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**TRANSPLANT CLINIC TEAM INFO:**

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<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Phone</th>
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<tr>
<td><strong>Transplant Office</strong></td>
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<td>214.820.6856</td>
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<tr>
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<td></td>
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<tr>
<td></td>
<td>Johannes Kuiper, MD</td>
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<td></td>
<td>Brian Hardaway, MD</td>
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<td><strong>Director</strong></td>
<td>Charlene Cink, RN, MS</td>
<td>214.820.1598</td>
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<tr>
<td><strong>Manager</strong></td>
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<td>Heather Shewmake, ACNP</td>
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<td></td>
<td>Sandra Carey, NP</td>
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<td><strong>Transplant Coordinators</strong></td>
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<td>Ashley Cross</td>
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<td><strong>Physical Therapist</strong></td>
<td>Ana Lotshaw</td>
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<tr>
<td><strong>Social Worker</strong></td>
<td>Vanessa Martinez</td>
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<tr>
<td></td>
<td>Jessica Huynh</td>
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<tr>
<td><strong>Dietitians</strong></td>
<td>Laura Kimball</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priscilla Morales</td>
<td></td>
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<tr>
<td></td>
<td>Katie Beich</td>
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TRANSPLANT CLINIC

The frequency with which you attend clinic is based on our general guidelines, your clinical condition and geographical location. The scheduling coordinator will provide you with your specific written schedule, which we recommend you place in this notebook for future reference. If for any reason you are unable to attend clinic, please inform the scheduling coordinator at 214.820.6856.

Clinic hours are 8:30 a.m. - 4:30 p.m. in the Center for Advanced Heart & Lung Disease on the 2nd floor of Sammons Cancer Center, located at 3410 Worth Street, Suite 250, Dallas, Texas 75226.

If you are coming in for clinic from out of town and need hotel arrangements at Baylor’s Twice Blessed House (TBH), you will need to contact the scheduling coordinator the week prior to your clinic appointment. If this is your first time to stay at TBH, you will need to fill out forms for a background check.

First Clinic Visit
If you have not already provided the scheduling assistant with your list of contact phone numbers, please bring them with you to clinic.

Guidelines for Clinic
• Always bring your current medication list and this notebook with you to clinic.
• Document your blood pressures and blood glucose (if diabetic) in Section 7.
• You are encouraged to bring a family member or friend with you.
• If you are not able to get around independently, you must have someone with you for assistance.
• To reduce the risk of infection to other patients, no ill individuals or children under the age of 12 should be in the clinic area/waiting room.
• If you need a wheelchair, please notify someone at the admissions desk or valet on the ground floor. You are welcome to bring any mobility assistance devices with you.

Insurance Information
As you know, the transplant process is very costly. It is in your best interests to become familiar with your insurance company’s policies and procedures. It is crucial that you do not change your insurance provider or plan without consulting with a transplant patient access service (TPAS) representative; call 214.820.3476. They will make every effort to assist you in notifying your insurance company of your needs, but you are ultimately responsible. Failure to comply may result in full out-of-pocket expenses for you. You should always verify with the insurance company that the appropriate measures have been taken.

General Information
After your first year post heart transplant, if you have medical problems (routine or emergent), that are not heart transplant–related, please contact your referring physician. We are available as a resource, but your care will come from your referring/primary physician. Please notify us of any drastic changes in your medical condition, such as hospital admission or a sudden decline in physical tolerance.
CONTACTING THE DONOR FAMILY

A note from Southwest Transplant Alliance  
5489 Blair Road, Dallas, TX 75231

Dear Transplant Recipient:

Experience with donor families and recipients tells us that it is often best to approach this new relationship slowly. For this reason, we advise that you begin by writing to your donor’s family.

Of course, this is a very personal decision. Whatever you choose is right for you. Many recipients share information about themselves in order to express their gratitude. Some donor families say that hearing from their loved one’s recipient(s) helps them in their grieving process.

While we fully support all correspondence between donor families and recipients, we keep all parties anonymous until both sides have requested direct communication.

*If you write, you may want to include the following:*

- Your first name only; your occupation, hobbies, interests
- The state in which you live (not the city)
- Your family situation, such as marital status, children, grandchildren
- Since the religion of the donor family is unknown, please consider this if you are including religious comments

*Closing your letter or card:*

- Sign your first name only
- Do not reveal your address, city or phone number
- Do not reveal the name or location of your transplant hospital

*Instructions for mailing:*

- Place your card or letter in an unsealed envelope
- On separate paper, write your name, transplant date and organ received
- Place these items in another envelope and mail to your transplant center in care of the transplant coordinator

When we receive your letter, it will be reviewed to ensure confidentiality, and will then be forwarded to the donor family.

You may or may not receive a response. Some donor families have said that it takes time to deal with their grief and that they are overwhelmed with emotion. While most donor families sincerely appreciate your correspondence, it may take several months or even years before they feel comfortable enough to respond.

Again, the choice to write is a personal one, but we wanted you to know that the door is open if you choose to correspond with your donor’s family.
Twice Blessed House (TBH) apartments are dedicated to serving pre- and post-transplant patients and their caregivers by providing a warm family atmosphere and amenities needed for daily living. They are designed to offer patients and their caregivers/escorts temporary and affordable housing during their evaluation process and while recovering after transplantation at Baylor University Medical Center.

Here are some things you will need to know when deciding to stay at Twice Blessed House.

1. All accommodations are subject to availability on a first-come, first-served basis.
2. All adult occupants of the apartment must pass a background check as required by the apartment complex. This includes the patient and the caregiver/escort. Baylor will pay for the background check of the patient and one caregiver/companion. There will be a fee of $5 per additional background screening to be paid prior to the screening being run.
3. Patients must live outside a fifty-mile (50) radius of their transplant center.
4. All patients must have an adult caregiver/escort staying with them in the apartment.
5. No pets are allowed in the apartments or on patios/balconies.
6. Children must be supervised at all times, and for safety purposes must stay in first-floor apartments. If one is not available at time of check-in, you may be asked to move later once one becomes available.
7. No more than three people in a one-bedroom apartment are allowed, and no more than four people are allowed in a two-bedroom apartment. Children over 12 months of age will be counted as an occupant.
8. All TBH reservations must be made by your scheduling coordinator and/or the social workers.
9. Apartments are fully furnished with TV, washer and dryer, small appliances, linens, towels, cookware and kitchen wares.
10. You will need to bring your personal items like medications, shampoo, soap, paper products, cleaning supplies, detergent and food.
11. Cost for one-bedroom is $50, and $70 for a two-bedroom.
12. A check in the amount of $100.00 for a security deposit is required.
13. TBH office hours are Monday–Friday 8:30 a.m. to 5:00 p.m. An after-hours number is available for emergencies.
14. Patients will check in at TBH before 3:00 p.m. on weekdays.
15. **Check-in after 5 p.m.** and on the weekends is at the Baylor Plaza Hotel desk. You must provide a photo ID at the time of check-in. You will be asked to complete paperwork and pay for your stay and deposit. You will be given keys, a packet of information and directions to TBH.

