

# Autologous Stem Cell Transplant: What to Expect During Your Hospital Stay

The following guidelines apply to being admitted to 7 West and what to expect during your hospital stay.



## Admission day:

- You will have an appointment the morning of your admission day with your transplant doctor to ensure that you are ready for your chemotherapy and transplant process to begin.
- You will then get a central line IV catheter (PICC line) placed. If you already have a Hickman central line IV catheter from apheresis, we can use that for chemotherapy/transplant instead of getting a PICC line placed.
- After your PICC line placement, you will go to the infusion area on floor 7 in clinic to receive chemotherapy and then be admitted to 7 West. If you are not due for chemotherapy until the next day, you will be admitted to 7 West at this point.
- Note: If 7 West does not have any open beds at this time, you will be sent to the admit lounge until we have a clean, open room for you. We are aware you are coming in, but sometimes we have to wait for patients to be discharged, housekeeping to clean the room, and then we can admit you.

## Admission and hospital stay:

- We will take a tour of the unit with you. We will show you where the nutrition room, family lounge, and laundry room are. We will also show you where you can walk in the halls.
- We will ask you several questions about your medications, screening questions, and other required documentation that has to be completed on admission day.



- We will review a list of current medications you are taking. If you brought medications that you are currently taking (actual bottles and pills), please send them home with your family. We will dispense all of your medications to you from our pharmacy. In the rare event that you take a medication that we don't stock, we will send your own home medication to pharmacy to verify it and then we can keep it locked up in the med cabinet in your room.

- We will show you how to order meal trays and guest trays from your room phone. You can order food from 6:30am to 8:00pm.
- There is a refrigerator in your room for food, it does not have a freezer component. There is a freezer in our nutrition room for any frozen foods that you plan to bring. Be sure to put your name on that food.
- There is a small couch or chair that converts to a bed for an overnight visitor. Minors need to be accompanied by an adult visitor at all times.

### **Routine nursing care:**

- We do vital signs every 4 hours at a minimum, even overnight.
- Nurses caring for you will do a full assessment of you and your symptoms. They will listen to your heart and lungs, look in your mouth, ask you questions about pain, nausea, diarrhea, etc.
- Labs and blood samples will be taken daily around 4:00am or 5:00am and sometimes in the evening.
- Weights are done every day.
- The doctor and other members of the transplant team will come each day to discuss and update your treatment plan.

## Day to day expectations of you:

- You need to shower every day with chlorhexidine soap that we will provide for you. This is to help prevent you from getting an infection.
  - We will show you how to use saran wrap to cover your central line to avoid it getting wet in the shower.
  - Do not use bar soap, use liquid soap only.
  - Do not use loofah, use a new washcloth each day.
- We will have you save all of your urine during your admission. We will show you how to do that and how to record it yourself.
- We will have you save your first bowel movement upon admission and at other times throughout your stay.
- You need to be walking in the halls at least 3 times a day. You do not need to wear a mask in the halls on 7 West but if you go off the floor for a test, we will have you wear a yellow mask.
- Once you are admitted, you cannot leave the unit. If you must leave, you will need to get nurse or doctor's approval.
- We will encourage you to drink 4-5 large cups of water per day to keep you hydrated.
- Use salt and soda mouth rinse 4 times a day to keep your mouth clean and prevent mouth sores.
- Brush your teeth 2 times a day.
- We will have you use an incentive spirometer several times a day. This is a breathing machine that will help keep your lungs expanded. The respiratory therapist will show you how to use it.
- We will show you how to use Sequential Compression Devices (SCD's) on your legs to help prevent blood clots.
- Be sure to put your call light on when your IV pump is beeping, it does not automatically alert us to when this occurs.



**Infection prevention:**

- Wash your hands often, at a minimum before eating, after using the bathroom, and every time you or your visitors come in and out of your room.
- No sick visitors allowed on 7 West or in your room.
- No real flowers or plants, no latex balloons. Fake flowers and non-latex balloons are allowed.
- Do not wear contact lenses. Eye glasses only.
- Your IV pole will be attached to your central line continuously while you are admitted on 7 West. We do not unhook you for showers. This is for infection control purposes and to keep your risk of infection as low as possible.
- Visitors should not use the bathroom in the room unless instructed otherwise. There are public restrooms and a shower located around the unit.
- Refer to your FDA Food Safety booklet or dietician for specific food related questions.
- Screening tests will be done upon admission and each week on Wednesdays to determine if you are a carrier of certain bacteria that can cause infection if it is spread. These screening tests are done using a swab on the inside of your nose, the other is a rectal or stool sample swab.
- If you are put into contact or droplet precautions (where staff wear gowns, gloves, and possibly a mask into your room) we will prohibit you from using certain areas on the unit. We will give you more information on this if you are put into precautions.

