HEART / LUNG TRANSPLANT
POST TRANSPLANT DISCHARGE INSTRUCTIONS

My outpatient Coordinator / Nurse Practitioner is: ______________________________________

TRANSPLANT CONTACT NUMBERS:

FOR ROUTINE QUESTIONS/CALLS DURING REGULAR BUSINESS HOURS (7am-4pm)
Heart transplant office: 305-355-5220
Lung transplant office: 355-5120 or 355-5141
Pediatric transplant office: 305-355-120

Please call this number for medication refill requests, to make appointments, discuss your care with your nurse practitioner. Our fax number is 305-355-5202.

FOR URGENT CONDITIONS, QUESTIONS, SITUATIONS AFTER 4PM ON WEEKDAYS OR ON HOLIDAYS/WEEKENDS (change in condition, fever, medication problems): call the hospital PAGE OPERATOR (305/585-5400) and ask for the HEART/LUNG TRANSPLANT COORDINATOR ON CALL.

Do Not Use This Number For Last Minute Medication Refill Requests

FOR LIFE THREATENING EMERGENCIES (Fire, Trauma, Accident) THAT REQUIRE IMMEDIATE MEDICAL ATTENTION CALL 911 GO TO NEAREST EMERGENCY DEPARTMENT.
Have the ER staff call the page operator (305-585-5400) or Main Transplant Office (305-355-5220).

SPECIAL INSTRUCTIONS

1. AS SOON AS YOU CAN MAKE AN APPOINTMENT WITH YOUR PRIMARY CARE DOCTOR TO UPDATE HIM / HER WITH YOUR TRANSPLANT PLAN AND NEW MEDICATIONS.

2. ALWAYS CARRY IDENTIFICATION AND A CURRENT MEDICATION LIST.

3. REVIEW YOUR MEDICATION SHEET BEFORE YOU GO HOME

4. GENERAL ACTIVITY GUIDELINES
   - Take it easy the first few days at home. Adjust yourself to your new activity level
   - Be sure to do your exercise routine AT LEAST 3 TIMES per day
   - There is no need to wear a mask in your home or outside your home. You NEED TO WEAR YOUR MASK when you return to the hospital area, if you are around construction sites (contain molds), or if you are around a sick person (avoid).
   - Social outings should wait until a few days after returning home
5. EXERCISE is considered a medication and should be performed at least 3 times per day.

- Try and do your exercise (if outdoors) during the early morning or late afternoon hours when the sun is not strong.
- Exercise can include brisk walking, running, swimming (when incisions healed), stationery bike, treadmill or any other aerobic exercise you have discussed with your team.
- Heavy weight lifting (more than 10lbs) should be avoided—especially for the first 3 months until your chest bone is healed. Light weights for repetition workouts are fine.
- Always keep yourself hydrated with plenty of fluids, especially when exercising.

6. SUN

- Always wear sunscreen when outdoors for prolonged periods of time. Anti-rejection medications make it easier for skin cancer to grow and at a faster rate than normal.
- Always wear a hat and long sleeves if you are going to be in the sun

7. SEXUAL ACTIVITY/BIRTH CONTROL

- Intimate relationships with your steady partner is important and encouraged when you feel ready and comfortable
- Precaution must be taken when there is a risk of being exposed to a sexually transmitted condition (STDs, yeast infections, herpes). If your partner has one of these conditions, it is recommended that he/she be treated before resuming sexual contact.
- Use of a condom is always suggested, especially with new partners
- Birth control is a VERY IMPORTANT issue if your heart failure was due to pregnancy or childbirth. Pregnancy MUST be avoided. Discuss this with your coordinator as soon as possible

8. DRIVING

- Due to the incision on your chest and underlying bone, you should not drive during the first 8 weeks after your transplant. This will allow your chest bone to heal without any chance of injury
- During this time, try to sit in the back seat, if your car has front passenger air bags
- Please make sure that you have made arrangements to be driven for your biopsies, appointments and blood tests during this time

9. RETURN TO WORK

- Returning to work is always encouraged when you feel you are ready
- Consider your medication and exercise schedules when returning to work
- Please be aware that your current disability status from heart failure will expire one year from your transplant date If this is an issue, please contact the transplant social worker.

