



# ARE YOU CARING FOR YOURSELF AND YOUR NEW KIDNEY

## MEDICATIONS

- ☐Yes ☐No I know how to get my medicines refilled. My pharmacy is:
- ☐Yes ☐No I will not take any over-the-counter drugs or herbal preparations without checking first with my physician or transplant center.
- ☐Yes ☐No I will always keep a minimum of one week's supply of my medications on hand.
- ☐Yes ☐No I know all about my medications listed below.

	Medication	What is it for?	Dose?	Possible Risks/Side Effects
<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	<hr/>			

## LABS

- ☐Yes ☐No After discharge from the hospital, I will need lab tests done.
- ☐Yes ☐No I know what tests I need, why, how often, and where to get blood drawn. (If "Yes," list below.)

Test	How Often?	Reason for Test	Lab Location
<hr/>			
<hr/>			
<hr/>			



## FOLLOW UP APPOINTMENTS

☐Yes ☐No I know how to contact my transplant center and who to ask for.

I will ask for: \_\_\_\_\_ Tel. #: \_\_\_\_\_

☐Yes ☐No I know who to contact for follow up visits.

My doctor's name is: \_\_\_\_\_ Tel. #: \_\_\_\_\_

☐Yes ☐No I know the date of my next follow-up appointment. The date is: \_\_\_\_\_

☐Yes ☐No I must also see specialists for some of my health care needs. (If "Yes," list them below. )

Specialist	Name / Phone Number	How Often?	Why?
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Nephrologist \_\_\_\_\_

Dermatologist \_\_\_\_\_

Cardiologist \_\_\_\_\_

Endocrinologist \_\_\_\_\_

Dentist \_\_\_\_\_

## UNDERSTANDING OTHER HEALTH PROBLEMS

☐Yes ☐No I will read "Your Guide to Staying Healthy after Kidney Transplantation" from the National Kidney Foundation

☐Yes ☐No After transplant, my risk for cardiovascular disease, infection, and cancer is higher than before.

☐Yes ☐No I understand if I am at risk for developing cancer, there are immunosuppressant drugs with a lower cancer risk.

Cardiovascular disease: \_\_\_\_\_

Infection: \_\_\_\_\_

Cancer: \_\_\_\_\_



## SELF-CARE SKILLS

I know how to:

☐Yes ☐No Take my temperature. If it is \_\_\_\_\_ or higher, I should:

\_\_\_\_\_

☐Yes ☐No Measure my blood pressure. If above/below \_\_\_\_\_, I should:

\_\_\_\_\_

☐Yes ☐No Measure my weight. If above/below \_\_\_\_\_, I should:

\_\_\_\_\_

☐Yes ☐No Describe the signs of infection, depression, transplant rejection, or other problems, and I will call the transplant center if I experience any of them.

Signs of infection are: \_\_\_\_\_

Signs of depression are: \_\_\_\_\_

Signs of transplant rejection are: \_\_\_\_\_

Other issues or problems I should report to the transplant center are:

\_\_\_\_\_

☐Yes ☐No Monitor my blood glucose (for patients with diabetes).

If it is above/below \_\_\_\_\_, I should:

\_\_\_\_\_

☐Yes ☐No My transplant center has given instructions about other skills (such as collecting and measuring urine output, changing dressings, etc). (If "Yes," list below.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_