16. **Checkout is at 12:00 (noon).** If you check out after noon you will be charged for an additional day.

17. Weekly payments are made in advance. The first payment is required upon taking possession of the apartment.

18. All payments must be paid by personal check, or credit card (Amex, MasterCard, Novus/Discover or VISA). Cash and money orders will not be accepted.

19. Baylor Dallas provides shuttle transportation between TBH and the hospital **Monday – Friday from 5:30 a.m. to 7:30 p.m. every 15 to 20 minutes.**

20. Junior League of Dallas sponsors volunteers to prepare weekly community suppers, and schedule outings and activities. Baylor Dallas provides shuttle service to supermarkets twice a week.

21. Insurance companies do not always cover housing. Medicare, Medicaid and TRICARE do not cover housing. When insurance does cover housing, you will be asked to sign an Assignment of Benefits form to insure correct payment to Twice Blessed House. In some cases prior arrangements may have been made by commercial insurance companies to cover these charges; you will need to request that they send written confirmation of these benefits. A letter from your insurance company confirming full assignment of housing benefits may be accepted in lieu of payment by the patient or family. This letter should be provided prior to your arrival. (Obtaining this information is the responsibility of the patient, family member or caregiver.)

We hope this information has been helpful. We look forward to having you stay with us at Twice Blessed House.
ACTIVITY

Driving
To allow your incision to fully heal, you cannot drive a car for six weeks post-transplant. You also need to avoid lifting objects over eight pounds in weight for six weeks post-transplant.

Sternal Precautions
For the first 4–6 weeks after surgery, you will need to follow certain activity limits to allow your sternum to heal; these are called sternal precautions:

- Do not lift more than eight pounds. (A gallon of milk weighs eight pounds.)
- Do not push or pull with your arms when moving in bed and getting out of bed.
- Do not flex or extend your shoulders over 90°.
- Avoid reaching too far across your body.
- Avoid twisting or deep bending.
- Do not hold your breath during activity.
- Brace your chest when coughing or sneezing. This is vital during the first two weeks at home.
- No driving until cleared by your physician.
- Avoid long periods of over-the-shoulder activity.
- If you feel any pulling or stretching in your chest, stop what you are doing. Do not repeat the motion that caused this feeling.
- Report any clicking or popping noise around your chest bone to your surgeon right away.

Cardiac Rehab
We require that all heart transplant patients attend a cardiac rehab program for 12 weeks. The cardiac rehabilitation program is usually every Monday, Wednesday and Friday. Since you will not be able to drive for the first six weeks after transplant, it is important you have transportation arranged to attend your rehab sessions and clinic visits.

Baylor’s cardiac rehab program is located at the Tom Landry Center on the Baylor Campus. If you would like to attend one closer to where you live, once you are allowed to go home, please let your coordinator know.

Regular exercise is a necessary weapon against obesity, osteoporosis and high cholesterol. Walking is the most economical and most beneficial activity. Extreme depth scuba diving, high elevation mountain climbing, and sky diving are not advised. Apart from these, most other sporting activity is acceptable once you are recovered. Water aerobics have proven effective for those persons who suffer from osteoporosis or osteoarthritis.

Patients may return to work when they feel ready after three months post-transplant. We do encourage beginning with half days and gradually building up to a full work week. Patients are to do no heavy lifting for at least three months post-transplant (20 lbs. maximum the first three months).

continued >>>>
GENERAL HEALTH CARE GUIDELINES
(continued from page 8)

INCISION CARE
• Watch for signs of infection (redness, swelling, soreness or drainage). Contact the transplant coordinator should these signs appear. Clear yellow or red-tinged drainage from the incision or chest tube sites is normal and should not last long.
• Take SHOWERS ONLY (NO BATHS) until the wound is completely healed.
• Use antimicrobial soap such as Dial or Safeguard; no scented soaps or soaps with lotion.
• If you are diabetic, it is important to keep your blood sugars within a normal range. High blood sugars delay healing and increase the chance of a sternal wound infection.
• If your incision or chest tube sites are still leaking after you are discharged, you may cover the sites with plain gauze and tape to soak up the moisture. Change this dressing at least once daily, or more frequently if it becomes saturated. Do not leave a wet dressing in place, because it will delay the healing process. Once your incision stops leaking, leave the dressing off so that the incision can dry out and heal properly.

SEX
Sexual activity may be resumed when you are able to climb a flight of stairs.

For Women: Even though normal periods may not return immediately post-transplant, ovulation is occurring in most cases. Therefore, contraception is mandatory. Pregnancy after transplantation is a complex and ethically challenging issue. There is little data to allow us to recommend elective pregnancy. Please discuss contraceptive options with your physician. Even when the risk of pregnancy is excluded, safe sex practices are strongly encouraged.

For Men: Problems with impotence should be discussed with your transplant physician. You may feel more comfortable approaching this subject during one of your clinic visits rather than over the telephone.

NUTRITION
Maintaining ideal body weight decreases the risk for complications such as high blood pressure, atherosclerosis, and osteoporosis. Eating a balanced diet can help prevent infections and certain types of cancers. Post-transplant diet should be a low fat, low salt diet. The transplant dietitian will consult with you prior to your hospital discharge. The transplant dietitian is available in clinic for further consultation upon request. Let your coordinator know if you would like an appointment with a dietician.

DIABETES AND ORGAN TRANSPLANTATION*
Diabetes is a common issue in heart transplant patients. Many patients that have a heart transplant are already diagnosed with diabetes, and many are diagnosed after they receive their transplant. It is possible that diabetes can become worse after transplantation, and diabetes can also be the result of organ transplantation.
Experts are not certain just how often people develop type 2 diabetes after the transplant of a heart, liver, kidney, lung or other organ. One review of studies suggested that it could occur in more than one out of 10 people who get a transplant.

