

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>

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

Patient Signature

Date

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