My Transplant Care Discussion Guide

A resource for useful discussions with your healthcare team

This guide may help you identify and discuss important information that your healthcare team may want to know following your kidney transplant. Fill it out, and bring it with you to help make the most of your next appointment. Be sure to review the medication guide(s) that came with your prescription for important safety information.

Appointment details

Date of appointment: _____

The transplant healthcare provider I'm seeing is: _____

The reason for this appointment is (a checkup, monitoring, test results, monitoring my kidney transplant function, etc.): _____

What I hope to get out of this appointment is (ways to manage any treatment side effects, test results, etc.):

_____

Topics I would like talk about today are (a follow-up from your last appointment, lab results, etc.):

_____

Details to share

Complete this section and refer to it during your appointment to help your transplant healthcare provider understand how you're feeling and what you're currently experiencing.

Today, I'm feeling: (Circle a number from 1 to 10, with 1 being the worst and 10 being the best)

0 1 2 3 4 5 6 7 8 9 10

The reason I feel this way is because: (Write in a few words why you circled the number)

_____

The treatment side effects that bother me the most are: (Tell your transplant healthcare provider if you're experiencing any of these symptoms, even if they're not in your top 3 concerns)

- ❑ Confusion/brain fog
- ❑ Constipation
- ❑ Diarrhea
- ❑ Drowsiness
- ❑ Frequent urination
- ❑ Fruity smell on your breath
- ❑ Hair loss
- ❑ Headache
- ❑ Increased thirst or hunger
- ❑ Infection
- ❑ Loss of appetite
- ❑ Nausea, vomiting, or stomach pain
- ❑ Nervous system (coma, seizures)
- ❑ Numbness and tingling
- ❑ Sleep disturbance
- ❑ Swelling in the hands and/or feet
- ❑ Tremors or shaking
- ❑ Vision changes and/or blurred vision
- ❑ No adverse events/side effects

Potential side effects are not limited to those listed.

Be sure to review the medication guide(s) that came with your prescription for important safety information.

Other side effects bothering me are: (Speaking up is the best way to get help. If you're experiencing any side effects not listed above, write them here and share them with your transplant healthcare provider)

Because of side effects, my daily life is impacted because: (Ex: I feel sick to my stomach, I shake often, etc.)

Questions to answer

Answer these questions before or during your appointment. Your responses will help your transplant healthcare provider decide on the treatment options that are right for you.

Q: Have you taken, started, or stopped any medicines since your last appointment?
(Make sure your transplant healthcare provider has an up-to-date list of all prescription and over-the-counter medicines [including vitamins, natural, herbal or nutritional supplements] you're currently taking or have taken since your last visit. Remember, always tell your healthcare team before starting or taking a medicine they don't know about)

Q: Are you comfortable with your current immunosuppression/antirejection treatment?
(If not, talk to your transplant healthcare provider about other options)

Q: Have you made recent changes to your diet?
(Ex: You have eaten grapefruit and/or drank grapefruit juice, you are eating meals at the same time each day, etc.)

Q: Is there anything you don't like about your current immunosuppression/antirejection treatment?
(Ex: Frequency of dosing, how it makes you feel, etc.)

Q: Does your current immunosuppression/antirejection treatment fit well into your daily routine?
(Ex: Taking your medicine as prescribed, at the same time each day, with or without food)

Questions to ask

Write down your most important questions on the **Q** line. Then, once your transplant healthcare provider gives you an answer, add it to the **A** line. Be sure to review the medication guide(s) that came with your prescription.

Questions about current treatment:

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

General questions: (Any question not necessarily about your current treatment plan or managing side effects. Ex: What are other available treatment options?)

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

Notes

Write down anything from your appointment that you and your healthcare provider feel are important.

Things I learned at today's appointment

Things I should do before my next appointment

Things to follow up on at my next appointment

Write down what you and your healthcare provider should follow up on at your next appointment.
(Ex: If you discussed how to manage a particular side effect, a follow-up discussion should include whether that side effect has improved.)

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