Diabetes is always a serious illness, but it can have greater risks in people who have had an organ transplant. It raises the danger of organ rejection, dangerous infections, and death. So it’s especially important for you to treat – or preferably prevent – the condition.

What Causes Diabetes After an Organ Transplant?
Organ transplants are so successful these days because we have better drugs that prevent rejection. Unfortunately, many of the drugs used to suppress the immune system – such as the medication Prograf (tacrolimus) or corticosteroids – can cause diabetes or make it worse.

Drugs aren’t the only cause. Other risk factors for diabetes are:
- Obesity
- A family history of diabetes
- Being black or Latino
- Being older than age 40
- Having hepatitis C

Treatment for Diabetes After an Organ Transplant
The good news is that diabetes after an organ transplant may not be lasting. It may go away if you change or reduce your medication dosage. Many people can stop taking steroids after six months or so. This may solve the problem.

In some cases, you may need medicine to treat the diabetes. Lifestyle changes can make a difference, too. They include:
- Eating a healthy diet
- Keeping good control of your blood sugar
- Exercising
- Getting regular medical care

Talk to your health care provider if you have any questions about your blood sugars and your risk for diabetes.

Getting diabetes after an organ transplant can be scary. It also adds further hassles to your everyday life. You’ll have to watch what you eat and check your blood sugars regularly. But you’ll get used to it. Being careful and taking control of your condition makes a huge difference.

Patient Resources
The Nephrogenic Diabetes Insipidus Foundation provides information and support to persons affected by nephrogenic diabetes insipidus.
Voice: 1.888.376.6343
Website: http://www.ndif.org
E-mail: info@ndif.org

*Information was obtained from http://diabetes.webmd.com/life-after-transplant-post-transplant-diabetes, on 2/14/2013

SMOKING
Patient smoking, chewing tobacco, or use of nicotine products of any kind is totally unacceptable. We also strongly recommend avoidance of second-hand smoke. Exposure to nicotine greatly increases the risk of developing coronary artery disease in your new heart, which can lead to severe complications.
# General Health Care Guidelines (continued from page 10)

## Alcoholic Beverages
The consumption of alcoholic beverages should be avoided due to possible interactions with your medications.

## Cancer Prevention
Malignancies have been increasingly observed and are felt to be due to long-term immunosuppression. You must be a vigilant participant in preventing the development or spread of cancer in your body.

- Skin cancers are the most commonly occurring malignancy. You must inspect your skin and scalp regularly. Report any new growths or changes in moles or warts to a dermatologist. If a growth is removed, have the pathology report sent to the transplant office.

- Have a baseline appointment with a dermatologist at 6 months post-transplant and annually thereafter.
  - Always wear sun block and lip gloss of 15 SPF or higher.
  - Wear protective clothing, such as a hat and long-sleeved shirt.
  - Wear sunglasses when outside during the day, to protect your eyes from UV rays.

- Keep in mind that UV rays are present even on cloudy days.

- Beware of reflected light from sources such as sand, cement and snow.

- Use of artificial tanning devices such as tanning salons, booths, beds, reflectors and lamps is prohibited.

- **All females** are to have an annual mammogram and pap smear (regardless of previous hysterectomy).

- All males will have a prostate surface antigen (PSA) test drawn as a part of their annual testing.

- For patients age >50 years, colon screening by your PCP is strongly recommended on the first post-transplant annual examination to screen for colon cancer. If the result is normal, this test should be repeated every three years.

## Dental Care
- See your dentist every six months.

- No dental cleanings within the first six months, and no major medical procedures within the first year post-transplant.

- Antibiotic coverage is NOT necessary for teeth cleaning or any invasive dental procedure.

## Immunizations
Live or weakened virus vaccines are contraindicated after transplant. Immunizations which are acceptable after the first post-transplant year are those for diphtheria-tetanus (as a booster only), Mantoux (TB) test, and the pneumococcal vaccine. It is strongly recommended for all transplant recipients to receive an annual flu shot during the early fall season.

Transplant recipients who have young children or grandchildren who need immunizations should ask if the immunizations are live viral vaccines. If so, then the patient needs to stay away from that child for 21 days.

It is strongly recommended for all transplant recipients **after the first post-transplant year** to receive annual flu shots during the early fall season.
POST-TRANSPLANT FOLLOW-UP CARE

SEEING YOUR PRIMARY CARE DOCTOR
Our service will be your primary care source for the first year post-transplant. Your coordinator will need to be notified about any health problems that arise. Your coordinator will consult with other physicians as needed in order to provide you the appropriate care. We require primary involvement for the first year because of the special considerations that must be evaluated by professionals familiar with transplant patients. If you live a great distance from BUMC, we will want you to have a local primary care physician (PCP) whom we can involve in your care once you are sent home following your cardiac rehabilitation. Your PCP will be a valuable resource for medical care when time and distance prevents you from being seen at the Transplant Clinic.

After the first year post-transplant, we will discharge your overall medical care to your PCP. We will provide your PCP with specific transplant care guidelines and work in collaboration with him/her to maintain your overall health. After your first year post-transplant, you will need to contact your PCP for all routine, non-transplant needs (general health concerns, non-transplant related prescriptions, blood pressure issues, diabetic management, insurance/disability forms, flu shots, etc.). You will continue to come to BUMC for periodic transplant testing, and we will inform your PCP of all test results and any necessary immunosuppressant changes.

Outcomes of visits to your PCP or other medical consultants need to be reported to the transplant coordinator for continuity of care. Please call the coordinator with any new prescriptions or recommended treatments so that your chart is correctly updated. It is imperative that we keep a current record of your health status at all times in case of an emergency situation.

OUT-OF-TOWN LABS
If you are having blood studies done by a facility other than BUMC, special arrangements will need to be made by our office with a local lab or your local primary care physician (PCP). Please let your coordinator know if you would like this set up.

INSURANCE INFORMATION
It is imperative that you notify our department of any changes in your insurance information. We need current information at all times so that we can pre-certify any admissions and update your insurance case manager as required. We will need the insurance company name, address, precertification number, insured name, insured Social Security number, ID number, group name and number, and any case manager information. We will make every effort to assist you in notifying your insurance company as needed, but you are ultimately responsible. You should verify with your insurance company that appropriate measures have been taken.
POST-TRANSPLANT FOLLOW-UP CARE

(continued from page 12)

If you need us to pre-certify you for any test or procedure, you will need to notify us.

