuse screening, as well as drug and nicotine testing, will be used as necessary to ensure your safety. If you smoke, you will be referred to our tobacco consultation service (TCS) team for evaluation.

Mental health: Your mental health status is a key aspect of care when seeking the best transplant outcomes. With or without a previous mental health diagnosis you can still be affected by depression, anxiety or have other coping concerns from your cancer diagnosis or treatment. Your transplant team may recommend consultation or ongoing follow-up with a mental health provider as part of your care.

Lodging: If you reside over 100 miles away from the hospital (mileage will be verified), you will be required to secure and pay for temporary lodging within 100 miles of the hospital (preferably in the Ann Arbor area) to ensure a safe recovery for both yourself and your caregiver for approximately 3 months after hospital discharge.

Transportation: While you are in need of caregiver support (item #1 above), you are also in need of transportation assistance. You will be unable to drive until cleared by the BMT doctor. Caregivers are often also your driver and are required to attend all appointments with you.

Dental care: You are required to undergo a complete dental exam, including a full set of dental x-rays or panorex, and to provide a copy of the completed evaluation or treatment plan to the pre-transplant nurse coordinator.

Advance Directives/Durable Power of Attorney for Health Care (DPOA-HC): As an able, competent adult, you have the right to accept or refuse medical treatment. Should you become too sick to make decisions regarding your medical care, even for only a period of time, “Advance Directives” allow you to identify who you would want to make the decisions on your behalf. To ensure your wishes are met, you are encouraged to provide a completed DPOA-HC document. See the handout: “Start the Conversation: Making your health care wishes known: Advance Directives and Durable Power of Attorney for Health Care BOOKLET and FORMS”: http://www.med.umich.edu/1LIBR/AdvanceDirectives/ADBooklet.pdf
Note:
A separate copy of this document is included in the “Important Paperwork and Forms to Return” folder in the “Patient and Family Resource Information” binder. Please complete and return to the BMT social worker before transplant.

A successful allogeneic (donor) blood marrow/stem cell transplant requires commitment not only from the patient and medical team, but from the patient’s support system as well. Each patient requires a minimum of one full-time primary caregiver and one secondary caregiver to act as back-up and/or provide general relief should the primary caregiver need (a total of 2).

A caregiver is a responsible adult family member or friend who is able and willing to provide physical care, observation, reliable transportation and emotional support throughout the transplant process. Private duty caregivers/home care agency staff as well as alternate care settings such as nursing homes, assisted living centers or group homes are not acceptable caregiver options. The caregiver or alternate must be available as needed during the entire transplant process, including but not limited to:

- pre-transplant evaluation
- education sessions
- weekly visits during hospital admission
- full-time following discharge from the hospital

Being a caregiver for a transplant patient is a vital role. Please consider the following list of responsibilities and requirements from the transplant center before agreeing to this commitment.

- I/we will be available 24 hours a day upon discharge, for about 3 months or for as long as medically required by the BMT doctor.
- I will carry a cell phone with me at all times.
- I/we will reside with the patient, within 100 miles of Michigan Medicine, for about 3 months or for as long as required by the BMT doctor. If the patient’s primary residence is not within 100 miles, I/we will arrange temporary lodging post-transplant in a 100-mile radius preferably in the Ann Arbor area.
- I/we will attend discharge training (required by the transplant center) to learn intravenous (IV) care.
- I/we will review the transplant materials and treatment instructions provided by the transplant center.
• I/we will ask the transplant center staff questions and be available for communication as needed.
• I/we will provide the patient’s transportation to all appointments.
• I/we will be with the patient at all appointments (early morning appointments are standard).
• I/we will have an understanding of the patient’s medications, assist with administration as needed and keep a log.
• I/we will follow the transplant center instructions and precautions regarding infection prevention.
• I/we will coordinate food preparation, maintain a clean home environment and assist with daily living functions.
• I/we will follow the transplant center treatment plan and any additional requirements set by the transplant center.
Hematology/Oncology Support Groups
For Adult Patients, Families & Caregivers

Personal struggles, practical suggestions and everyday triumphs find their voice in this open forum moderated by a social worker.

These groups are for any patient receiving chemotherapy due to a blood cancer or having a blood or bone marrow transplant.

Walk-ins are encouraged to attend.

Where
C. S. Mott/Women’s Von Voigtlander Hospital
Adult Inpatient Unit on 7 West Patient and Family Lounge

When & Who
Every Wednesday  2:30 – 3:30 pm
Patient and Family Support Group

Questions
Barb Rose, LMSW  734-232-8757
Dear Family and Friends:

When a loved one is having a Blood or Marrow Transplant (BMT), it is common for people around them to want to help. People undergoing transplants face unique challenges. We have written this letter to share some ideas that have been helpful to other people. Please feel free to make copies and distribute this letter to others.

Having a BMT often results in added costs that are not covered by insurance, such as temporary lodging and travel expenses to and from Ann Arbor before, during and after transplant. Other costs can include lost wages, and medical and prescription expenses not covered by insurance. You can help your family member/friend financially by:

- **Buying gas cards or gift certificates:** For food or shopping to help offset medical expenses.
- **Holding a fundraiser (via an event or online):** Events can be a spaghetti dinner at a church or community center, a simple money collection, raffles, auctions, golf outings, car washes, or even a bowl-a-thon. Online fundraising is tax deductible and easy (www.bonemarrow.org, www.helpHOPElive.org, www.transplants.org).
- **Donating cash via Venmo or another digital wallet app:** Venmo is free to use. Credit card payments are subject to the 3% transaction fee that the card company charges, but debit card payments and transfers from a users’ balance costs nothing.
Of course, financial help is not the only way to offer support. Other ways are:

- **Providing home and family care**: Organize neighbors, friends, extended family and/or church members to help with meals at home, grocery shopping, lawn or garden work, snow removal, chores, laundry, childcare or pet care. Offer babysitting to give the parent(s) a break, or to give their children extra attention.

- **Donating sick time**: If you work with the patient or their caregiver your company may allow you to donate your Paid-Time-Off (PTO). This allows them additional time-off without losing regular income.

- **Creating or maintaining social media updates**: If the patient is agreeable, create a support page in their honor (www.caringbridge.org, www.lotsahelpinghands.com, www.mylifeline.org).

- **Visiting in the hospital or at home**: Ask the caregiver if and when it is okay to visit. The patient will have a compromised immune system for up to one year after transplant, so **please do not visit if you are ill or have been exposed to others who are ill**.

- **Offering other gifts of caring**: Simple things mean a lot. These can include: prayers or meditations when appropriate, a book or DVD, hugs, a listening ear, silk flowers (live flowers and plants are not allowed), cards, letters and emails, or small gifts.

If you are interested in additional information, please contact the appropriate social worker below.

Sincerely,

Jack Harrington, LMSW  
- **Clinical Social Worker**  
- **(Outpatient)**  
- **Phone**: 734-232-9073

Barbara Rose, LMSW  
- **Clinical Social Worker**  
- **(Inpatient)**  
- **Phone**: 734-232-8757

Toni Spano-English, LMSW  
- **Clinical Social Worker**  
- **(Outpatient)**  
- **Phone**: 734-232-5776
Allogeneic

Section 4
Admission Information

What to Expect During Your Hospital Stay
Frequently Asked Questions About Bone Marrow Transplant
What to Expect on “Day Zero” of an Allogeneic BMT
Transplant Day Information and Puzzles
University Hospital and Frankel Cardiovascular Center Guide: A Resource for Patients and Families
Allogeneic Stem Cell Transplant: 
What to Expect During your Hospital Stay

The following guidelines apply to being admitted to 7 West and what to expect during your hospital stay.

Admission day:

- You will have an appointment the morning of your admission day with your transplant doctor to ensure that you are ready for your chemotherapy and transplant process to begin.
- You will then get a central line IV catheter, called a Hickman, placed in your chest. This will be done in Interventional Radiology with sedation.
- You will be admitted to 7 West after your line placement.

Note: If 7 West does not have any open beds at this time, you will be sent to the admit lounge until we have a clean, open room for you. We are aware you are coming in, but sometimes we have to wait for patients to be discharged, housekeeping has to clean the room, and then we can admit you.

Admission and hospital stay:

- We will take a tour of the unit with you. We will show you where the nutrition room, family lounge, and laundry room are. We will also show you where you can walk the halls.
- We will ask you several questions about your medications, screening questions, and other required documentation that has to be completed on admission day. Your home medications can go home with family. We will dispense all of your medications to you from our pharmacy. In the rare event that you take a medication that we don’t stock, we will send your own home medication to pharmacy to verify it and then we can keep it locked up in the med cabinet in your room.
• We will show you how to order meal trays and guest trays from your room phone. You can order food from 6:30 am to 8:00pm.
• There is a fridge in your room for food, it does not have a freezer component. There is a freezer in our nutrition room for any frozen foods that you plan to bring. Be sure to put your name on that food.
• There is a small couch or chair that converts to a bed for an overnight visitor. Minors need to be accompanied by an adult visitor at all times.

