Check the appropriate box under each question below to indicate what information you have received regarding your discharge. If you have any questions, please ask your provider.

I have received education about:

1. My conditioning regimen and day of transplant:
   - □ Yes
   - □ No/Unsatisfactory

2. What to expect during recovery (post transplant, engraftment, infection control):
   - □ Yes
   - □ No/Unsatisfactory

3. Side effects and supportive care after transplant:
   - □ Yes
   - □ No/Unsatisfactory

In preparation for transition day, I have received discharge instructions about:

4. My medications (what to take, when, why):
   - □ Yes
   - □ Done by Pharmacist
   - □ No/Unsatisfactory

5. Care of my central line (dressings, caps, flushes, infusions):
   - □ Yes
   - □ No/Unsatisfactory
   - □ Not applicable
6. Other medical equipment or supplies: 
   □ Yes
   □ No/Unsatisfactory
   □ Not applicable

7. My nutrition or diet: 
   □ Yes
   □ Done by dietician
   □ No/Unsatisfactory

8. My precautions to take at home: 
   □ Yes
   □ No/Unsatisfactory

9. What to expect in the BMT clinic: 
   □ Yes
   □ No/Unsatisfactory

10. My follow-up care: 
    □ Yes (check which apply): 
        □ BMT Follow Up Appointment
        □ Other: ______________________________________________________
    □ No/Unsatisfactory

11. When and who to call for medical advice: 
    □ Yes
    □ No/Unsatisfactory

12. I am aware of what complications to monitor for: 
    □ Yes
    □ No/Unsatisfactory

13. I received education via: 
    □ Printed material
    □ Verbal discussion
14. Our goal is to provide patient education that addresses each patient’s:
- Cultural and religious beliefs
- Physical, emotional, and thinking abilities
- Desire and motivation to learn
- Communication barriers
  □ If present, these issues have been addressed with me in my discharge education
  □ No/Unsatisfactory

Your understanding and summary:

<table>
<thead>
<tr>
<th>Based on your understanding:</th>
<th>Evidence of learning provided through:</th>
<th>Follow-Up (if further teaching is needed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Knowledge achieved</td>
<td>□ Return demonstration</td>
<td>□ Reteach-reinforce/more practice/review</td>
</tr>
<tr>
<td>□ Developing knowledge</td>
<td>□ Teach-back</td>
<td>□ Ongoing questions: has number to call for questions and website/education resource center</td>
</tr>
<tr>
<td>□ No learning evident</td>
<td>□ Other:</td>
<td>□ Other:</td>
</tr>
</tbody>
</table>

Based on your understanding:  
Knowledge achieved  
Developing knowledge  
No learning evident

Evidence of learning provided through:  
Return demonstration  
Teach-back  
Other:

Follow-Up (if further teaching is needed):  
Reteach-reinforce/more practice/review  
Ongoing questions: has number to call for questions and website/education resource center  
Other:

Patient Signature________________________ Nurse Signature________________________ Date/Time________________________

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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