It is very important that you speak with your coordinator BEFORE making any changes to your insurance coverage. Not all insurance plans are accepted by Baylor or cover transplant care cost.

REQUEST FOR AUTOPSY

For research and learning purposes, Baylor’s Heart Transplant team requests that our patients undergo an autopsy after they have passed on. The information we gain from these autopsies helps us to learn how to provide better care of our transplant patients now and in the future. Please inform your family members to contact us at the time of your passing and of our request for an autopsy. We will do everything we can to help facilitate this process and support them through this time.

COMMON TESTS AND PROCEDURES

**Abdominal sonogram**—non-invasive test to visualize your abdominal organs.

**Cardiac catheterization**—invasive procedure to check pressures in your heart and to visualize the inside of the coronary arteries.

**Chest x-ray (CXR)**—picture that visualizes your heart and lungs.

**Colonoscopy**—a procedure that enables an examiner to evaluate the inside of the colon (large intestine or large bowel).

**Electrocardiogram (EKG)**—translates the heart’s electrical activity into line tracings on paper.

**Echocardiogram (echo)**—non-invasive test to visualize your heart size, chambers and valves.

**Heart (endomyocardial) biopsy**—an invasive procedure that obtains samples of heart tissue for microscopic analysis.

**Mammogram**—non-invasive test to visualize the breast tissue.

**Pulmonary function test (PFT)**—non-invasive test to measure your lung capacity.

COMMON LABORATORY TESTS

**Allomap**—blood test that can help determine if patient is negative or very positive with any rejection of the transplanted organ.

**BUN**—blood urea nitrogen is a waste product of protein breakdown that is removed from the blood by the kidneys.

**Brain natriuretic Peptide**—an amino acid polypeptide secreted by the ventricles of the heart in response to excessive stretching of heart muscle cells, used to diagnose the level/stage of heart failure the patient is having.

**Cholesterol**—a waxy, fat-like material carried in your blood. It helps your body makes hormones and builds cell walls.
POST-TRANSPLANT FOLLOW-UP CARE

Creatinine (urine)—a protein waste substance produced by your muscles and released into the bloodstream where it is removed by your kidneys. This test is an important measure of how well your kidneys are working.

Creatinine phosphokinase—a marker of myocardial infarction (heart attack), rhabdomyolysis (severe muscle breakdown), muscular dystrophy or acute renal failure.

Cylex (Immunoknow) Assay—measures the vitality of a patient’s immune system. This test may assist physicians in managing the treatment of diseases and infections with a post-transplant patient.

Cytomegalovirus by PCR (CMV)—CMV is a common infection that is usually harmless but can become serious for a transplant patient. Once CMV is in a person’s body, it stays there for life. We test at each clinic visit to see if the patient has an active CMV infection occurring. If so, we then treat it with the antiviral medication Valcyte. This medication may also be used to prevent a CMV infection in those patients who have never been exposed to the virus but receive a heart from a donor who has.

Glucose—sugar, a carbohydrate in body metabolism; this test indicates if you might have diabetes.

Hemoglobin—a pigment found in the red blood cells that carries oxygen to the body from the lungs.

Hepatic function panel—measures your liver function and how well it is working.

Potassium—helps the heart, muscles and nerves function properly. It is important for changing carbohydrates into energy and building protein.

Prograf, Neoral or Rapamune level—monitors the amount of medicine in your blood. We need to measure what we call a trough level. Think of your medication like gasoline you put into a car. Each dose fills up the tank, but only for 12 hours. You must refill every 12 hours. We are measuring the lowest point before you refill with your next dose, to be sure that we are giving you enough medicine to keep you from rejecting your organ but not so much that it causes harm to other parts of your body. This is why it is so important for you to **not take your medicines until after your blood is drawn**. If you take your medicines by accident, please inform the coordinator so that we don’t adjust your medicines based on a false reading.

Sodium—helps to evaluate nerve or muscle disorders, and kidney or adrenal gland problems. It indicates the balance between electrolytes and water in your body.

Triglycerides—measures excess fat in the blood. This test, along with the cholesterol reading, could help determine the risk of coronary artery disease.

White blood count—measures how many white blood cells are in your bloodstream.
GENERAL HEALTH CARE GUIDELINES QUIZ

(Please review pages 8-14 to answer the following questions)

Please answer the following questions:

1. How are you going to clean your incision when you are at home?
   _______________________________________________________________________

2. List three ways to prevent diabetes after transplant surgery.
   1) _______________________________________________________________________
   2) _______________________________________________________________________
   3) _______________________________________________________________________

3. What should you do before you change your insurance coverage?
   _______________________________________________________________________

4. What is the best exercise initially for transplant patients?
   _______________________________________________________________________

5. How often should you see your dentist and dermatologist?
   _______________________________________________________________________

6. Any over-the-counter medication is safe.
   _______ True
   _______ False

7. How many weeks will you be in rehab?
   _______________________________________________________________________

8. What is the most common form of cancer after transplantation?
   _______________________________________________________________________

9. After the first year post-transplant, you can have vaccinations that are not live virus vaccines.
   _______ True
   _______ False

10. What should you do if another one of your doctors wants to change your immunosuppressant medications?
    _______________________________________________________________________
THE IMMUNE SYSTEM & IMMUNOSUPPRESSANTS

Immune System in Brief
The immune system is the body’s defense against virus, fungus, disease and foreign tissue (transplanted heart/lung).

After heart/lung transplantation, your body’s immune system is weakened by anti-rejection medications so that it will not recognize the transplanted organ as a foreign body.

Anti-Rejection Medications
You will take a combination of anti-rejection medications for the rest of your life. The immunosuppressant drugs most frequently used are described below. Your personal drug regimen will be based on your body’s requirements, and may not be the exact same drug regimen of your fellow transplant recipients.

PROGRAF (Tacrolimus, Fk506)
- Supplied in 1 mg and 5 mg capsules.
- Always note the mg size of your capsules.
- Take twice daily, 12 hours apart.
- Always take your medicine after your blood is drawn on clinic days.
- Should be taken on an empty stomach, one hour before meals or two hours after meals.
- AVOID grapefruit juice during your drug administration times.

