

Bone Marrow Transplant Discharge Checklist

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

- Video
- None

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:

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

Patient Signature

Nurse Signature

Date/Time

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