Routine nursing care:
• We do vital signs every 4 hours at a minimum, even overnight.
• Each nurse you have will do a full assessment of you and your symptoms. They will listen to your heart and lungs, look in your mouth, ask you questions about pain, nausea, diarrhea, etc.
• Labs and blood samples will be taken daily around 4:00am or 5:00am.
• Weights are done every day.
• The doctor and other members of the transplant team will come by each day to examine you and update your treatment plan.

Day to day expectations of you:
• You need to shower every day with chlorhexidine soap that we will provide for you. This is to help prevent you from getting an infection.
  o We will show you how to use saran wrap to cover your central line to avoid it getting wet in the shower.
  o Do not use bar soap, use liquid soap only.
  o Do not use a loofah. Use a new washcloth each day.
• We will have you save all of your urine during your admission. We will show you how to do that and how to record it yourself.
• We will ask you to save your first bowel movement upon admission and at other times throughout your stay.
• You need to be walking in the halls at least 3 times a day.
  o You need to wear a yellow mask in the halls on 7 West and if you go off the floor for a test, we will have you wear a blue N-95 mask.
  o Once you are admitted, you cannot leave the unit. If you must leave, you will need to get nurse/doctor approval.
• We will encourage you to drink 4-5 large cups of water per day to keep you hydrated.
• Use salt and soda mouth rinse 4 times a day to keep your mouth clean and prevent mouth sores.
• Brush your teeth 2 times a day.
• We will have you use an incentive spirometer several times a day. This is a breathing machine that will help keep your lungs expanded and respiratory will show you how to use it.
• We will show you how to use Sequential Compression Devices (SCDs) on your legs to help prevent blood clots.
• Be sure to put your call light on when your IV pump is beeping, it does not automatically alert us to when this occurs.

**Infection prevention:**
• Wash your hands often, at a minimum: before eating, after using the bathroom, and every time you or your visitors come in and out of your room.
• No sick visitors allowed on 7 West or in your room.
• No real flowers or plants, no latex balloons. Fake flowers and non-latex balloons are allowed.
• Do not wear contact lenses. Eye glasses only.
• Your IV pole will be attached to your central line continuously while you are admitted on 7 West. We do not unhook you for showers. This is for infection control purposes and to keep your risk of infection as low as possible.
• Visitors should not use the bathroom in the room unless instructed otherwise. There are public restrooms and a shower located around the unit.
• Refer to your FDA Food Safety booklet or dietician for specific food related questions.
• Screening tests will be done upon admission and each week on Wednesdays to determine if you are a carrier of certain bacteria that can cause infection if it is spread. These screening tests are done using a swab on the inside of your nose, the other is a rectal or stool sample swab.
• If you are put into contact or droplet precautions (where staff wear gowns, gloves, and possibly a mask into your room) we will prohibit you from using certain areas on the unit. We will give you more information on this if you are put into precautions.

Safety and fall precautions:
• We will discuss fall precautions with you and give you a handout. Your safety is very important to us and there are multiple factors that could increase your risk of a fall.
• For your safety, please do not touch the buttons or manipulate your IV tubing on your IV pump.
Symptoms during your stay:

- Keep us informed of all symptoms you are experiencing. Use your call light as needed to alert us to any symptoms you are having or if you need anything, this is how your nurses can help you be more comfortable.
- Symptoms to alert your nurse about:
  - Feeling hot or chilled
  - Difficulty breathing
  - Chest pain/tightness
  - Nausea
  - Diarrhea
  - Mouth sores
  - Pain, headache
  - Nose bleed
  - Blood in urine or stool
  - Or any other symptoms that you may be experiencing

Blood counts:

- We will write your labs/blood counts on the whiteboard in your room every day.
- Your chemo will make your white blood cell count and neutrophils decrease. This is when you are at most risk for infections.
- If your hemoglobin becomes too low, we will give you blood/red blood cells.
- If your platelets become too low, we will give you platelets. If you have a nose bleed or are bleeding from anywhere, we may give you platelets to help clot your blood at that point.
• Bleeding precautions: When your platelets are less than 50,000:
  o Do not floss
  o Do not blow your nose harshly
  o Do not rub your eyes
  o Do not scratch your skin hard
  o Do not strain with bowel movements
  o Do not have sexual intercourse (vaginal or anal)
  o Electric razors only
  o Avoid popcorn and hard to chew items
  o Avoid vomiting- call nurse for anti-nausea medications
  o Nothing per rectum or vagina (no enemas, tampons, vaginal dilators)
  o Notify staff of any signs of bleeding (nosebleeds, blood in urine/stool/vomit/sputum

Engraftment:
Engraftment is when your stem cells that you got on transplant day are growing and now functioning as normal cells. Engraftment typically takes a few weeks after your transplant date. We will alert you as to when you are engrafting and when we anticipate you being discharged from the hospital.

When can I go home?
• Once engraftment has occurred
• When your symptoms have resolved (no fevers, nausea/diarrhea controlled with oral meds, etc.)
• Eating and drinking well
• Able to take all medications by mouth
Frequently Asked Questions about Bone Marrow Transplant-Allogeneic

Bone marrow transplant is a very complex process that includes many steps. This handout provides answers to common questions patients and caregivers have. We hope it will help you better understand the process and learn the medical terms we often use. Please do not hesitate to ask us more questions as they come up.

How are stem cells collected?
There are several ways to collect stem cells for future re-infusion.

Cord Blood is collected from the umbilical blood vessels in the placenta at time of the delivery and then frozen.

Bone Marrow is collected by multiple needle aspirations from the bone marrow space in the hips or chest.

Peripheral Blood – it is possible to collect stem cells directly from the patient’s bloodstream. In order to have enough stem cells in the bloodstream, the patient receives growth-factor drugs (Granix® and/or Mozobil®) with or without chemotherapy. The drugs stimulate the movement of stem cells out of the bone marrow space into the bloodstream. This process is called mobilization of stem cells. After the stem cells mobilized into the bloodstream the blood is collected through an IV connected to a special machine called an apheresis machine. The machine separates the stem cells and returns the remaining blood back to the donor.
How are stem cells stored?
Some cells are fresh, which means they will be infused shortly after collection. Some stem cells are collected, missed with a preservative called DMSO, and frozen in liquid nitrogen at a temperature below 50 °Celsius. Cells can be stored indefinitely. Extra cells are sometimes stored in case the patient needs more cells.

How many cells are needed for transplant?
The number of cells necessary for transplant has not been established and varies from center to center. At Michigan Medicine we want 2-5 million cells.

What are conditioning regimens?
Conditioning regimens are treatment plans that include a combination of chemotherapy and/or radiation before transplant. The purpose is to:
- Kill off any existing cancer cells
- Make room in the bone marrow for new cells
- Suppress your immune system to allow the transplanted stem cells to start growing and maturing.

How will the new stem cells grow in my body?
You will receive the stem cells through your central line. Stem cells have a “homing” (from the word “home”) ability that allows them to migrate to the bone marrow where they will grow and mature. You will receive Granix® several days after transplant to help increase your white blood cell counts.

How do I know transplant is successful?
Transplant is successful when the new cells begin to grow and mature in the bone marrow. This is called engraftment. White blood cells are the first to engraft; platelets will engraft second and red blood cells third. When the
new stem cells have engrafted you will see a gradual but steady increase in blood counts. We define engraftment in one of two ways:

- ANC is over 0.5 or 500 for two days in a row,
- Platelet count is over 20,000 and ANC is higher than 1,000 for 1 day

**When will I engraft?**

Time of engraftment varies per type of transplant and where stem cells are collected.

**Autologous:** Peripheral stem cells: average 10-14 days
Bone Marrow: average 15-20 days

**Allogeneic:** Peripheral stem cells: average 12-14 days
Bone Marrow: average 15-20 days

**Cord Blood:** Average 25-45 days

**When can I go home?**

We will discharge you when the following have occurred:

- Your cells have begun to engraft and your ANC is more than 1.0 or 1,000
- You have been without fever for 24 hours
- You are eating and drinking adequately
- Side effects such as pain, nausea, vomiting or diarrhea are all under control with oral medications
- You are not requiring daily blood transfusions

**Will my blood type change?**

If you received stem cells from a donor, your donor may have a different blood
type than yours. A blood bank technician will provide you with a blood ID card with your current blood type and donor's blood type. To assess changing of blood type, we will do frequent blood-type tests during your stay. This will help you to prepare for future transfusions. It will take approximately one year for your blood type to convert.