10. DIET/NUTRITION

Now that you have a healthy heart, you have a responsibility to keep it and your body healthy. You can do this by:

- Limiting your salt intake. Although you may not have to follow a salt free diet, DO NOT ADD SALT TO YOUR FOOD and try to AVOID FOODS HIGH IN SALT (canned foods, processed foods, fast foods). Medications to prevent rejection – combined with salt, may cause your body to retain fluid
- Taking care to limit excessive sugar intake with non nutritional foods (candy, soda, sugar drinks). Medications used to prevent rejection, may cause your blood sugar level to increase.
- Eating fresh vegetables/fruit
- Eating lean meats/fish/poultry that are broiled, BBQ or baked. Make sure your poultry is fully cooked.
- Avoiding raw shellfish (oysters, clams, raw sushi)
- Limiting your cholesterol/fat intake. Medications used to prevent rejection can increase your cholesterol levels. High cholesterol levels can lead to blockages in the arteries of your transplanted heart
- Avoiding excess alcohol – alcohol can interfere with your transplant medications

11. HEALTH MAINTENANCE

Due to the changes in your body following surgery and from the medications we ask that you (as indicated)

_______ MONITOR YOUR BLOOD PRESSURE every morning and every evening for the first month,
then every morning for the next 6 mos. Random BP checks (Twice weekly is suggested after 6 months).
   • call for BP less than 100/60 or if you notice that
   • your BP continues to be 145 / 90 after 3-4 days

_______ Weigh yourself every day when you get up from bed.
Call your coordinator if you see a weight gain of more than 2-3 pounds in one day.
Monitor your daily fluid intake and output (urine output) for the first month to make sure the amounts are approximately equal.

_______ Take your temperature every morning for the first month and anytime you are feeling ill.
Call for any temperature OVER 99.5

_______ If you have been given a glucometer to measure your blood sugar, check the blood sugar before meals and at bedtime or as directed. Follow the insulin scale on your medication list

other: ________________________________________ ________________________________________

12. FOLLOW-UP APPOINTMENTS

To help you maintain your new heart or lungs, you have been asked to commit to a continuous follow-up schedule.
- For lung transplant recipients, this will include coming for outpatient rehab, routine blood testing, pulmonary function testing, chest x-ray, or bronchoscopy;

- For heart transplant recipients, this will include coming when scheduled, for routine blood testing appointments, heart biopsies, clinic visits, echocardiograms, and cardiac catheterizations.

- Blood testing is usually done weekly for the first few weeks.

- Heart biopsies and clinic visits are usually done for the first 2, 4, 6, and 8 weeks until you are stable – then every few months. Cardiac catheterizations are done yearly to make sure you have not developed blockages in the coronary arteries. Echocardiograms may be done periodically.

** Please remember to take your Prograf or Cyclosporine at 8pm the night prior to any blood test appointment or biopsy appointment and then take nothing after midnight until your blood is drawn the following morning.

** Please do NOT eat or drink anything the morning of your biopsy, bronchoscopy, or blood test. Do not take any medications or insulin until after the procedure. Make sure your bring your medication list and any medications that you will need for that day.
YOUR NEXT HEART BIOPSY is scheduled for:

When (date):___________ / (time):___________________

Where: Central building, 4th floor, cardiac catheterization holding area

13. OTHER FOLLOW-UP APPOINTMENTS:

1. ___________________________________________________________________________________

2. ___________________________________________________________________________________

3. ___________________________________________________________________________________

4. ___________________________________________________________________________________

5. ___________________________________________________________________________________

14. TREATMENTS TO BE DONE AT HOME

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

15. YOUR HOME HEALTH CONTACT NUMBERS

Home health nursing agency____________________________________________________________

Pharmacy_______________________________________________________________________________

Other__________________________________________________________

16. Always bring your Medication list, Insurance information with you for EVERY test, procedure or appointment.
## Patient Information

**Patient Name**:__________________________________________

**Pharmacy**_____________________________________________

**Home Care**____________________________________________

**Home Infusion**_________________________________________

---

### MEDICATIONS

<table>
<thead>
<tr>
<th></th>
<th>BREAKFAST</th>
<th>LUNCH</th>
<th>DINNER</th>
<th>BEDTIME</th>
<th>DAILY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANTI-REJECTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROGRAF/ NEORAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take on empty stomach</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

|        |           |       |        |         |       |
| **ANTI-INFECTIVES** |           |       |        |         |       |
| **ANTI-ULCER** |           |       |        |         |       |

### VITAMINS/SUPPLEMENTS

|        |           |       |        |         |       |
| **PROGRAF/ NEORAL** |           |       |        |         |       |
| Take on empty stomach |       |       |        |         |       |

|        |           |       |        |         |       |
| **RAPAMUNE** |           |       |        |         |       |
| Take with water/ orange juice |       |       |        |         |       |

|        |           |       |        |         |       |
| **CELLCEPT/IMURAN** |           |       |        |         |       |
| Take on empty stomach/food |       |       |        |         |       |

|        |           |       |        |         |       |
| **PREDNISONE** |           |       |        |         |       |
| Take with food |       |       |        |         |       |

### BLOOD PRESSURE

- **DIASTOLIC CHOLESTEROL**
- **INSULIN SLIDING SCALE**

### INSTRUCTIONS

- **Check blood pressure** _______ times per day. Call office if blood pressure above: 145/90 or below 100/60
- **Weigh daily**
- **Check temperature daily. Call office if temperature is above 99.5**
- **Check blood sugar** _______ times per day. Follow sliding scale