PROGRAF–Possible Side Effects
Altered liver function Difficulty sleeping High blood pressure
Decreased kidney function Hand tremors Mild hair loss
Diabetes Headaches Nausea/vomiting
Diarrhea High blood potassium level Numbness/tingling in hands/feet

Some medications may affect the absorption of cyclosporine (Cya) and Prograf. Therefore, it is very important to always check with the transplant physician or coordinator before taking medication prescribed by another physician. For this reason it is also important that you use extreme caution with over-the-counter medications. The Medication section of this notebook includes a list of approved over-the-counter medications. You should strictly follow this list to prevent potentially damaging drug interactions.

continued >>>
THE IMMUNE SYSTEM & IMMUNOSUPPRESSANTS
(continued from page 16)

CYCLOSPORINE (Neoral)
• Neoral and Sandimmune are not the same drug. Do not take Sandimmune.
• Neoral is available in liquid (100 mg per cc) or gelcaps (100 mg & 25 mg). All patients are started on liquid but will gradually change to the gelcaps.
• Take twice daily, 12 hours apart.
• Take within 30 minutes of your scheduled dose time. Example, if 9:00 is your medicine time, you need to take your dose anywhere from 8:30 - 9:30.
• Liquid Cya must be taken in glass. It sticks to plastic or Styrofoam.
• Always take your medicine after your blood is drawn on clinic days.
• Repeat your full dose if you vomit within one hour of taking Cya.
• Store at room temperature. Do not refrigerate.
• Be extra cautious to keep your Cya cool when traveling in hot weather.
• Liquid Cya should be mixed in apple or orange juice. Do not change juices. A change in juice may affect your lab studies. Never mix in grapefruit juice.
• Cya contains 12.5% ethanol to prevent bacterial growth. Therefore, just wipe off the dispenser with a clean, dry paper towel after use. Do not rinse off or wash the dispenser.
• A bottle of liquid Cya is good for two months after opening.
• Once removed from the foil packet, the gelcap is good for seven days.
• The odor noticeable upon opening the foil packet is normal and does not mean the medication has spoiled.
• The gelcap can be taken with any liquid (water, juice, milk, etc.) except grapefruit.

CYCLOSPORINE—Possible Side Effects

<table>
<thead>
<tr>
<th>Effect</th>
<th>First Term</th>
<th>Second Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered liver function</td>
<td>High blood potassium level</td>
<td>Nasal congestion</td>
</tr>
<tr>
<td>Darkened hair color</td>
<td>High blood pressure</td>
<td>Night sweats</td>
</tr>
<tr>
<td>Decreased kidney function</td>
<td>Increased cholesterol level</td>
<td>Numbness/tingling in arms or legs</td>
</tr>
<tr>
<td>Excess bloating/gas</td>
<td>Increased gum growth</td>
<td>Runny nose</td>
</tr>
<tr>
<td>Flushing</td>
<td>Increased hair growth</td>
<td>Seizures</td>
</tr>
<tr>
<td>Hand tremors</td>
<td>Increased sensitivity to hot/cold</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>Increased sex drive</td>
<td></td>
</tr>
</tbody>
</table>

(continued >>)
THE IMMUNE SYSTEM & IMMUNOSUPPRESSANTS
(continued from page 17)

PREDNISONE (Deltasone, “steroid”)

- Supplied in a variety of mg doses (1 mg, 5 mg, 10 mg, etc.).
- Always note the mg size of your tablets.
- You will receive 5 mg tablets.
- This medication is tapered slowly over a three-month period according to your weight.
- Carefully follow your taper instructions.
- You will receive your prednisone taper on discharge.

PREDNISONE—Possible Side Effects

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Acne</th>
<th>Fluid/salt retention</th>
<th>Joint pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurry vision</td>
<td></td>
<td>Heat intolerance</td>
<td>Moon face</td>
</tr>
<tr>
<td>Bruising of the skin</td>
<td></td>
<td>Impaired wound healing</td>
<td>Mood swings</td>
</tr>
<tr>
<td>Development of stomach ulcers</td>
<td></td>
<td>Increased appetite</td>
<td>Muscle weakness</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td>Increased hair growth</td>
<td>Night sweats</td>
</tr>
<tr>
<td>Difficulty sleeping</td>
<td></td>
<td>Increased sun sensitivity</td>
<td>Weak bones</td>
</tr>
</tbody>
</table>

CELLCEPT (Mycophenolate Mofetil, Myfortic)

- 1 capsule = 250 mg or 180 mg for Myfortic
- 1 tablet = 500 mg or 360 mg for Myfortic
- Take twice daily, 12 hours apart

CELLCEPT—Possible Side Effects

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Nausea/vomiting</th>
<th>Sepsis (systemic infection)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased white blood cell count</td>
<td></td>
<td>Diarrhea</td>
</tr>
</tbody>
</table>

IMURAN (Azathioprine)

- 1 tablet = 50 mg.
- Must be taken at bedtime.
- There is a very serious drug interaction with Imuran and Allopurinol, a drug frequently used to treat gout. It is mandatory that you notify the transplant physician or coordinator if another physician suggests the use of allopurinol.

IMURAN—Possible Side Effects

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Altered liver function</th>
<th>Decreased white blood cell count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild hair loss</td>
<td></td>
<td>Jaundice (yellow color of skin/eyes)</td>
</tr>
</tbody>
</table>
THE IMMUNE SYSTEM & IMMUNOSUPPRESSANTS QUIZ

(Please review pages 16-18 to answer the following questions)

Please answer the following questions:

1. List the three anti-rejection medications you are taking.
   1) ________________________________________________________________
   2) ________________________________________________________________
   3) ________________________________________________________________

2. If you do not take your anti-rejection medicines, what will happen to your transplanted organ?
   ________________________________________________________________

3. How many milligrams are in one tablet of Prednisone?
   _______ mg

4. How many milligrams of Prednisone will you be taking at the time of discharge from the hospital?
   _______ mg

5. How many hours apart do you take your Prograf or Neoral? _______

6. If you vomit within one hour after taking your Prograf or Neoral, what should you do?
   ________________________________________________________________

7. How many capsules/tablets AND milligrams of CellCept (or Myfortic) will you be taking every
   _______ AM = _______ MG (milligrams)
   _______ PM = _______ MG

8. Are you going to take your Prograf or Neoral BEFORE OR AFTER your labs are drawn on clinic days?
   ________________________________________________________________

9. Where will you find your Prednisone taper?
   ________________________________________________________________
INFECTION

With a heart transplant, you are trading one disease for another. The good news is, you no longer have heart failure! The bad news is now you are immunocompromised, putting you at a high risk for infection. Taking your immunosuppressant medication is essential to keeping your body from recognizing your transplanted heart. These medicines limit your body’s ability to fight against your heart (this is a good thing) and also limit your body’s ability to fight off any infection, whether it is bacterial, viral or fungal (yep, you guessed it, this is the bad news).

