Caregiver Responsibilities Agreement: Autologous Transplant

_____ _____

Patient Name (Printed) Patient Medical Record Number (MRN)

A successful autologous (self) stem cell transplant requires commitment not only from the patient and medical team, but from the patient's support system as well. Each patient requires 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).

A **caregiver** is a responsible adult family member or friend who is able and willing to provide physical care, observation, reliable transportation and emotional support throughout the transplant process. 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. The caregiver or alternate must be available as needed during the entire transplant process, including but not limited to:

- pre-transplant evaluation
- education sessions
- weekly visits during hospital admission
- full-time following discharge from the hospital

Being a caregiver for a transplant patient is a vital role in the transplant process. Please consider the following list of responsibilities and other requirements from the transplant center before agreeing to this commitment.

- I/we will be available 24 hours per day upon discharge, **for approximately 2 weeks or for as long as medically required by the BMT doctor.**
- I will carry a cell phone with me at all times.
- I/we will reside with the patient, within 100 miles of Michigan Medicine, **for up to 1 week or for as long as medically required by the BMT physician**.
  If the patient's primary residence is not within 100 miles, I/we will arrange temporary lodging post-transplant, within a 100-mile radius, preferably in the Ann Arbor area.
- I/we will attend discharge training, as required by the transplant center
- I/we will review the transplant materials and treatment instructions provided by the transplant center
- I/we will ask the transplant center staff questions and be available for communication as needed
- I/we will provide the patient's transportation to all appointments
- I/we will accompany the patient at all appointments (**note**: **afternoon appointments are standard**)

- I/we will have an understanding of the patient's medications, assist with administration as needed and keep a log
- I/we will follow the transplant center instructions and precautions regarding infection prevention
- I/we will coordinate food preparation, maintain a clean home environment and assist with daily living functions
- I/we will follow the transplant center treatment plan and any additional requirements set by transplant center.

By signing below, I indicate that I have reviewed these potential responsibilities and feel comfortable being listed as a caregiver. **If I am unable to fulfill any support throughout the transplant process, I will communicate with the patient and an alternate caregiver to arrange coverage in my absence.**

1. Primary Caregiver

Patient 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 additional caregiver(s) for _____, I/we agree to assist the primary and secondary caregivers with the previously listed responsibilities.

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)

6. Additional Caregiver Information:

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