**Safety and fall precautions:**

- We will discuss fall precautions with you and give you a handout. Your safety is very important to us and there are multiple factors that could increase your risk of a fall.

- For your safety, please do not touch the buttons or manipulate your IV tubing on your IV pump. Put your call light on if pump is beeping.

### **Symptoms during your stay:**

- Keep us informed of all symptoms you are experiencing. Use your call light as needed to alert us to any symptoms you are having or if you need anything, this is how your nurses can help you be more comfortable.
- Symptoms to alert your nurse about:
  - Feeling hot or chilled
  - Difficulty breathing
  - Chest pain/tightness
  - Nausea/vomiting
  - Diarrhea
  - Mouth sores
  - Pain, headache
  - Nose bleed
  - Blood in urine or stool
  - **Or any other symptoms that are concerning to you!**

### **Blood counts:**

- We will write your labs/blood counts on the whiteboard in your room every day.
- Your chemo will make your white blood cell count and neutrophils decrease. This is when you are at most risk for infections.
- If your hemoglobin becomes too low, we will give you blood/red blood cells.
- If your platelets become too low, we will give you platelets. If you have a nose bleed or are bleeding from anywhere, we may give you platelets to help clot your blood at that point.
- Bleeding precautions - When your platelets are less than 50,000:
  - Do not floss

- Do not blow your nose harshly
- Do not rub your eyes
- Do not scratch your skin hard
- Do not strain with bowel movements
- Do not have sexual intercourse (vaginal or anal)
- Electric razors only
- Avoid popcorn and hard to chew items
- Avoid vomiting- call nurse for anti-nausea medications
- Nothing per rectum or vagina (no enemas, tampons, vaginal dilators)
- Notify staff of any signs of bleeding (nosebleeds, blood in urine/stool/vomit/sputum)

**Engraftment:**

- Engraftment is when your stem cells that you got on transplant day are growing and now functioning as normal cells. Engraftment typically takes a few weeks after your transplant date. We will alert you as to when you are engrafting and when we anticipate you being discharged from the hospital.
- When can you go home?
  - Once engraftment has occurred
  - When your symptoms have resolved (no fevers, nausea/diarrhea controlled with oral meds, etc.)
  - Eating and drinking well
  - Able to take all medications by mouth

## Frequently asked Questions about Bone Marrow Transplant: Autologous

Bone marrow transplant is a very complex process that includes many steps. This handout provides answers to common questions patients and caregivers have. We hope it will help you better understand the process and learn the medical terms we often use. Please do not hesitate to ask us more questions as they come up.

### How are stem cells collected?

There are several ways to collect stem cells for future re-infusion.

**Cord Blood** is collected from the umbilical blood vessels in the placenta at time of the delivery and then frozen.

**Bone Marrow** is collected by multiple needle aspirations from the bone marrow space in the hips or chest.

**Peripheral Blood** – it is possible to collect stem cells directly from the patient’s bloodstream. In

order to have enough stem cells in the bloodstream, the patient receives growth-factor drugs (Granix)<sup>®</sup> and/or Mozobil<sup>®</sup> ) with or without chemotherapy. The drugs stimulate the movement of stem cells out of the bone marrow space into the bloodstream.

<b>Aspiration-</b> procedure that removes something from an area of the body
--

This process is called **mobilization of stem cells**. After the stem cells mobilized into the bloodstream the blood is collected through an IV connected to a special machine called an apheresis machine. The machine separates the stem cells and returns the remaining blood back to the donor.

## **How are stem cells stored?**

Autologous stem cells are frozen and mixed a preservative called DMSO, and frozen in liquid nitrogen at a temperature below 50° celcius. Cells can be stored indefinitely. Extra cells are sometimes stored in case the patient needs more cells.

## **How many cells are needed for transplant?**

The number of cells necessary for transplant has not been established and varies from center to center. At the Michigan Medicine we want 2-5 million cells.

## **What are conditioning regimens?**

Conditioning regimens are treatment plans that include a combination of chemotherapy and/or radiation before transplant. The purpose is to:

- Kill off any existing cancer cells
- Make room in the bone marrow for new cells
- Suppress your immune system to allow the transplanted stem cells to start growing and maturing.

## **How will the new stem cells grow in my body?**

You will receive the stem cells through your central line. Stem cells have a “homing” (from the word “home”) ability that allows them to migrate to the bone marrow where they will grow and mature. You will receive Granix® several days after transplant to help increase your blood counts.

## **How do I know transplant is successful?**

Transplant is successful when the new cells begin to grow and mature in the bone marrow. This is called **engraftment**. White blood cells are the first to engraft; platelets will engraft second and red blood cells third. When the new stem cells have engrafted you will see a gradual but steady increase in blood



counts. We define engraftment in one of two ways:

- ANC is over 0.5 or 500 for two days in a row, or
- Platelet count is over 20,000 **and** ANC is higher than 1,000 for 1 day

**ANC** = Absolute Neutrophil Count.  
Neutrophils are a type of white blood cell that fights infection.

## **When will I engraft?**

Time of engraftment varies per type of transplant and where stem cells are collected.