**How long do I have diet restrictions?**

Transplant recipients receive specific food safety guidelines to help protect against bacteria and other harmful organisms found in some food and drinks. A FDA *Food Safety* booklet for bone marrow transplant recipients is included in this binder. You will be required to follow these guidelines for the first 100 days or until you are off all medications that suppress your immune system (if you received donated stem cells.) The unit dietician will review guidelines in this booklet with you.
What to Expect on “Day Zero” of an Allogenic BMT?

What is Day Zero?
Day Zero is the day you receive your new stem cells. This handout will describe in detail what you can expect to occur on this day.

Where will the procedure take place?
- Your transplant will take place in your room with you lying in bed. You may have visitors if you like, as long as they are not sick.

How will I prepare for the procedure?
- You may want to eat light lunch or postpone lunch until after transplant.
- You will receive Tylenol® and Benadryl® prior to the procedure. You may also receive anti-nausea medications if needed. Patients with blood types that are different, or incompatible, to donor's blood type will get additional medications before the procedure. These may include steroids and diuretics (water pills).

What will happen during the infusion of stem cells?
- The blood bank will bring the stem cells to your room. We double check each bag to ensure you are receiving the correct stem cells.
- Your cells will be in a bag that looks similar to blood. They will be connected to your central line and infused through your line.
- The bag will be rinsed when empty to help capture all cells.
- The transplant takes about 30 minutes to an hour, but may take longer depending on volume and number of stem cells to be infused.
- We will monitor you closely during the infusion, and will take vital signs frequently.

What are the common side-effects?
The common side effects for this procedure include:
- Change in vital signs: fever, increase in blood pressure and/or heart rate.
There may also be a decrease in oxygenation and we may temporarily place you on oxygen.

- Heaviness in your chest or a feeling of pressure in your chest.
- Back pain or flank pain
- Chills, Shivers or shakes, also called rigors.
- Itchiness and/or redness to skin.
- Red or pink tinged urine may occur due to break down of remaining red blood cells during infusion. You will be getting IV fluids to help flush out your kidneys so we expect this side effect to subside with 24-48 hours.

Side effects can be treated by slowing the infusion. We will monitor you closely during infusion of your stem cells with frequent vital signs and adjust the pace as needed.

The medications you received prior to the procedure, will help to prevent serious transfusion reactions, such as:

- fever
- shortness of breath
- swelling of the throat
- itching/hives

If this happens we would stop your infusion and manage your symptoms. Once the procedure is completed, it is very unlikely you will have any further reactions.

**What happens after the infusion?**

After transplant, patients are often tired from pre-medications and lack of sleep in anticipation of the procedure. We find a quick nap sometimes helps to feel better.
Across

1. If you have _____, it is important to inform their school that you must be notified of communicable diseases like measles, chicken pox, etc. Notify your doctor if you have been exposed to one of these illnesses.

2. Your _____ to work or school will depend on the type of transplant you received and how your recovery proceeds. Your doctor should approve your return. In general, autologous transplant recipients can return on a part-time basis in around 100 days. For Allogeneic transplant recipients, it may be anywhere from 6 months to a year.

4. Notify your doctor before you plan to do this. It may not be wise to plan an extended vacation until you see how your recovery progresses.

5. Continue your mouth care regimen that you practiced in the hospital. Continue your mouth care after meals and at bedtime. Notify your doctor of any mouth changes and plans for _____ work. You should have a _____ follow-up visit at six months after your transplant.

12. Balance work and _____ Avoid contact sports. Fatigue is common but it’s important to stay active to keep your body and lungs strong. Space out activities and schedule rest periods into your day.

15. Bring your medications with you to clinic. Wait to take your _____ medication until after your blood-draw in clinic. Then you are okay to take it. This will allow us to get an accurate drug level.

16. Loss of taste and _____ happens frequently following transplant. If you are having problems eating a diet with enough calories and protein, talk with our dietitian.

17. Avoid prolonged exposure to _____ Wear hats, long sleeves, and SPF 30 or higher. Lifelong medications may increase your risk for sunburn.

19. Avoid _____ people and kids under 12 as much as possible. Avoid large crowds and people who have been recently vaccinated with a live vaccine (like chickenpox).

22. It is advisable to use only one _____ at home. They will have your complete records, can advise you on your prescriptions and will communicate with your doctor.
Down

1. Women- Use a dilator as directed by gynecology. Also use a water based lube to combat vaginal dryness which can be a result of _____ and radiation.

3. After transplant, your body may no longer recognize previous childhood _______. Therefore, you will be re-immunized with several vaccines beginning at approximately one year after transplant.

6. Consult your doctor before taking any over-the-counter ____. In general, avoid aspirin containing products and products containing acetaminophen or ibuprofen unless discussed first with your doctor or nurse. Avoid herbal supplements.

7. Household ____ can remain in the home, with the exception of birds and reptiles. Avoid contact with animal wastes. Do not let them sleep with you.

8. Avoid doing this in lakes, public pools, and sitting in hot tubs due to the possibility of exposure to excessive bacteria.

9. Wash your ____ after using the restroom, before preparing or eating food, before caring for your central line and after coughing or sneezing. Always wash your _____ when they look visibly soiled.

10. You may go home on IV electrolytes such as ____. In some instances, you may come into the infusion clinic to receive supplements.

11. Avoid sexual activity until your platelet count is at least _____-thousand. Use a condom for at least the first 100 days post-transplant for sexual activity. Avoid anal intercourse. Avoid kissing or oral sex if your partner has mouth sores.

13. Inform the lab technician who is drawing your immunosuppression level (tacrolimus or cyclosporine) not to draw ____ from the lumen with peach tape. Tacrolimus and cyclosporine levels can be affected if drawn from this line if they have had these drugs infused through it.

14. You will not be able to _____ for at least three months following your transplant. This period may be shorter for patients receiving their own stem cells. It is essential to have someone available to drive you to your clinic appointments or to the hospital. You cannot resume driving without your doctor’s approval.
18. Observe your central line (venous access device) for signs and symptoms of this. You should notify your doctor of any changes to the insertion area including areas of redness, tenderness, drainage, or a general change of appearance.

20. You need to wear this when coming to the hospital or clinic appointments. It will not necessarily protect you from those who are sick, but is a reminder to those around you to be cautious. It is not necessary when you are at home or out for a walk in areas free of construction and free of large crowds.

21. Daily ______ is important. Shower every day and keep your private area clean after using the restroom. Use non-alcohol containing lotions for moisturizing.

22. These can remain in the home. Avoid gardening, mowing the lawn, and other activities that stir up soil or the ground. Avoid handling fresh-cut flowers in vases.
## Common Allogeneic Transplant Medications Matching

Match the medication use on the left to the medication on the right. Some Medications may be matched to multiple numbers on the left.

<table>
<thead>
<tr>
<th></th>
<th>Injection to treat or prevent blood clots</th>
<th>Actigall / Ursodiol</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>To treat/prevent nausea</td>
<td>Ativan / Lorazepam</td>
</tr>
<tr>
<td>3</td>
<td>First line immunosuppression</td>
<td>Cellcept / mycophenolate mofetil</td>
</tr>
<tr>
<td>4</td>
<td>Antibiotic used to prevent/treat infections</td>
<td>Compazine / prochlorperazine</td>
</tr>
<tr>
<td>5</td>
<td>Used to treat active viral infection</td>
<td>Diflucan / fluconazole</td>
</tr>
<tr>
<td>6</td>
<td>Immunosuppression used with or instead of Tacrolimus</td>
<td>Levaquin / levofloxacin</td>
</tr>
<tr>
<td>7</td>
<td>Antiviral medication to prevent virus</td>
<td>Lovenox / Enoxaparin sodium</td>
</tr>
<tr>
<td>8</td>
<td>Antifungal</td>
<td>Medrol / methylprednisolone</td>
</tr>
<tr>
<td>9</td>
<td>Used to prevent/treat gastric reflux</td>
<td>Neupogen / Filgrastim, Granix/tbo-filgrastim</td>
</tr>
<tr>
<td>10</td>
<td>Protects liver and gall bladder</td>
<td>Oxy IR /oxycodone</td>
</tr>
<tr>
<td>11</td>
<td>Anti-anxiety medication that also helps with nausea</td>
<td>Prilosec / Omeprazole</td>
</tr>
<tr>
<td>12</td>
<td>Vitamin supplement</td>
<td>Prograf / Tacrolimus</td>
</tr>
<tr>
<td>13</td>
<td>Drops to prevent graft-vs-host disease of eyes</td>
<td>Restasis eye drops / cyclosporine</td>
</tr>
<tr>
<td>14</td>
<td>Antibiotic used to prevent/treat infections</td>
<td>Valcyte / valganciclovir</td>
</tr>
<tr>
<td>15</td>
<td>Injection used to boost neutrophil count</td>
<td>Vantin / Cefpodoxime</td>
</tr>
<tr>
<td>16</td>
<td>Antifungal</td>
<td>Vfend / Voriconazole</td>
</tr>
<tr>
<td>17</td>
<td>To treat/prevent nausea</td>
<td>Vitamin D3 / cholecalciferol</td>
</tr>
<tr>
<td>18</td>
<td>Short acting pain control</td>
<td>Zofran / Ondansetron</td>
</tr>
<tr>
<td>19</td>
<td>Steroid to treat graft-vs-host disease</td>
<td>Zovirax / Acyclovir</td>
</tr>
</tbody>
</table>
Signs of Infection