HERE IS A LIST OF THINGS YOU CAN DO TO PROTECT YOURSELF FROM INFECTION:

- **Wash your hands!** Hand washing is still the most important thing you can do to prevent infection. Wash your hands often and with antimicrobial soap when possible. Keep an alcohol-based hand sanitizer close by for those times when soap and water are not available.

- **Stay away from people that are ill.** If someone is sick and lives in the same home as you, sleep in a separate room and have them wear a mask when in common areas. You should also wear a mask in common areas. Also, make sure to clean hard surfaces in the home with a household disinfectant (don’t forget door handles, light switches, remotes, telephones, etc.). Ask friends and family to not visit when they are sick.

- **Wear a mask.** We ask that you wear a mask in public for approximately three months after transplant (or until you are taking less than 20 mg daily of prednisone). Any mask will do.

You can purchase them at local drug stores and medical supply stores. It is a good idea to keep a mask with you while in public even after the first three months, since you will always be at a higher risk for infection than the general population.

- **Wash all fruits and vegetables.** Wash your hands for 20 seconds with warm water and soap before and after preparing fresh produce. Cut away any damaged or bruised areas before preparing or eating. Gently rub produce while holding under plain running water. Wash produce BEFORE you peel it, so dirt and bacteria aren’t transferred from the knife onto the fruit or vegetable. Use a clean vegetable brush to scrub firm produce, such as melons and cucumbers. Dry produce with a clean cloth or paper towel to further reduce bacteria that may be present.

- **Avoid raw fish and shellfish.** These foods can carry harmful bacteria that you as a transplant patient are highly susceptible to. Always cook your meats to their recommended temperature. When ordering red meat in a restaurant, ask for yours to be well done.

- **Avoid certain animals.** Many animals can carry bacteria and other harmful organisms. Avoid reptiles, chickens and exotic pets. All persons should avoid direct contact with wild animals. Check with your coordinator for any concerns with specific animals.

- **Caution with pets.** Domestic animals such as cats and dogs are okay to have as a transplant patient, but may still put you at risk for infection. If you have a cat in your home, do not change...
the litter box and do keep the cat indoors – speak to your coordinator if you do own a cat. Always wash your hands after contact with pets. Do not allow your pet to lick your face, or eat and drink after you. Make sure your pet gets the proper veterinary care, including preventative treatment for ticks, fleas and worms. Keep your pet vaccinated as recommended by your veterinarian. If your pet is indoors, keep them bathed and groomed regularly.

• **Vaccinations.** You are only able to get KILLED virus vaccinations after one year after transplant; no LIVE or ATTENUATED vaccinations. If you are unsure if a vaccine is live or killed, please contact your doctor or coordinator. We recommend that you get a flu vaccine (injection, not the nasal mist) yearly and a pneumococcal vaccine every five years. If a friend or family member decides to have a live vaccination, we recommend that you stay away from them for one month to not risk exposure to the live virus. Due to the vaccinations of infants, avoidance of secretions (no diaper changing, cleaning vomit/spit-up, wiping noses, kissing) is advised for a full month following their vaccination.

• **Gardening.** Due to spores and molds, wear gardening gloves and a mask while doing yard work.

• **Smoking.** DON’T DO IT!!! Also remember to avoid second-hand smoke, as it is also detrimental to your health.

• **Travel.** Travel outside the United States is discouraged until after the first year. Third-world travel is prohibited during the first year and strongly discouraged thereafter.

• **Report.** Learn to be proactive and report signs and symptoms to your doctor or coordinator. Early detection can be lifesaving.

**SIGNS AND SYMPTOMS OF INFECTION**

Use the acronym “DOCTORS” to help you determine if your symptoms are from an infection. Always remember to speak to your coordinator about any of these symptoms. Let us help determine if an infection is present.

- **D** – diarrhea
- **O** – out of breath
- **C** – cough
- **T** – temperature of 100 degrees or higher
- **O** – other; sore throat, fatigue, headache
- **R** – regurgitation, vomiting 2-3 times
- **S** – stinging on urination
REJECTION

As mentioned earlier, rejection is when your body recognizes your new heart and attempts to destroy it. Rejection can be acute (happening within the first year) and chronic (after one year). It can also be on a cellular level (what the biopsy checks for) and humoral or antibody mediated (checked by your lab work). The only way to detect cellular rejection is by a biopsy. You will have a total of four biopsies done every two weeks after transplant. Your coordinator will explain in more detail about the biopsy procedure (done under local anesthetic on the same day as your clinic visit).

The first three months after transplant is the riskiest time for rejection. Oftentimes when someone is in rejection, they have no symptoms. This is why we know to go ahead and check for rejection even if you are feeling great. Symptoms of rejection are listed below, so if you are experiencing symptoms, inform your coordinator. If your biopsy does show rejection, don’t freak out! Rejection is serious but oftentimes can be treated. Treatment usually consists of high-dose steroids through an IV over three days (don’t worry, you don’t have to be admitted to the hospital for this). After we treat you, we will check a biopsy at your next scheduled clinic visit (if you are still fresh post-transplant) or one month later if you’re done with your scheduled biopsies. Your doctor may also change around your anti-rejection regimen to better protect you against rejection.

After you have completed all of your scheduled biopsies and if no rejection was found, you will have a blood test called an Allomap to predict rejection. This blood test does not diagnose rejection, but gives us a prediction. If your Allomap score is above a certain threshold or a jump in your score is noted, your doctor may want you to have a biopsy to confirm whether you are truly in rejection. You will have to have your blood drawn at a separate lab for the Allomap, but at least you are not having a biopsy! Your coordinator will give you more information regarding the Allomap once it is time for you to have one. You will have your last scheduled biopsy at your one-year annual checkup. After one year, we only do a biopsy if we suspect rejection.

WHAT YOU CAN DO TO PREVENT REJECTION:

- Take the right medications prescribed by your doctor at the times prescribed by your doctor. Remember, you will be on anti-rejection medications for the rest of your life. DO NOT MISS A DOSE. If you vomit within one hour after taking your medications, take them again. If you vomit one hour after taking your medications, do not retake and pick back up with the next scheduled dose. If for some reason you are not able to take your medications, including severe vomiting, inform your coordinator. Not being able to take your medications is an emergency! If you stop taking your medications, your new organ can be rejected in a short period of time!