**Autologous:** Peripheral stem cells: average 10-14 days  
Bone Marrow: average 15-20 days

## **When can I go home?**

We will discharge you when the following have occurred:

- Your cells have begun to engraft and your ANC is more than 1.0 or 1,000
- You have been without fever for 24 hours
- You are eating and drinking adequately
- Side effects such as pain, nausea, vomiting or diarrhea are all under control with oral medications
- You are not requiring daily blood transfusions

## **How long do I have diet restrictions?**

Transplant recipients receive specific food safety guidelines to help protect against bacteria and other harmful organisms found in some food and drinks. A FDA *Food Safety* booklet for bone marrow transplant recipients is included in this binder. You will be required to follow these guidelines for the first 100 days. The unit dietician will review guidelines in this booklet with you.

# **What to Expect on “Day Zero” of an Autologous Bone Marrow Transplant?**

## **What is Day Zero?**

Day Zero is the day you receive your new stem cells. This handout will describe in detail what you can expect to occur on this day.

## **Where will the procedure take place?**

- Your transplant will take place in your room with you lying in bed. You may have visitors if you like, as long as they are not sick.

## **How will I prepare for the procedure?**

- You may want to eat a light lunch or postpone lunch until after transplant.
- You will receive Tylenol® and Benadryl® prior to the procedure. You may also receive anti-nausea medications if needed.

## **What will happen during the infusion of stem cells?**

- The blood bank will bring your stem cells to the room still frozen and will thaw them in a body temperature water bath one bag at a time. We double check each bag to ensure you are receiving the correct stem cells.
- Your cells will be in a bag that looks similar to blood. They will be connected to your central line and infused through your line. You will see a syringe that we use to help facilitate delivery of your cells in a timely fashion. The cells cannot be run through a pump and need to be infused within 12-15 minutes of thawing. This will prevent the cells from breaking down at room temperature. Each bag will also be rinsed when empty to help capture all cells.

- We will monitor you closely during the infusion, and will take vital signs frequently.

### **What are the common side- effects?**

After stem cells are collected and before they are frozen they are mixed with preservative called DMSO. This preservative may cause some side-effects during the infusion, including:

- Taste of garlic or cream corn in your mouth. Others may smell the DMSO, a preservative on your breath for 48-72 hours following transplant.
- Tickle in your throat or a cough. Mints may help to clear the tickle or cough.
- Facial flushing.
- Shortness of breath.
- Tingling in chest, extremities (legs, arms and hands), and face.
- Heaviness in your chest or a feeling of pressure in your chest.
- Nausea and/or vomiting.
- Chills.
- Headache.
- Shivers or shakes, also called rigors.
- Itchiness and/or redness to skin.
- Change in vital signs: fever, increase in blood pressure and/or heart rate. There may also be a decrease in oxygenation and we may temporarily place you on oxygen.
- Red or pink tinged urine may occur due to break down of remaining red blood cells during infusion. You will be getting IV fluids to help flush out your kidneys so we expect this side effect to subside within 24-48 hours.

Side effects can be treated by slowing the infusion down and most of the side effects subside when your cells are not actively being pushed through your

line. We will monitor you closely during infusion of your stem cells with frequent vital signs and adjust the pace as needed.

The medications you received prior to the procedure, will help to prevent serious transfusion reactions such as:

- fever
- shortness of breath
- swelling of the throat
- itching/hives

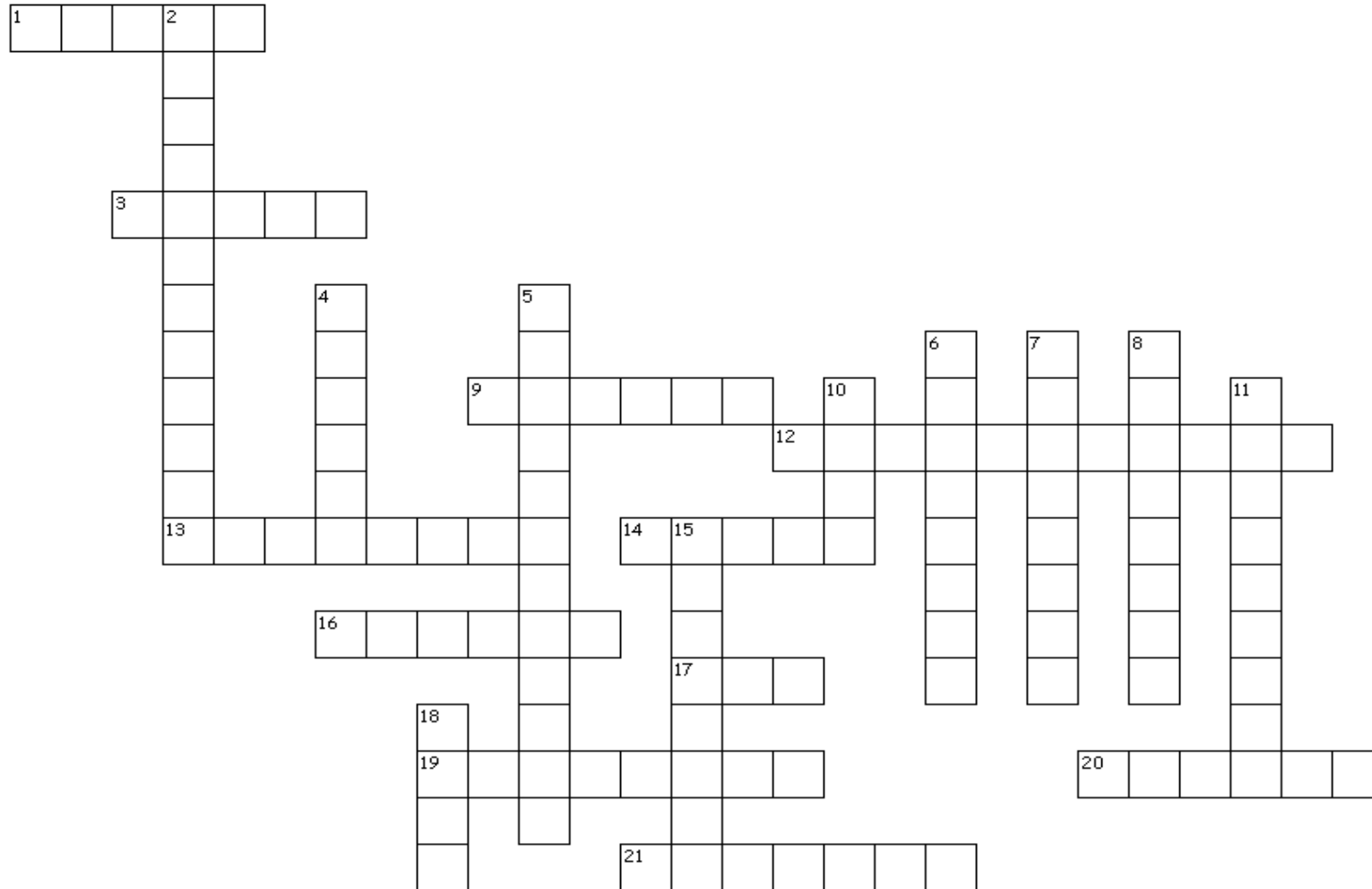
If this happens we would stop your infusion and manage your symptoms.

Once the procedure is completed, it is very unlikely you will have any further reactions.

### **What happens after the infusion?**

After transplant, patients are often tired from pre-medications and lack of sleep in anticipation of the procedure. We find a quick nap sometimes helps to feel better.

# Autologous Bone Marrow Transplant Crossword Puzzle on Discharge Education



## Across

1. You will not be able to \_\_\_\_\_ for at least three months following your transplant. This period may be shorter for patients receiving their own stem cells. It is essential to have someone available to drive you to your clinic appointments or to the hospital. You cannot resume driving without your doctor's approval.
3. Avoid sexual activity until your platelet count is at least \_\_\_\_\_-thousand. Use a condom for at least the first 100 days post-transplant for sexual activity. Avoid anal intercourse. Avoid kissing or oral sex if your partner has mouth sores.
9. Your \_\_\_\_\_ to work or school will depend on the type of transplant you received and how your recovery proceeds. Your doctor should approve your return. In general, autologous transplant recipients can return on a part-time basis in around 100 days. For Allogeneic transplant recipients, it may be anywhere from 6 months to a year.
12. Consult your doctor before taking any over-the-counter \_\_\_\_\_. In general, avoid aspirin containing products and products containing acetaminophen or ibuprofen unless discussed first with your doctor or nurse. Avoid herbal supplements.
13. Avoid prolonged exposure to \_\_\_\_\_. Wear hats, long sleeves, and SPF 30 or higher. Lifelong medications may increase your risk for sunburn.
14. Wash your \_\_\_\_\_ after using the restroom, before preparing or eating food, before caring for your central line care and after coughing or sneezing. Always wash your \_\_\_ when they look visibly soiled.
16. Notify your doctor before you plan to do this. It may not be wise to plan an extended vacation until you see how your recovery progresses.
17. Avoid \_\_\_\_\_ people and kids under 12 as much as possible. Avoid large crowds and people who have been recently vaccinated with a live vaccine (like chickenpox).
19. Loss of taste and \_\_\_\_\_ happens frequently following transplant. If you are having problems eating enough calories and protein, talk with our dietitian.
20. These can remain in the home. Avoid gardening, mowing the lawn, and other activities that stir up soil or the ground. Avoid handling fresh-cut flowers in vases.