Burningfeeling
Confusion
Fatigue
Frequency (with urination)
Mouthsores
Skintenderness
Swelling

Chills
Cough
Fever (over 38° celsius; or 100.5°fahrenheit)
Loosebowels
Muscleaches
Sorethroat
Urgency (with urination)

If any of the above symptoms appear, notify your nurse or doctor immediately.
### When to Contact your BMT Doctor

- Bleeding
- Blurred vision
- Cough
- Diarrhea
- Fever
- Pain
- Rash
- Redness
- Skin changes
- Swelling
- Vomiting

**Bleeding** | **Blurred vision** | **Cough**
---|---|---
**Diarrhea** | **Fever** | **Pain**
**Rash** | **Redness** | **Skin changes**
**Swelling** | **Vomiting** | |
Allogeneic Bone Marrow Transplant Crossword Puzzle on Discharge Education

1. CHILDREN
2. RETURN
3. VACATION
4. TRAVEL
5. DENTAL
6. MED
7. PAPER
8. DENTAL
9. HAND
10. IMMUNOSUPPRESSION
11. ACTIVITY
12. IF
13. IMMUNE SYSTEM
14. ILL
15. SUNLIGHT
16. VIOLENT
17. ILL
18. GROWTH
19. DISEASES
20. PHARMACY
21. FEVER
22. MUSHROOM
23. LANDKIN
24. ENTHUSIASM
25. EYES

Adult Blood and Marrow Transplant (BMT) Program
Allogeneic Transplant
Across

1. If you have **children**, it is important to inform their school that you must be notified of communicable diseases like measles, chicken pox, etc. Notify your doctor if you have been exposed to one of these illnesses.

2. Your **return** to work or school will depend on the type of transplant you received and how your recovery proceeds. Your doctor should approve your return. In general, autologous transplant recipients can return on a part-time basis in around 100 days. For Allogeneic transplant recipients, it may be anywhere from 6 months to a year.

4. Notify your doctor before you plan to do this. It may not be wise to plan an extended vacation until you see how your recovery progresses. **travel**

5. Continue your mouth care regimen that you practiced in the hospital. Continue your mouth care after meals and at bedtime. Notify your doctor of any mouth changes and plans for **dental** work. You should have a **dental** follow-up visit at six months after your transplant.

12. Balance work and **activity**. Avoid contact sports. Fatigue is common but it’s important to stay active to keep your body and lungs strong. Space out activities and schedule rest periods into your day.

15. Bring your medications with you to clinic. Wait to take your **immunosuppression** medication until after your blood-draw in clinic. Then you are okay to take it. This will allow us to get an accurate drug level.

16. Loss of taste and **appetite** happens frequently following transplant. If you are having problems eating a diet with enough calories and protein, talk with our dietitian.

17. Avoid prolonged exposure to **sunlight**. Wear hats, long sleeves, and SPF 30 or higher. Lifelong medications may increase your risk for sunburn.

19. Avoid **ill** people and kids under 12 as much as possible. Avoid large crowds and people who have been recently vaccinated with a live vaccine (like chickenpox).

22. It is advisable to use only one **pharmacy** at home. They will have your complete records, can advise you on your prescriptions and will communicate with your doctor.
Down

1. Women- Use a dilator as directed by gynecology. Also use a water based lube to combat vaginal dryness which can be a result of chemotherapy and radiation.

3. After transplant, your body may no longer recognize previous childhood vaccinations. Therefore, you will be re-immunized with several vaccines beginning at approximately one year after transplant.

6. Consult your doctor before taking any over-the-counter medications. In general, avoid aspirin containing products and products containing acetaminophen or ibuprofen unless discussed first with your doctor or nurse. Avoid herbal supplements.

7. Household pets can remain in the home, with the exception of birds and reptiles. Avoid contact with animal wastes. Do not let them sleep with you.

8. Avoid doing this in lakes, public pools, and sitting in hot tubs due to the possibility of exposure to excessive bacteria. swimming

9. Wash your hands after using the restroom, before preparing or eating food, before caring for your central line and after coughing or sneezing. Always wash your hands when they look visibly soiled.

10. You may go home on IV electrolytes such as magnesium. In some instances, you may come into the infusion clinic to receive supplements.

11. Avoid sexual activity until your platelet count is at least fifty-thousand. Use a condom for at least the first 100 days post-transplant for sexual activity. Avoid anal intercourse. Avoid kissing or oral sex if your partner has mouth sores.

13. Inform the lab technician who is drawing your immunosuppression level (tacrolimus or cyclosporine) not to draw blood from the lumen with peach tape. Tacrolimus and cyclosporine levels can be affected if drawn from this line if they have had these drugs infused through it.

14. You will not be able to drive for at least three months following your transplant. This period may be shorter for patients receiving their own stem cells. It is essential to have someone available to drive you to your clinic.
appointments or to the hospital. You cannot resume driving without your doctor's approval.

18. Observe your central line (venous access device) for signs and symptoms of this. You should notify your doctor of any changes to the insertion area including areas of redness, tenderness, drainage, or a general change of appearance. infection

20. You need to wear this when coming to the hospital or clinic appointments. It will not necessarily protect you from those who are sick, but is a reminder to those around you to be cautious. It is not necessary when you are at home or out for a walk in areas free of construction and free of large crowds. (mask)

21. Daily hygiene is important. Shower every day and keep your private area clean after using the restroom. Use non-alcohol containing lotions for moisturizing.

22. These can remain in the home. Avoid gardening, mowing the lawn, and other activities that stir up soil or the ground. Avoid handling fresh-cut flowers in vases. plants
<table>
<thead>
<tr>
<th></th>
<th>Common Allogeneic Transplant Medications Matching</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Match the medication use on the left to the medication on the right</td>
</tr>
<tr>
<td></td>
<td>Some Medications may be matched to multiple numbers on the left</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Injection to treat or prevent blood clots</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To treat/prevent nausea</td>
</tr>
<tr>
<td>2</td>
<td>First line immunosuppression</td>
</tr>
<tr>
<td>3</td>
<td>Antibiotic used to prevent/treat infections</td>
</tr>
<tr>
<td>4</td>
<td>Used to treat active viral infection</td>
</tr>
<tr>
<td>5</td>
<td>Immunosuppression used with or instead of Tacrolimus</td>
</tr>
<tr>
<td>6</td>
<td>Antiviral medication to prevent virus</td>
</tr>
<tr>
<td>7</td>
<td>Antifungal</td>
</tr>
<tr>
<td>8</td>
<td>Used to prevent/treat gastric reflux</td>
</tr>
<tr>
<td>9</td>
<td>Protects liver and gall bladder</td>
</tr>
<tr>
<td>10</td>
<td>Anti-anxiety medication that also helps with nausea</td>
</tr>
<tr>
<td>11</td>
<td>Vitamin supplement</td>
</tr>
<tr>
<td>12</td>
<td>Drops to prevent graft-vs-host disease of eyes</td>
</tr>
<tr>
<td>13</td>
<td>Antibiotic used to prevent/treat infections</td>
</tr>
<tr>
<td>14</td>
<td>Injection used to boost neutrophil count</td>
</tr>
<tr>
<td>15</td>
<td>Antifungal</td>
</tr>
<tr>
<td>16</td>
<td>To treat/prevent nausea</td>
</tr>
<tr>
<td>17</td>
<td>Short acting pain control</td>
</tr>
<tr>
<td>18</td>
<td>Steroid to treat graft-vs-host disease</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Actigall / Ursodiol</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Ativan / Lorazepam</td>
</tr>
<tr>
<td>11</td>
<td>Cellcept / mycophenolate mofetil</td>
</tr>
<tr>
<td>12</td>
<td>Compazine / prochlorperazine</td>
</tr>
<tr>
<td>13</td>
<td>Diflucan / fluconazole</td>
</tr>
<tr>
<td>14</td>
<td>Levaquin / levofloxacin</td>
</tr>
<tr>
<td>15</td>
<td>Lovenox / Enoxaparin sodium</td>
</tr>
<tr>
<td>16</td>
<td>Medrol / methylprednisolone</td>
</tr>
<tr>
<td>17</td>
<td>Neupogen / Filgrastim Granix / tbo-filgrastim</td>
</tr>
<tr>
<td>18</td>
<td>Oxy IR / oxycodone</td>
</tr>
<tr>
<td>19</td>
<td>Prilosec / Omeprazole</td>
</tr>
<tr>
<td>20</td>
<td>Prograf / Tacrolimus</td>
</tr>
<tr>
<td>21</td>
<td>Restasis eye drops / cyclosporine</td>
</tr>
<tr>
<td>22</td>
<td>Valeute / valganciclovir</td>
</tr>
<tr>
<td>23</td>
<td>Vantin / Cefpodoxime</td>
</tr>
<tr>
<td>24</td>
<td>Vfend / Voriconazole</td>
</tr>
<tr>
<td>25</td>
<td>Vitamin D3 / cholecalciferol</td>
</tr>
<tr>
<td>26</td>
<td>Zofran / Ondansetron</td>
</tr>
<tr>
<td>27</td>
<td>Zovirax / Acyclovir</td>
</tr>
</tbody>
</table>
Signs of Infection