- Have your labs drawn as scheduled by your coordinator. Your doctor cannot adjust your anti-rejection doses unless he/she knows what your drug levels are. Taking the right dose is essential in preventing rejection; too little of a dose can cause rejection, and too much can cause dangerous side effects and infection. Remember to take your medications after your lab work. If you take them before your labs, your levels will be falsely elevated and your doctor will not be able to adjust your dose.

continued >>>>
REJECTION
(continued from page 22)

• Do not miss your scheduled testing or follow-up appointments.

• Recognize that you may have periods of rejection despite following the above instructions.

• Learn to report the early signs and symptoms of rejection. Let your coordinator or doctor determine if your symptoms are significant for rejection.

SIGNS AND SYMPTOMS OF REJECTION:
As discussed earlier, you may or may not have symptoms of rejection. If you do have symptoms, they often mimic the symptoms you had in heart failure before transplant. Use the acronym “STOP” listed below to help you remember symptoms of rejection. **Remember that this list is not exclusive, and always let your coordinator or doctor know if you are having symptoms that you feel are significant.**

- **S** – scale weight gain of 3 pounds or more in 24 hours
- **T** – temperature over 100 degrees
- **O** – out of breath
- **P** – pre-transplant fatigue or weakness
INFECTION AND REJECTION  QUIZ

(Please review pages 20-23 to answer the following questions)

Please answer the following questions:

1. Your two biggest potential problems after transplant are:
   1) __________________________________________________________
   2) __________________________________________________________

2. Who should you call if you have any signs of infection or rejection after you are discharged from Baylor?
   __________________________________________________________

3. List seven possible signs of infection.
   1) __________________________________________________________
   2) __________________________________________________________
   3) __________________________________________________________
   4) __________________________________________________________
   5) __________________________________________________________
   6) __________________________________________________________
   7) __________________________________________________________

4. List four possible signs of rejection.
   1) __________________________________________________________
   2) __________________________________________________________
   3) __________________________________________________________
   4) __________________________________________________________

5. List the three most important things to prevent infection.
   1) __________________________________________________________
   2) __________________________________________________________
   3) __________________________________________________________

6. What is the most important thing you can do to prevent rejection? ____________________________________________

7. How does my doctor know if I am in rejection? ______________________________________________________________

8. Is rejection treatable? ____________________________________________________________

9. Having any animal in my home as a pet is okay.
   _____ True
   _____ False

10. How often will I get a heart biopsy after transplant? __________________________________________________________
OVER-THE-COUNTER MEDICATIONS

THE FOLLOWING DRUGS ARE NOTORIOUS FOR TOXIC INTERFERENCE WITH THE IMMUNOSUPPRESSANTS AND SHOULD BE AVOIDED WHENEVER POSSIBLE:

- Aspirin (full dose)
- Biaxin®, Dilantin®, Erythromycin, Ketoconazole and NSAIDS – Ibuprofen, Indocin®, Naprosyn®, Advil®, Aleve®, Nuprin®, etc.

There is a LETHAL DRUG INTERACTION between Imuran and Allopurinol. This combination is TO BE AVOIDED, unless initiated by the transplant program.

Vomiting and diarrhea that persists for more than 24 hours and prevents a patient from taking two consecutive doses of immunosuppressants requires hospitalization for intravenous administration of immunosuppressants while the gastrointestinal problem is investigated. For serious complications and any advanced or high risk surgical procedures requiring general anesthesia, we request that the patient be hospitalized at BUMC, for thorough monitoring of immunosuppression. In the event of dire emergency, the BUMC transplant office should be called pre-operatively at 214.820.6856.

APPROVED OVER-THE-COUNTER (OTC) MEDICATIONS

FOR HEADACHES:
1. Check blood pressure and record.
2. Take Tylenol per package instructions.
3. If blood pressure is consistently over 160/95 and you are having frequent headaches, you need to inform the coordinator.

FOR NAUSEA/VOMITING:
1. Emetrol one or two teaspoons every 15 minutes until relieved (no more than five doses). **Do not drink fluids before or after taking Emetrol.**
   - It must sit in your stomach undiluted to be effective.
2. Pepto Bismol per package instructions.

FOR DIARRHEA:
- Imodium A.D. per package instructions.

FOR SINUS CONGESTION/DRAINAGE (allergy symptoms: runny nose, watery eyes, drainage in throat):
1. Benadryl, Claritin, Allegra per package instructions (NO SUDAFED, ephedrine, or phenylephrine product)
2. Saline nasal spray (e.g., Ayr, Ocean)

FOR Colds:
1. A good rule of thumb is to look for abbreviations commonly used and **avoid products with these:**
   - **D** = decongestant (either pseudoephedrine or phenylephrine)—example is Mucinex D
   - **PE** = phenylephrine—example is Sudafed PE
2. Coricidin HBP products were formulated for patients with high blood pressure and contain no decongestants.

FOR CHEST CONGESTION:
- Guaifenesin (e.g., Robitussin, Mucinex)

*continued >>*>
OVER-THE-COUNTER MEDICATIONS

(continued from page 25)

FOR COUGH:
Dextromethorphan = DM (e.g., Robitussin Cough, Delsym)

FOR CHEST CONGESTION & COUGH:
Chest Congestion + Cough = productive cough:
Guaifenesin + Dextromethorphan
(e.g., Robitussin DM, Mucinex DM)

FOR SORE THROAT:
Throat lozenges of choice per package instruction.

FOR FEVER:
Tylenol, two tablets every four to six hours.
If fever persists over 24 hours, contact the transplant coordinator. Symptoms of general malaise will occur every now and then, but if they persist beyond 24 hours, contact the transplant coordinator.

FOR CONSTIPATION:
Laxative of choice per package instruction.

*****DO NOT TAKE IBUPROFEN DRUGS
(Motrin, Advil, Nuprin, Aleve)*****

FREQUENTLY ASKED QUESTIONS/ APPROVED MEDICATIONS

ANTIBIOTICS
Prescription use for short periods of time. After your first year post-transplant, please notify your coordinator when you start antibiotics. We may need to check your immunosuppressant medication level more frequently. DO NOT TAKE BIAxin (CLARITHROMYCIN) OR ERYTHROMYCIN.