21. Daily \_\_\_\_\_ is important. Shower every day and keep your private area clean after using the restroom. Use non-alcohol containing lotions for moisturizing.

## Down

2. After transplant, your body may no longer recognize previous childhood \_\_\_\_\_. Therefore, you will be re-immunized with several vaccines one to two years after transplant.

4. Continue your mouth care regimen that you practiced in the hospital. Continue your mouth care after meals and at bedtime. Notify your doctor of any mouth changes and plans for \_\_\_\_\_ work. You should have a \_\_\_\_\_ follow-up visit at six months after transplant.

5. Women- Use a dilator as directed by gynecology. Also use a water based lube to combat vaginal dryness which can be a result of \_\_\_\_\_ and radiation.

6. Avoid doing this in lakes, public pools, and sitting in hot tubs due to the possibility of exposure to excessive bacteria.

7. It is advisable to use only one \_\_\_\_\_ at home. They will have your complete records, can advise you on your prescriptions and will communicate with your doctor.

8. If you have \_\_\_\_\_, it is important to inform their school that you must be notified of communicable diseases like measles, chicken pox, etc. Notify your doctor if they have been exposed to one of these illnesses.

10. Household \_\_\_\_\_ can remain in the home, with the exception of birds and reptiles. Avoid contact with animal wastes. Do not let them sleep with you.

11. Observe your central line (venous access device) for signs and symptoms of this. Changes to the insertion area including areas of redness, tenderness, drainage, or a general change of appearance should be notified to your doctor.

15. Balance work and \_\_\_\_\_. Avoid contact sports. Fatigue is common but it's important to stay active to keep your body and lungs strong. Space out activities and schedule rest periods into your day.

18. You need to wear this when coming to the hospital or clinic appointments. It will not necessarily protect you from those who are sick, but is a reminder to those around you to be cautious. It is not necessary when you are at home or out for a walk in areas free of construction and free of large crowds.



## Autologous Transplant Medications Matching:

Match the medication use on the left to the medication on the right  
Some Medications may be matched to multiple numbers on the left

1	Injection to treat or prevent blood clots
2	To treat/prevent nausea
3	Antibiotic used to prevent/treat infections
4	Used to treat active viral infection
5	Antiviral medication to prevent virus
6	Antifungal
7	Used to prevent/treat gastric reflux
8	Anti-anxiety medication that also helps with nausea
9	Vitamin supplement
10	Antibiotic used to prevent/treat infections
11	Injection used to boost neutrophil count
12	Antifungal
13	To treat/prevent nausea
14	Short acting pain control

	<b>Ativan</b> / lorazepam
	<b>Compazine</b> /prochlorperazine
	<b>Diflucan</b> / fluconazole
	<b>Levaquin</b> / levofloxacin
	<b>Lovenox</b> / enoxaparin sodium
	<b>Neupogen</b> / filgrastim or <b>Granix</b> /tbo-filgrastim
	<b>Oxy IR</b> /oxycodone
	<b>Prilosec</b> / omeprazole
	<b>Valcyte</b> / valganciclovir
	<b>Vantin</b> / cefpodoxime
	<b>Vfend</b> / voriconazole
	<b>Vitamin D3</b> / cholecalciferol
	<b>Zofran</b> / ondansetron
	<b>Zovirax</b> / acyclovir





# Signs of Infection

G C M M C V P C W C U S S P S  
X N P O Q O G O O Y L V O J S  
P Z I J U U U N E E V K R J E  
Q Y Q L Z T F G W H B J E S N  
J Y P U E U H O H K R J T Y R  
P B M Z S E B S S L Y I H R E  
B N D I P E F R O C P D R X D  
Z D O L S K K G N R I V O V N  
N N Z O X M G E N B E L A B E  
I S O B R F G G E I G S T Y T  
B L B A N R R G N J N M D K N  
Y C N E U Q E R F D B R A B I  
G C H I L L S Q E N B Y U E K  
E N L U O C K R V N N U D B S  
U T I M U S C L E A C H E S G  
G N N L H E L N R V V U D Y S  
I R B R L K I H S F F D Z C Q  
T Q F L Z E W A U S M G I U O  
A J B J S K W Q L R O A Q L U  
F M K Z R E F S V P M G I V Y

Burningfeeling

Chills

Confusion

Cough

Fatigue

Fever (over 38\* celsius; or 100.5\*fahrenheit )

Frequency (with urination)

Loosebowels

Mouthsores

Muscleaches

Skintenderness

Sorethroat

Swelling

Urgency (with urination)