<table>
<thead>
<tr>
<th>Burningfeeling</th>
<th>Chills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confusion</td>
<td>Cough</td>
</tr>
<tr>
<td>Fatigue</td>
<td>Fever (over 38°C celsius; or 100.5°F fahrenheit)</td>
</tr>
<tr>
<td>Frequency (with urination)</td>
<td>Loosebowels</td>
</tr>
<tr>
<td>Mouthsores</td>
<td>Muscleaches</td>
</tr>
<tr>
<td>Skintenderness</td>
<td>Sorethroat</td>
</tr>
<tr>
<td>Swelling</td>
<td>Urgency (with urination)</td>
</tr>
</tbody>
</table>

If any of the above symptoms appear, notify your nurse or doctor immediately.
When to Contact your BMT Doctor

Bleeding
Diarrhea
Rash
Swelling

Blurred vision
Fever
Redness
Vomiting

Cough
Pain
Skin changes

Adult Blood and Marrow Transplant (BMT) Program
Allogeneic Transplant
79
Section 5
Discharge Instructions

Allogeneic Discharge Information
Contact Information
Graft-Versus-Host Disease (GVHD)
Water Safety
MyUofMHealth.org Patient Portal
How to Locate the Discharge Video
Transition to Outpatient Care Following BMT Discharge
Care of the Tunneled Catheter
Be the Match After Transplant Care Guides
Allogeneic Stem Cell Transplant Discharge

The following guidelines apply to the first 6 months after transplant, or until you are off all medications that suppress your immune system (for example: Medrol®, Prednisone, Tacrolimus, Cyclosporine). Ask your doctor for more specific instructions. Remember that the following may not apply to each individual patient. Please consult with the Bone Marrow Transplant team if you have additional questions.

You are also required to stay within 100 miles driving distance of U of M Hospital for the first 100 days after transplant. If you do not have lodging set up, ask to speak with the BMT social worker before you are discharged.

When do I need to call the BMT doctor?

- Temperature over 100.5 degrees Fahrenheit
- Shaking or chills
- New cough or difficulty breathing
- Persistent headaches
- Blurred or double vision
- Bleeding problems such as:
  - Nose bleeds
  - Blood in urine or stool
  - Vomiting blood
  - Increased bruising
- Pain with urination or bowel movements
- Decrease in frequency of urination
- New or persistent nausea/vomiting and/or if you have more than 3 vomiting episodes in an 8hr period
- New or persistent diarrhea and/or if you have more than 3 episodes in an 8hr period
• Problems with eating such as:
  o Unable to keep food, fluids, or medications down
  o Having no interest in eating
  o Difficulty swallowing
  o Sore throat
  o Development of mouth sores
• Pain that is not controlled with prescribed pain medications
• Changes or difficulty with your central line such as:
  o Difficulty flushing
  o Redness, drainage, pain, or site looks different
• Changes with skin color or new rash
• Reddened, swollen, or painful areas
• Change in wound (unusual pain, drainage, swelling, or redness)
• Changes in mental status or confusion
• Increased sleepiness
• Fevers, chills, or hives after getting a blood transfusion

How do I call?
The BMT Clinic is open Monday through Friday, from 8am to 5 pm. During these hours, call 734-936-9814. After 5pm, on weekends, and holidays, call 734-936-6267 and ask for the BMT physician on-call. You can also refer to the phone list in your BMT Education Binder, titled “BMT Discharge Contact Information.” This gives you several phone numbers that you may find helpful. If you have any questions or concerns about anything, do not hesitate to call.

How will I care for myself at home?
Handwashing and hygiene
• Wash your hands often! At a minimum, you should wash your hands before eating, after bathroom use, and after contact with people and/or pets.
• Shower every day. Use liquid soap and new washcloth each day, do not use
bar soap or a loofa.

- Continue to maintain good peri-care after each bathroom use.
- Nothing per rectum or vagina.

**People, Places, and Preventing Infections**

- Avoid anyone ill.
- Avoid crowds when possible.
- Limit exposure to children outside your immediate family who are less than 12 years old.
- Avoid live vaccines. No exposure to someone who has received a live vaccine (inhaled flu mist or chickenpox vaccine) for 2 weeks.
- Avoid wearing contact lenses. Wear eye glasses to prevent infection.
- Avoid rubbing eyes, touching face.
- Notify BMT clinic of exposure to communicable diseases (ie: chickenpox, shingles, flu, etc).
- Deep cleaning of your house is not necessary before you go home, just have your caregiver wipe down surfaces, dust, and vacuum.
- Avoid construction areas or anywhere dirt and soil are being moved.
- Avoid lakes/rivers/pools for 6 months
- Avoid dirty, dusty, or moldy environments.
- Avoid lung irritants such as smoking, second hand smoke, aerosols, and spray paint.
- Limit travel.

**Do I need to wear a mask?**

- You do not need a mask unless you have a low white blood cell count (neutropenic), you are around construction, or someone is mowing the lawn. Wear a yellow mask when you are coming to and from clinic appointments. It is a good idea to keep a mask with you at all times while out in public in case you run into a crowd, construction, or someone mowing grass. Your
doctor will then discuss with you when it is no longer necessary to wear a mask.

**Bleeding Precautions**

You are at highest risk of bleeding when your platelet count is 50,000 or less. Take these precautions if this applies to you:

- Do not floss - use a soft tooth brush.
- Do not blow your nose harshly - use saline nasal spray to keep your nose moist and prevent nose bleeds.
- Do not rub your eyes - use artificial tears
- Do not scratch - use Eucerin® lotion daily after showering.
- Do not strain with bowel movements.
- Do not have sexual intercourse (vaginal, anal).
- Do not shave with a blade razor – only use an electric razor for shaving and electric clippers for hair cutting.
- Do not play contact sports.
- Avoid popcorn and hard to chew items.
- Avoid vomiting – take your nausea meds as needed
- Do not put anything in your rectum or vagina (no enemas, tampons, vaginal dilators).
- Do not use Aspirin/Excedrin/Ibuprofen or medications that affect platelets.

**Pets**

- Current pets are ok. No contact with new pets, birds, reptiles, or farm animals.
- No pets sleeping with you.
- Wash hands after direct contact with pets.
- No contact with cat litter or any animal excretions.
- Avoid pets on raw food diets.
- No reptiles or amphibians should be kept in the house or handled by you.
- It is a good idea to keep your pet clean and their shots up to date.

**Plants/Flowers/Gardening**
- Plants may stay in the home but do not handle or care for them.
- Avoid direct contact with plants, trees, flowers and mulch.
- No yardwork, gardening or digging in soil.
- Go inside during lawn mowing.
- No live Christmas trees.
- Wood burning stoves & fireplaces may be used if vented properly. No wood should be stored in the house or handled by you.
- Avoid gardening, mowing grass, raking leaves.

**Travel and Driving**
Ask your doctor when you can travel and drive.

**Return to work or school**
In most cases, at or around 1 year after your transplant date you can return to work or school. Your return should be approved by your doctor, as individuals vary greatly in their time to recovery.

**Skin and Sun**
You will need to take steps to make sure you are protected from the sun, beginning on your transplant date. Your skin will be much more sensitive to the sun and will burn easily because of the high doses of chemotherapy used in transplant.
- Avoid exposure to sunlight, especially within the first 100 days after transplant.
- If exposure to sunlight is unavoidable, use as much protection as possible such as long sleeve shirts, long pants, hat, sunscreen SPF 30 or higher.
Physical activity
- Gradually increase activity as tolerated. Activity outdoors, such as walking, is good for you.
- Trail Hiking is ok but no camping, hunting, fishing, or deep woods hiking.
- No contact sports such as soccer, hockey, basketball, football or strenuous weightlifting if platelet count is less than 50,000.
- No swimming in lakes, ponds, hot tubs, or public pools.

