Caregiver Responsibilities Agreement: Allogeneic Transplant

______________________________ ______________________________

Patient Name Patient Medical Record Number (MRN)

A successful allogeneic (donor) bone marrow or stem cell transplant requires commitment from the patient and their support system. **Each patient will need 1 full-time primary caregiver and 1 secondary caregiver** (who's available to help if the primary caregiver becomes sick or is otherwise unavailable).

A **caregiver** is a responsible adult (18 years or older) family member or friend who is willing and able to provide observation (watching and checking on how the patient is doing), reliable transportation (rides to and from appointments), attendance at all appointments, and emotional support throughout the transplant process. Private duty caregivers and 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. Caregivers must be available as needed during the entire transplant process, including but not limited to:

- The pre-transplant evaluation
- Education sessions
- Weekly visits during hospital admission
- Full-time availability after discharge from the hospital

Being a caregiver for a transplant patient is a very important role in the transplant process. Please read the following list of responsibilities and other requirements from the Transplant Center before agreeing to this commitment:

- ▢ I will be available 24 hours a day for about 3 months, or for as long as medically required by the BMT doctor.
- ▢ I will live with the patient within 100 miles of Michigan Medicine for about 3 months or for as long as medically required by the BMT doctor. If the patient's home is not within 100 miles, I will arrange a temporary place for us to stay. If I need help with this, I will contact the Michigan Medicine Lodging Program at (734) 936-0100 or toll-free at (888) 544-8684.
    - Please note that alternate care settings, such as nursing homes, assisted living centers, or group homes, are not acceptable lodging options.
- ▢ I will carry a cell phone with me at all times.
- ▢ I will attend discharge training (as required by the Transplant Center).
- ▢ I will review the transplant materials and treatment instructions provided by the Transplant Center.
- ▢ I will ask the Transplant Center staff questions and be available to talk with them as needed.
- ▢ I will provide transportation to and from all appointments and attend all appointments with the patient.
- ▢ I will have an understanding of the patient's medications, help them take their medications as needed, and keep a record log of their medications.
- ▢ I will follow the Transplant Center's instructions and take precautions to prevent infections.
- ▢ I will coordinate food preparation, keep living areas clean, and help the patient with daily activities of living as needed.
- ▢ I will follow the Transplant Center treatment plan and any other requirements set by the Transplant Center.

By signing below, it means that I have reviewed these responsibilities and I feel comfortable being listed as a caregiver. **If I am no longer able to provide support throughout the transplant process, I will tell the patient and talk with another caregiver to make sure the patient has the support they need.**

1. Primary Caregiver

______________________________	______________________________
Primary Caregiver Name (Printed)	Relationship to Patient
______________________________	______________________________
Primary Caregiver Signature	Contact Number (Cell)

2. Secondary Caregiver

______________________________	______________________________
Secondary Caregiver Name (Printed)	Relationship to Patient
______________________________	______________________________
Secondary Caregiver Signature	Contact Number (Cell)

As an additional caregiver for ______________________________, I agree to help the primary and secondary caregivers with the responsibilities listed above.

3. Additional Caregiver Information:

______________________________	______________________________
Caregiver Name (Printed)	Relationship to Patient
______________________________	______________________________
Caregiver Signature	Contact Number (Cell)

4. Additional Caregiver Information:

Caregiver Name (Printed)	Relationship to Patient
Caregiver Signature	Contact Number (Cell)

5. Additional Caregiver Information:

Caregiver Name (Printed)	Relationship to Patient
Caregiver Signature	Contact Number (Cell)

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