**If any of the above symptoms appear, notify your nurse or doctor immediately.**



# When to Contact your BMT Doctor

E T E T C P I N I G K G N B V  
 G H S A R Q X K H F R N Q L E  
 Z N E X E O V D O T S I O U C  
 G N I T I M O V V K H L Z R O  
 C Z Z D M A C Y I U Y L D R U  
 T V R W E C K N F A Q E Z E G  
 K P N H V E C H E Q P W S D H  
 O K V U V H L H P A O S C V N  
 V B B H A U R B I T Q A E I S  
 L V N N U R A N T A R M H S V  
 F F G I A U N B N F Q S S I F  
 W E E I M C I E Z W O B R O P  
 S C D V Q X R E D N E S S N K  
 H E Y Q E C Q H P J X P Q S Q  
 G O P C Q R E M M Q B K G C S

Bleeding

Blurred vision

Cough

Diarrhea

Fever

Pain

Rash

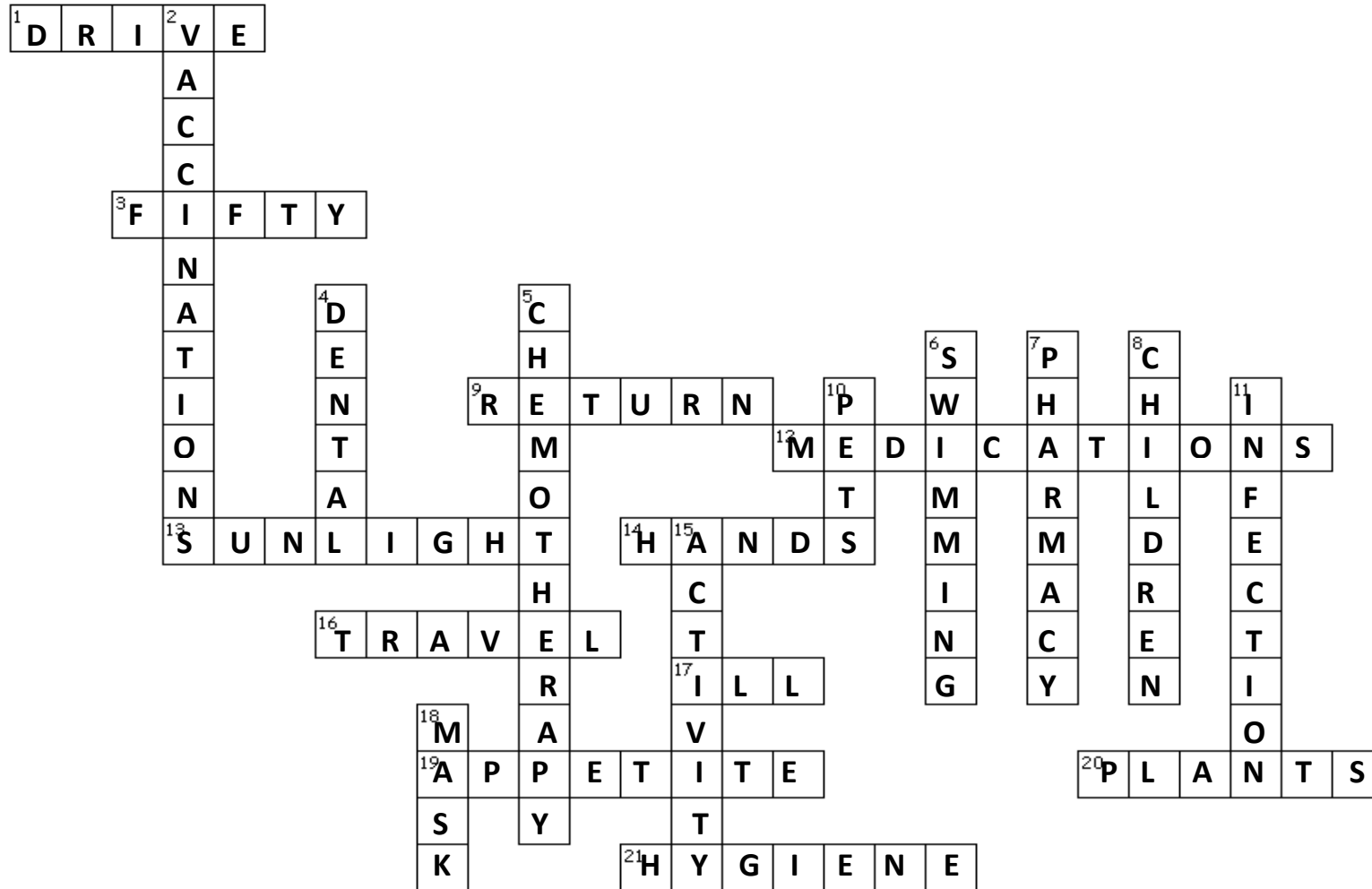
Redness

Skin changes

Swelling

Vomiting

# Autologous Bone Marrow Transplant Crossword Puzzle on Discharge Education



## Across

1. You will not be able to **drive** for at least three months following your transplant. This period may be shorter for patients receiving their own stem cells. It is essential to have someone available to drive you to your clinic appointments or to the hospital. You cannot resume driving without your doctor's approval.
3. Avoid sexual activity until your platelet count is at least **fifty**-thousand. Use a condom for at least the first 100 days post-transplant for sexual activity. Avoid anal intercourse. Avoid kissing or oral sex if your partner has mouth sores.
9. Your **return** to work or school will depend on the type of transplant you received and how your recovery proceeds. Your doctor should approve your return. In general, autologous transplant recipients can return on a part-time basis in around 100 days. For Allogeneic transplant recipients, it may be anywhere from 6 months to a year.
12. Consult your doctor before taking any over-the-counter **medications**. In general, avoid aspirin containing products and products containing acetaminophen or ibuprofen unless discussed first with your doctor or nurse. Avoid herbal supplements.
13. Avoid prolonged exposure to **sunlight**. Wear hats, long sleeves, and SPF 30 or higher. Lifelong medications may increase your risk for sunburn.
14. Wash your **hands** after using the restroom, before preparing or eating food, before caring for your central line care and after coughing or sneezing. Always wash your **hands** when they look visibly soiled.
16. Notify your doctor before you plan to do this. It may not be wise to plan an extended vacation until you see how your recovery progresses.**(travel)**
17. Avoid **ill** people and kids under 12 as much as possible. Avoid large crowds and people who have been recently vaccinated with a live vaccine (like chickenpox).