Sexual Activity
- You can resume intercourse when your platelet count is greater than 50,000.
- Use standard safe sex precautions.
- Use a condom for the first 100 days to prevent risk of infection. Continue using condoms if receiving chemotherapy.
- No anal intercourse.
- No kissing or oral sex if your partner has any mouth sores.
- Use water-based lube for vaginal dryness.

Diet, food and water safety
- Use the FDA Food Safety booklet you received from the dietary team for 6 months after transplant, until you are off all immunosuppressive medications, or as long as your doctor instructs you to use it.
- While on immunosuppressive medications, (i.e. tacrolimus), do not drink grapefruit juice or products containing grapefruit, (i.e. Sunny D).
- Avoid well water.
- Avoid bottled water that’s not reverse-osmosis.
- Avoid buffets.

Medications
- You will receive specific instructions before you leave the hospital about the medications you are taking.
• Bring all medications you are taking and your list of medications to your clinic appointments.
• Only take what is prescribed to you.
• Do NOT take immunosuppression medication (example: Tacrolimus or Cyclosporine) on the morning of your clinic appointment until after getting labs drawn. If you take this medication before labs being drawn, it will give a falsely high result.
• Avoid Acetaminophen (Tylenol®), Ibuprofen (Motrin®, Advil®), Aspirin (Bayer®, Excedrin®), and Naproxen (Aleve®) unless instructed by your doctor.
• Avoid herbal supplements and over the counter medications unless prescribed by your doctor.

Central Line care
Refer to Central Line/Tunneled Catheter Manual in your discharge folder for instructions. Continue to care for your line as you were instructed before discharge from the hospital. For questions about central line care or supplies, call your visiting nurse agency or home supply company for more information.

Immunizations
You will need to be re-immunized beginning at approximately one year after your transplant. You will be given an immunization schedule with recommendations.

What is my BMT follow-up care?
• Before you get discharged from the hospital, you will receive a date and time for your first BMT clinic appointment. This appointment will typically be within a few days of being discharged from the hospital.
• Be sure to get labs drawn before this appointment at the blood drawing station on level 2 of Mott Children and Women’s Hospital.
o **Do not** take immunosuppression medication (example: Tacrolimus or Cyclosporine) on the morning of your clinic appointment until **after** getting labs drawn. If you take this medication before labs being drawn, it will give a falsely high result.

o Make sure that blood drawing station personnel **do not** draw labs off of any lumens that have pink colored tape on them (typically blue lumen). This lumen(s) had your immunosuppression medication infused through it while in the hospital and will give falsely high results on your labs.

- You will then proceed to the 7th floor of Mott Children and Women’s Hospital and check into the BMT clinic at Reception B.
- Additional follow-up BMT clinic visits will be scheduled at this time. Be aware that you will have at least one clinic appointment per week.
BMT/CAR T-cell Discharge Contact Information

You are being discharged to the care of the outpatient clinic providers, home care providers or outside resources. The list below will help you with who to contact for common needs that arise once you are out of the hospital.

Medical follow-up

<table>
<thead>
<tr>
<th>Questions/Concerns</th>
<th>Clinician</th>
<th>Phone number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency</td>
<td></td>
<td>Call 911</td>
</tr>
<tr>
<td>Medical Questions (non-emergent)</td>
<td>MD/NP/PA/RN</td>
<td>use on-line portal</td>
</tr>
<tr>
<td>Medical Questions (requiring same day follow-up)</td>
<td>Clinic nurses</td>
<td>(734) 936-9814</td>
</tr>
<tr>
<td>Urgent Concerns that cannot wait for clinic hours (nights/weekends/holidays)</td>
<td>BMT doctor on-call</td>
<td>(734) 936-6267</td>
</tr>
<tr>
<td>Dietician and/or Supportive Care/Symptom Management</td>
<td>Cancer Center</td>
<td>(734) 232-6366</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician</th>
<th>Midlevel (NP/PA)</th>
<th>Registered Nurse</th>
<th>Clinic Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Anand, MD</td>
<td>Adrienne Trentacosti, PA-C</td>
<td>Sally Straub</td>
<td>Wednesday, Friday</td>
</tr>
<tr>
<td>Monalisa Ghosh, MD</td>
<td>Mary Mathews, NP</td>
<td>Jaclyn Jirasek</td>
<td>Tuesday, Thursday</td>
</tr>
<tr>
<td>John Maciejewski, MD</td>
<td>Tim Higgins, PA-C</td>
<td>Sue Tschirret</td>
<td>Wednesday, Friday</td>
</tr>
<tr>
<td>John Magenau, MD</td>
<td>Tim Higgins, PA-C</td>
<td>Sue Tschirret</td>
<td>Tuesday</td>
</tr>
<tr>
<td>Attaphol Pawarode, MD</td>
<td>Bethany Laurio, NP</td>
<td></td>
<td>Monday, Wednesday</td>
</tr>
<tr>
<td>Mary Riwes, DO</td>
<td>Kari Castillo, NP</td>
<td>Sue Tschirret</td>
<td>Monday, Thursday</td>
</tr>
</tbody>
</table>

Additional nurses you may encounter: Eileen Plezia-McKenzie
<table>
<thead>
<tr>
<th><strong>Home assistance</strong></th>
<th><strong>Type</strong></th>
<th><strong>Phone number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>HomeMed</td>
<td>Home Infusion Supplies</td>
<td>(866) 914-1453</td>
</tr>
<tr>
<td>Michigan Visiting Nurses (MVN)</td>
<td>Visiting Nurse Care</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Assistance</strong></th>
<th><strong>Type</strong></th>
<th><strong>Contact information/Hours:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing and Insurance</td>
<td>Customer Service</td>
<td><a href="mailto:PFC-counselors@med.umich.edu">PFC-counselors@med.umich.edu</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(877) 326-9155</td>
</tr>
<tr>
<td>Lodging</td>
<td>Short-Term</td>
<td>Patient &amp; Visitor Accommodations (PVA) (800) 544-8684</td>
</tr>
<tr>
<td>Patient and Family Support Services (PFSS)</td>
<td>Supportive Care</td>
<td>(877) 907-0859 or (734) 232-6366</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Cancer Center</td>
<td>(M-F, 9am-5:30pm) (734) 647-8911</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Care/Taubman</td>
<td>(M-F, 9am-6pm; Sat 9am-4:30pm) (734) 936-8260</td>
</tr>
<tr>
<td>Social Work</td>
<td>Clinical</td>
<td>Jack Harrington (734) 232-9073</td>
</tr>
<tr>
<td></td>
<td>(last names A-K)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical</td>
<td>Toni Spano-English (734) 232-5776</td>
</tr>
<tr>
<td></td>
<td>(last names L-Z)</td>
<td></td>
</tr>
<tr>
<td>Tangible Assistance</td>
<td>Transportation, lodging, prescription cost resources, coordination of Medicaid travel benefits, etc.</td>
<td>Guest Assistance Program (GAP) (800) 888-9825</td>
</tr>
</tbody>
</table>
Graft-Versus-Host Disease (GVHD)

What is GVHD?

- Graft Versus Host Disease or “GVHD” occurs when your new bone marrow (immune system) does not recognize the rest of your body and begins to attack one or more areas of your body.
- GVHD can occur acutely – usually within the first 100 days after your transplant. GVHD may be considered chronic if specific symptoms are present.

Who is at risk?

- Any person who receives an allogeneic stem cell/bone marrow/cord blood transplant (related or unrelated), although many precautions are taken to reduce your risk.

What areas are likely affected?

- **Acute GVHD is most likely to occur in the:**
  - Skin – may start with a red rash with small raised areas that may itch or hurt - likely to occur around neck, shoulders, ears, palms of hands, or soles of feet
  - Liver – your blood tests will be monitored for early signs, report any yellowing of your skin or eyes and abdominal pain
  - Gastrointestinal tract or “GI tract” – usually diarrhea and cramping if the lower portion of your intestines is involved or nausea/poor appetite if your upper GI tract is involved

- **Chronic GVHD is most likely to occur in the:**
  - Skin – may be different for everyone, but often you might notice reddened areas, areas that have become lighter than normal, hardened or tightened areas that are shiny and cannot move easily, may be worsened in sunlight
  - Liver – your blood tests will be monitored for signs of injury to your liver, report abdominal pain & yellowing of your skin or eyes
  - Gastrointestinal (GI) tract – ulcerations (sore areas where the tissue is breaking down) can occur from your mouth to your intestines
resulting in pain, nausea, poor absorption of food and fluids, and/or diarrhea
  o Lungs – often begins with shortness of breath and a cough without sputum (phlegm) and can become progressively worse

How has my provider tried to prevent me from getting GVHD?
- Choosing the best donor for you (this is different for each patient)
- Giving you immunosuppression medication(s) and monitoring doses closely (often a combination of Tacrolimus, Methotrexate, Cyclosporine, or Cellcept®).

