

Caregiver Responsibilities Agreement: Outpatient Autologous Transplant for Myeloma

Patient Name

Patient Medical Record Number (MRN)

A successful autologous (self) 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
- Daily clinic visits the week before hospital admission
- 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 3 weeks (1 week before hospital admission and 2 weeks after hospital discharge, as detailed below).
- 1 week before hospital admission:
 - I will live with the patient within 50 miles of Michigan Medicine for as long as medically required by the BMT doctor. 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 that alternate care settings, such as nursing homes, assisted living centers, or group homes, are not acceptable lodging options.
- 2 weeks after hospital discharge:
 - Until the patient is seen in clinic by the BMT doctor: I will live with the patient within 100 miles of Michigan Medicine. 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. Alternate care settings such as nursing homes, assisted living centers or group homes, are not acceptable lodging options.
 - Once the patient is medically cleared by the BMT doctor to return home: I will continue living with the patient and providing 24 hour care.
- 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 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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