19. Loss of taste and **appetite** happens frequently following transplant. If you are having problems eating enough calories and protein, talk with our dietitian.
20. These can remain in the home. Avoid gardening, mowing the lawn, and other activities that stir up soil or the ground. Avoid handling fresh-cut flowers in vases. **(plants)**

21. Daily **hygiene** is important. Shower every day and keep your private area clean after using the restroom. Use non-alcohol containing lotions for moisturizing.

## Down

2. After transplant, your body may no longer recognize previous childhood **vaccinations**. Therefore, you will be re-immunized with several vaccines one to two years after transplant.

4. Continue your mouth care regimen that you practiced in the hospital. Continue your mouth care after meals and at bedtime. Notify your doctor of any mouth changes and plans for **dental** work. You should have a **dental** follow-up visit at six months after transplant.

5. Women- Use a dilator as directed by gynecology. Also use a water based lube to combat vaginal dryness which can be a result of **chemotherapy** and radiation.

6. Avoid doing this in lakes, public pools, and sitting in hot tubs due to the possibility of exposure to excessive bacteria. (**swimming**)

7. It is advisable to use only one **pharmacy** at home. They will have your complete records, can advise you on your prescriptions and will communicate with your doctor.

8. If you have **children**, it is important to inform their school that you must be notified of communicable diseases like measles, chicken pox, etc. Notify your doctor if they have been exposed to one of these illnesses.

10. Household **pets** can remain in the home, with the exception of birds and reptiles. Avoid contact with animal wastes. Do not let them sleep with you.

11. Observe your central line (venous access device) for signs and symptoms of this. Changes to the insertion area including areas of redness, tenderness, drainage, or a general change of appearance should be notified to your doctor. (**infection**)

15. Balance work and **activity**. Avoid contact sports. Fatigue is common but it's important to stay active to keep your body and lungs strong. Space out activities and schedule rest periods into your day.

18. You need to wear this when coming to the hospital or clinic appointments. It will not necessarily protect you from those who are sick, but is a reminder to

those around you to be cautious. It is not necessary when you are at home or out for a walk in areas free of construction and free of large crowds. (**mask**)