How can I prevent GVHD?
- Take all of your medications and get labs drawn exactly as prescribed
- If you have nausea or vomiting contact your provider right away to adjust medications.
- If you have any of the early signs and symptoms described above, let your providers know right away.

How will I know if I have GVHD?
- Always keep track of your symptoms and how you feel, alerting your nurse or doctor to changes immediately.
- Your providers may suspect you have GVHD and may order a biopsy of the area (this may be done in your hospital room or during a procedure like a colonoscopy).

What are the different grades of GVHD?
- If you are diagnosed with acute GVHD you may hear it graded between 1 to 4 with “1” being minor symptoms and “4” being life-threatening.
- If you are diagnosed with chronic GVHD you may hear it called either “limited” or “extensive”.

How is GVHD treated?
- Your provider may prescribe steroids – either an injection into your IV, a pill, or a lotion.
• Your provider may adjust your existing immune suppressing medications (change from pill to IV and/or increase dose).
• Sometimes a form of light therapy may be helpful. With this therapy called extracorporeal photopheresis blood is removed from the patient and separated into different types of cells. About a pint of blood, mostly white blood cells, is treated with a special drug to make it more sensitive to light. It is then treated with UV light, and the blood is infused back into the patient.

What support resources are available if I get GVHD?
• Your nurses and doctors are great resources for questions, concerns, and support in general.
• Support groups, held in the 7West Family Lounge, drop-ins welcome!
• Bone Marrow Transplant Support Group for inpatients and outpatients and family/caregivers: Wednesday from 1pm – 2pm. Ask your social worker for more details about support groups.
Safe Drinking Water and Other Beverages for Immunocompromised Patients

Can I Drink Tap Water?
Drinking tap water from municipal wells serving highly populated areas is regarded as safe from bacterial contamination. The water in these wells is tested at least twice a day for bacterial contamination.

Do not drink well water from private wells or from public wells in communities with limited populations. Tests for microbial contamination in these wells are not done often enough to detect bacterial contamination.

Boiling water is the best method of killing Cryptosporidium and other microbes in water. After boiling the water store it in the refrigerator in a clean bottle or pitcher with a lid. To prevent re-contamination, be careful not to touch the inside of the water bottle or lid.

Monitor news on TV and radio in your area to find out immediately if a boil-water advisory has been issued for people with compromised immunity. These advisories are issued by state or local governments. A boil-water advisory means that you need to boil all tap water for at least one minute before drinking it.

What is the best information about Water Filters?
Water filters remove microbes such as Cryptosporidium Oocysts and Giardia lamblia from water. Use a filter labeled with an “absolute” (not “nominal”) pore size of one micron or smaller. This filter will remove all oocysts (viruses, however, can pass through a one-micron filter). Reverse Osmosis is a water purification system that prevents oocysts from passing through. These filters
may be either attached to a faucet or have a pour-through design. They treat water used for drinking or preparing foods.

To see if a certain filter can remove Cryptosporidium Oocysts, contact NSF-International directly at 1-800-673-8010 or 888-99-SAFER. You can also email: info@nsf.org or visit http://www.nsf.org/certified/DWTU/

**Can I drink bottled water?**

You may drink bottled water if it has been processed by one of three processes: reverse osmosis, distillation, or 1 micron particulate absolute filtration. It is also acceptable to use bottled water that has been tested and certified by NSF Standard 53 or NSF Standard 58 cyst removal/cyst reduction. To confirm the bottled water has undergone one of these processes, contact the International Bottled Water Association (IBWA) at 1-800-928-3711 or visit their website at http://www.bottledwater.org. If IBWA does not have the information you are looking for, contact the bottling company directly.

Note: Bottled water labeled as: “artesian well water,” “well water,” “spring water,” or “mineral water” could still contain Cryptosporidium or other pathogens if the water has not been processed. That is why it is important to make sure your bottled water has gone through one of the three processes listed above.

**What other precautions should I take?**

Ice made from an ice machine is ok. However, if ice is being scooped out of a large ice container, you should avoid it unless the server is wearing gloves.
Do not drink unpasteurized milk, fruit, or vegetable juices. Safe drink choices include:

- Nationally distributed brands of bottled or canned carbonated soft drinks and beer
- Commercially packaged non-carbonated drinks that contain fruit juice
- Fruit juices that do not require refrigeration until after opening
- Canned or bottled soda, seltzer or fruit drinks
- Steaming hot (more than 175 F) tea or coffee
- Juices labeled as pasteurized
- Nationally distributed brands of frozen fruit juice concentrate that are reconstituted with water from a safe source.
What is MyUofMHealth.org?
MyUofMHealth.org’s patient portal offers you personalized and secure online access to portions of your medical records. It enables you to use the Internet to help manage and receive information about your health securely. With MyUofMHealth.org, you can use the Internet to:

- Request medical appointments (and cancel appointments up to 24 hours before the scheduled time).
- View your health summary from the MyUofMHealth.org electronic health record.
- View test results.
- Request prescription renewals.
- Access trusted health information resources.
- Communicate electronically and securely with your medical care team.
- Request an electronic copy of your medical records.
- Pay bills associated with services received from the health system.
- Grant another adult proxy access to your health information.
- Request proxy access to your child’s health information.

How do I sign up?
First, you need a MyUofMHealth.org activation code. This code will enable you to create your own username, password and security questions for your personal portal account. There are two ways to get an activation code:

- You can get an activation code after your clinic visit
- You can request an activation code by completing the online request form on the website: www.myuofmhealth.org and clicking the “Request One Now” button.
**Where do I enter my activation code?**


**How do I find my Medical Record Number?**

Your Medical Record number (MRN), is located on your After Visit Summary (AVS), yourblue U-M registration card, or any medical record documentation from UMHS.

**What information is available to me on MyUofMHealth.org?**

In the patient portal, you may:

- View appointments, labs and medication lists
- Send secure messages to providers
- View past medical history
- Request prescription renewals
- Request appointments with providers
- Access immunization records and growth charts
- Request electronic copies of medical records
- Pay bills for medical services received at UMHS

Radiology results are available 14 days after verification. The portal only shows information from outpatient clinic visits from 8/15/12 forward. Information available to U-M staff is not always available in the portal.

**What is proxy access?**

Proxy access allows others to view someone else’s health information available through the portal. Parents or Legal Guardians of children under the age of 11 are granted full proxy access. Between the ages of 11 and 17, access is granted for parents/legal guardians on a limited basis. Limited access includes access to allergies, immunizations, demographics, request medical records and care team
messaging. At age 18, parental access is terminated unless there are specific documented circumstances that warrant another access level. Adults may grant proxy access to another adult with the proper information. To learn more about proxy access visit: [https://www.myuofmhealth.org](https://www.myuofmhealth.org) and click on FAQ’s on the right sidebar.

**When can I see my test results in MyUofMHealth.org?**

Your test results are released to your MyUofMHealth.org account after your physician reviews them. Most Outpatient/clinic results are released in the range of 3-4 days, but some are delayed as long as 90 days. Test results are viewable by hovering over the “My Medical Record” tab in the portal and clicking on “Test Results” from the drop down menu.

If you are admitted to the hospital, you will be able to see most of your results while you are still admitted (results are generally available after 24 hours). Most results will be available to view in the portal upon discharge. Not all test results are available in the portal but may be requested by submitting a “Medical Record Request Form” located within the “My Medical Record” tab.

**I forgot my password. What should I do?**

Click on the “Forgot Password” link on the sign-in page to reset your password. You will be asked to answer your security question that you set up when you signed up for your account. If you need further assistance, you may contact the Health Information Management department at HIM-PatientPortal@med.umich.edu, or you can call 734-615-0872 Monday-Friday 7:30 am -4:00 pm.
Can I get a new activation code if I have lost it, let it expire or did not receive it?

On the log-in page under “Need An Activation Code?” click “Request One Now.” Complete the online form and submit. You may also contact the Health Information Management department at HIM-PatientPortal@med.umich.edu or you can call 734-615-0872 Monday-Friday 7:30 am -4:00 pm. After we verify your information, we will e-mail you a new code.

Can I view my patient portal on my Android or iPhone?

Yes, you can view your portal account by downloading the free MyChart app from Epic Systems Corporation for your Android or iPhone.
How do I find bone marrow transplant (BMT) discharge videos and patient education handouts online?

1. Type “U of M Care Guides” into your search engine.
2. Click on “Care Guides - University of Michigan”. You can also type the website address into your search bar: http://careguides.med.umich.edu/.