## Autologous Transplant Medications Matching:

Match the medication use on the left to the medication on the right

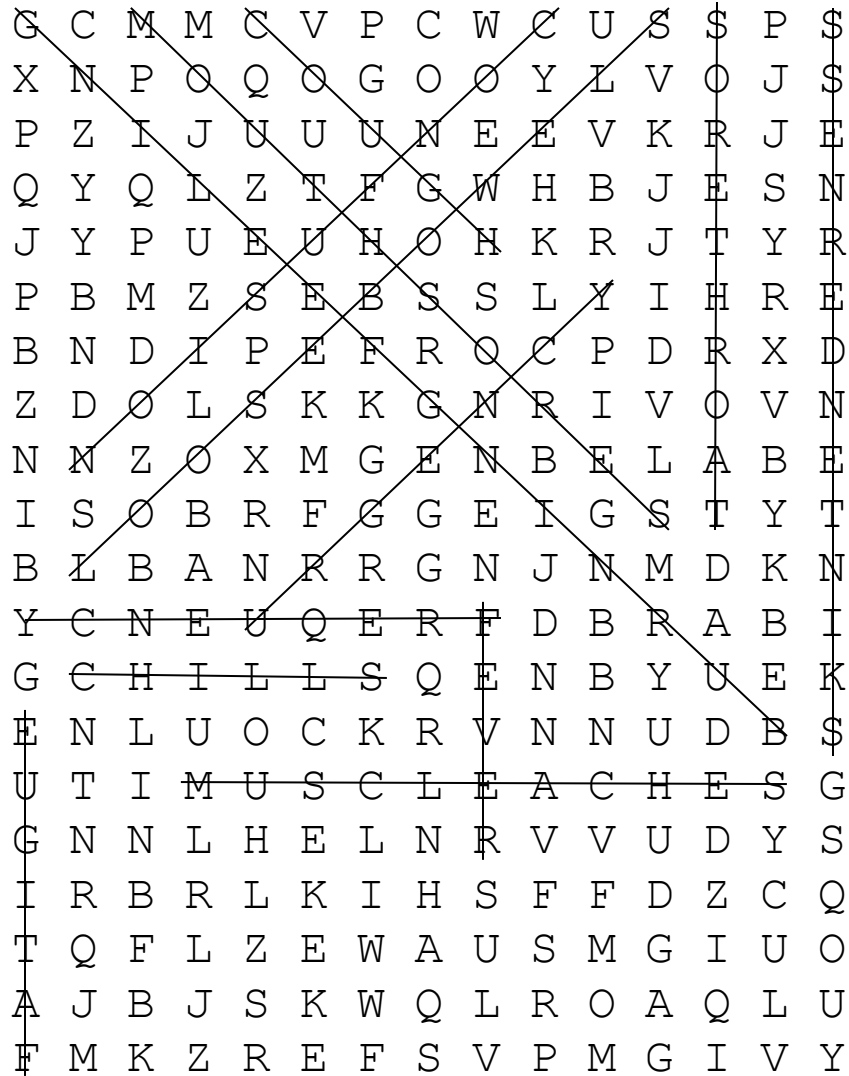
1	Injection to treat or prevent blood clots
2	To treat/prevent nausea
3	Antibiotic used to prevent/treat infections
4	Used to treat active viral infection
5	Antiviral medication to prevent virus
6	Antifungal
7	Used to prevent/treat gastric reflux
8	Anti-anxiety medication that also helps with nausea
9	Vitamin supplement
10	Antibiotic used to prevent/treat infections
11	Injection used to boost neutrophil count
12	Antifungal
13	To treat/prevent nausea
14	Short acting pain control

8	<b>Ativan</b> / lorazepam
2, 3	<b>Compazine</b> /prochlorperazine
6, 12	<b>Diflucan</b> / fluconazole
3, 10	<b>Levaquin</b> / levofloxacin
1	<b>Lovenox</b> / enoxaparin sodium
11	<b>Neupogen</b> / filgrastim or <b>Granix</b> /tbo-filgrastim
14	<b>Oxy IR</b> /oxycodone
7	<b>Prilosec</b> / omeprazole
4	<b>Valcyte</b> / valganciclovir
3, 10	<b>Vantin</b> / cefpodoxime
6, 12	<b>Vfend</b> / voriconazole
9	<b>Vitamin D3</b> / cholecalciferol
2, 13	<b>Zofran</b> / ondansetron
5	<b>Zovirax</b> / acyclovir

Some Medications may be matched to multiple numbers on the left



# Signs of Infection



Burningfeeling

Chills

Confusion

Cough

Fatigue

Fever (over 38\* celsius; or 100.5\*fahrenheit )

Frequency (with urination)

Loosebowels

Mouthsores

Muscleaches

Skintenderness

Sorethroat

Swelling

Urgency (with urination)

**If any of the above symptoms appear, notify your nurse or doctor immediately.**



## When to Contact your BMT Doctor

E T E T C P I N I G K G N B V  
 G H S A R Q X K H F R N Q L E  
 Z N E X E O V D O T S I O U C  
 G N I T I M O V V K H L Z R O  
 C Z Z D M A C Y I U Y L D R U  
 T V R W E C K N F A Q E Z E G  
 K P N H V E C H E Q P W S D H  
 O K V U V H L H P A O S C V N  
 V B B H A U R B I T Q A E I S  
 L V N N U R A N T A R M H S V  
 F F G I A U N B N F Q S S I F  
 W E E I M C I E Z W O B R O P  
 S C D V Q X R E D N E S S N K  
 H E Y Q E C Q H P J X P Q S Q  
 G O P C Q R E M M Q B K G C S

Bleeding

Diarrhea

Rash

Swelling

Blurred vision

Fever

Redness

Vomiting

Cough

Pain

Skin changes