3. In the search bar, type “Getting ready for discharge.”
4. On this page, you will find two BMT discharge videos. Select the video that applies to you:
   a) Allos/MUDs/Haplos: “Getting Ready for Discharge after an Allogeneic Transplant.”
   b) Autos: “Getting Ready for Discharge after an Autologous Transplant.”
5. To access other BMT patient education handouts from the BMT Discharge folder, follow the same steps above, but type “BMT” in the search bar. A list of BMT patient education handouts will be available for you to choose from.
Bone Marrow Transplant Discharge: Transitioning to Outpatient Care

How can I contact the Clinic?

- **The clinic call center is open Monday - Friday 8:00am – 5:00pm**
  During these hours please call (734) 936-9814. Clerical staff will answer your call and take a message for clinic nurses to review. You should get a call back from the nurse on the same business day. Urgent calls are returned first.

- **After 5:00pm and on weekends and holidays:** contact the Michigan Medicine paging operator at (734) 936-6267 and ask for the BMT physician on-call.

- For **non-urgent concerns** you may send a message through the patient portal (http://MyUofMHealth.org).

What can I expect at the outpatient clinic?

Once you are discharged, your care will be directed by your doctor and an advanced practice provider (nurse practitioner or physician assistant). Registered nurses and medical assistants provide support to our providers in the outpatient clinic.

**Please arrive on time to your appointments.** If you will be late, call the clinic at (734) 936-9814 and indicate what time we should expect you. If you do not notify the clinic within 45 minutes of your appointment, you may be asked to reschedule.

What can I expect at the outpatient clinic? (continued)

1. You will have labs drawn before each clinic visit at the blood draw station on Level 2 of Mott Children’s and Women’s Hospital. Labs should be drawn **1 hour before your clinic visit.** This allows time for the results to be ready at
your visit. Please remember to stop taking tacrolimus (and any other medications that you are instructed to) until after the lab draws your blood.

2. After you are done with labs, please check in with our clerical staff at the Mott Children’s and Women’s Hospital, on Level 7, Reception B.

3. A medical assistant will take your vitals and place you in a clinic room. The clinic nurse will review your medication list with you. Your nurse practitioner or physician assistant (and often your doctor) will examine you and review your treatment plan.

4. Remember to check out with our clerical staff once your visit is completed.

What happens if I need additional tests?
Your provider may decide additional testing or treatments are necessary. At times these may be scheduled as an outpatient test or procedure. You may have to be admitted to the hospital based on your clinic evaluation. This will be decided at your clinic visit and cannot always be anticipated. Please be prepared for such unexpected circumstances.

Medications and medication list
Bring your current medication list with you to every clinic appointment so that it can be reviewed.

How can I get medication refills?
Check your medication supply before your appointment. This is the best time to ask for refills and will ensure that you always have what you need. If needed, you may request medication refills by calling the clinic at (734) 936-9814. You can also request refills through the patient portal (http://MyUofMHealth.org). Please allow at least 72 hours for the processing of refills.
Some medications may not be available at community pharmacies. Some medications require insurance prior authorizations and may take longer to process. There may be times we ask you fill your prescriptions at a Michigan Medicine Pharmacy to prevent delays in your care. Michigan Medicine Pharmacies specialize in difficult to obtain medications.

Let your clinic nurse know if you have problems getting medications. We can speak with social work or the guest assistance program to address financial barriers to obtaining medications.

**Disability paperwork and letters**

Bring disability paperwork that needs completion to your clinic visit. Please allow 7-10 days for the completion of the paperwork and letters. Completed paperwork can be submitted to your insurance company, employer, or other recipient as directed. A copy can be mailed to your home address if requested.

**Lab draws**

Lab work may be ordered for non-clinic visit days. Please go first thing in the morning to help us get results quickly. If you would like to have labs drawn locally, be sure the clinic nurse has the name and contact information for the facility so that we can get the results. Certain labs that result quickly at Michigan Medicine may take several days at outside facilities. There may be times that an outside facility will not be preferred as it could delay your care. Please discuss this with your team.

You will not be called with your results unless there is a change in your treatment plan. Please contact the clinic if you would like your results.
Binder feedback

The Adult Bone Marrow Transplant Program is interested in your feedback regarding this educational binder and resource information. The evaluation should take a few minutes to complete and is available on Qualtrics at the following link: _________________. If you would like a paper copy please contact: ________

Part A: About You

These questions will help us gather information to improve the educational resources provided to our transplant patients and their families. You may choose to answer only those you feel comfortable with.

Name: ____________________________________________

1. Date of your bone marrow transplant: ________________

2. What language do you prefer to speak?
   ___ English ___ Other (Which one?) ____________

3. What type of transplant did you have? ___ Allogeneic ___ Autologous

Part B: Binder use

1. Where did you receive your binder?
   ___ At my pre-admission appointment from the nursing coordinator
   ___ On the inpatient unit after admission
   ___ From the website
   ___ Other ____________________________________________

2. Did someone from your healthcare team talk to you about the information in the binder? ___ Yes ___ No

3. Which do you prefer?
   ___ I prefer to receive hard copies of documents.

Adult Blood and Marrow Transplant (BMT) Program
Allogeneic Transplant
105
I prefer this binder in an electronic format that can be downloaded from a website.

I prefer this binder content to be given to me on a jump drive.

4. Did you read the information in your binder?
   __ Read the whole binder  __ Read part of the binder  __ Did not read at all
   If not, what stopped you from using the binder? ______________________

5. Did you bring the binder to the hospital when you were admitted?
   __ Yes  __ No

6. Did your healthcare team use the binder with you during your hospital stay (for example, to go over central line care, or to review your medications or diet, etc.)? __ Yes  __ No

Part C: Did you use any extra education from outside sources?
The following questions are about other information you may have been given.

1. Did you get any extra education from other sources?
   __ Yes  __ No

If yes, which source? Check all that apply:

<table>
<thead>
<tr>
<th>My healthcare team members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet</td>
</tr>
<tr>
<td>Books</td>
</tr>
<tr>
<td>Brochures and pamphlets</td>
</tr>
<tr>
<td>Videos</td>
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<tr>
<td>Support group</td>
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<tr>
<td>National organizations</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

2. Was there any information that you would have liked that wasn’t in your binder? __ Yes  __ No
If yes, please tell us what you would have liked to see in your binder:
____________________________________________________________________
____________________________________________________________________

Please tell us about section 1:

<table>
<thead>
<tr>
<th>Section 1 – Pre-transplant information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This included a pre-transplant phone list, maps, healthcare team information, common tests and procedures, central line information, consents, patient calendar, food safety, preparing for your hospital stay, teaching slides, medications you may be taking.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Not sure</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The language in the binder was simple to understand</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>The information helped me understand what to expect and prepared me for hospital admission.</td>
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<tr>
<td>The information helped me feel less anxious.</td>
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</table>

Other Comments

____________________________________________________________________
____________________________________________________________________

Adult Blood and Marrow Transplant (BMT) Program
Allogeneic Transplant
107
Please tell us about section 2:

**Section 2**

**Bone marrow transplant basics and individualized information:**

This included disease specific information, chemotherapy education sheets, *Be the Match* information, Basics of Blood and Marrow Transplant, the process and complications.

<table>
<thead>
<tr>
<th>The language in the binder was simple to understand.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>The information helped me understand what to expect.</td>
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<tr>
<td>The information helped me feel less anxious.</td>
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**Other Comments**


Please tell us about section 3:

<table>
<thead>
<tr>
<th>Section 3</th>
<th>Psychosocial Support and Resources</th>
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<tbody>
<tr>
<td>This included information about Social Work Services, Pre-Transplant Patient Checklist, Caregiver Responsibilities Agreement, Letter to Family and Friends, Psychosocial and Support Resources and Support Group Information.</td>
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</table>

<table>
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</tbody>
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<table>
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<tr>
<th>Other Comments</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
**Please tell us about section 4:**

**Section 4**

**Admission information**

This included information about: What to Expect During your Hospital Stay, Frequently asked Questions about Bone Marrow Transplant, What to Expect on “Day Zero” of a BMT, Transplant Day Information i.e. Puzzles, Guide: A resource for patients and families.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Not Sure</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
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<tr>
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</table>

**Other Comments**

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Please tell us about section 5:

Section 5
Discharge and post admission information
This included information about discharge, specific side effects and complications to watch for, contact Information, MyUofMHealth.org Patient Portal, Food and Water Safety, Care of the Tunneled Catheter, Transition to Outpatient Care Following BMT Discharge, Be the Match: After Transplant Care Guides, How to Locate the Discharge Video.

<table>
<thead>
<tr>
<th></th>
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<th>Disagree</th>
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<th>Agree</th>
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<tr>
<td>The information helped me understand what to expect after discharge.</td>
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<td></td>
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<tr>
<td>This information helped me to care for myself at home.</td>
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<tr>
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Other Comments