ERECTILE DYSFUNCTION MEDICATIONS
Acceptable to take after surgical clearance, usually six weeks post-operative. Do not take along with other nitrics/nitroglycerin due to dramatic drops in blood pressure.
## TRANSPLANT WORKSHEETS

Once completed, please provide a copy to your scheduling coordinator or transplant coordinator.

**HEARTS**—The cardiologist who referred me to Baylor University Medical Center for transplant is:

<table>
<thead>
<tr>
<th>Physician Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**My internist/family doctor is:**

<table>
<thead>
<tr>
<th>Physician Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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<table>
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<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Telephone Number</th>
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</table>
TRANSPLANT WORKSHEETS

(continued from page 27)

My pharmacy is:

________________________________________________________________________________________
Name

________________________________________________________________________________________
Address

________________________________________________________________________________________
City  State  Zip Code

________________________________________________________________________________________
Telephone Number

________________________________________________________________________________________
Fax Number
1) PRESCRIPTIONS

• The preferred method for prescription refills is to contact your pharmacy and request refills. They will contact us for authorizations. This is the fastest route to get your medication refilled. Request all prescription refills at least two weeks prior to running out.

• Do you need prescriptions for one month or three months at a time?

• If you receive your prescriptions through a mail-order pharmacy, provide us with your company name and member ID number.

If yes, does your insurance company mandate which mail-order pharmacy you must use?

___________________________________________________________________________

Name of mandated mail-order pharmacy per insurance company

Even if you already have an established mail-order pharmacy, we must have the name and phone number of a local pharmacy that you can use in the event of an emergent need.

Please list any known drug allergies:

___________________________________________________________________________

___________________________________________________________________________

2) CARDIAC REHABILITATION

Rehab is necessary to help you recover from surgery and condition your new organ. Classes are typically for 12 weeks. Does your insurance cover the expense of this?

Have you ever attended cardiac rehab? If so, what is the name of the facility?

___________________________________________________________________________

3) HOME HEALTH CARE

In the event home health care is necessary after discharge from the hospital, will your insurance cover this?

Have you ever had home health care? If so, please provide your preferred provider:

General Homecare ________________________________      ___________________________

Name                                                 Telephone #

IV Home Infusion ________________________________      ___________________________

Name                                                 Telephone #

continued >>>>
PRESCRIPTION REFILL INSTRUCTIONS:

(continued from page 29)

For patients who have Medicare coverage without a secondary policy to assist with the cost of medications, you need to be aware of the Medicare limitations.

Medicare currently covers 80% of your immunosuppressant medications for three years post-transplant only. Medicare does not cover any other drugs you may be prescribed, only the immunosuppressants (Prograf, Cyclosporine, Imuran or CellCept, and prednisone).

You will need to plan for the ending of Medicare’s medication assistance. Our social worker can explore possible avenues with you; call 214.820.1730.
## Baylor Guidelines for Heart Transplant
### Routine Follow-up Care for First Year

<table>
<thead>
<tr>
<th>Prior to Transplant Surgery Discharge</th>
<th>Discharge to 12 Months Post</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinic &amp; Labs</strong></td>
<td><strong>Biopsy, Chest X-Ray &amp; EKG</strong></td>
</tr>
<tr>
<td>1. 2-D Echo</td>
<td>• Every two weeks until fast taper patients are safely off steroid therapy*</td>
</tr>
<tr>
<td>2. Biopsy: At two weeks post op.</td>
<td>• Chest x-ray after each biopsy</td>
</tr>
<tr>
<td>Earlier if clinically indicated.</td>
<td>*Slow taper is reserved for patients who are &gt;2 hours away from Baylor, positive crossmatch, limited resources and/or experience two rejection episodes while on fast taper.</td>
</tr>
<tr>
<td>• Basic metabolic profile</td>
<td>• Right and left heart catheterization, biopsy</td>
</tr>
<tr>
<td>• Hepatic function profile</td>
<td>• Chest x-ray</td>
</tr>
<tr>
<td>• Lipid profile</td>
<td>• EKG</td>
</tr>
<tr>
<td>• CBC</td>
<td><strong>Labs:</strong> TSH, CMV Antigen/DNA by PCR</td>
</tr>
<tr>
<td>• BNP</td>
<td><strong>Cardiac Rehabilitation</strong></td>
</tr>
<tr>
<td>• Prograf (FK-506)/ CYA /Rapamune level</td>
<td>Mandatory 12 weeks for all patients</td>
</tr>
<tr>
<td>• 2x/week for four weeks</td>
<td><strong>Dental Visit</strong></td>
</tr>
<tr>
<td>• 1x/week for two weeks</td>
<td>At six months (prophylactic antibiotics are NOT necessary)</td>
</tr>
<tr>
<td>• Every other week until eight months, then</td>
<td><strong>Dermatology Consult</strong></td>
</tr>
<tr>
<td>• Monthly, if no complications</td>
<td>Baseline screening at six months</td>
</tr>
<tr>
<td>• CMV Antigen/DNA by PCR Q month x six months (then per clinical indication)</td>
<td><strong>Six Week Baseline</strong></td>
</tr>
<tr>
<td><strong>At three months:</strong></td>
<td>• Right and left heart catheterization, biopsy</td>
</tr>
<tr>
<td>HLA SAB antibody screen</td>
<td>• Chest x-ray</td>
</tr>
<tr>
<td></td>
<td>• EKG</td>
</tr>
<tr>
<td></td>
<td><strong>Labs:</strong> TSH, CMV Antigen/DNA by PCR</td>
</tr>
</tbody>
</table>
## Baylor Guidelines for Heart Transplant

### Routine Follow-Up Care Annual Testing

<table>
<thead>
<tr>
<th>1 Year</th>
<th>2 Years</th>
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<tbody>
<tr>
<td>• Right and left heart catheterization with IVUS (intravascular ultrasound) &amp; endomyocardial biopsy</td>
<td>• 12-lead EKG</td>
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<tr>
<td>• 2-D Echo</td>
<td>• Chest x-ray (PA and lateral) or CT chest with history/smoking</td>
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<td>• 12-lead EKG, abdominal sonogram, Glofil chest x-ray (PA &amp; lateral) or CT chest if history/smoking</td>
<td>• 2-D Echo</td>
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<tr>
<td>• Mammogram (females only)</td>
<td>• Abdominal sonogram</td>
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<tr>
<td>• Colonoscopy (age 50 or greater. If normal, repeat q 5 years)</td>
<td>• Glofil (or 24-hour creatinine clearance by PCP)</td>
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<tr>
<td>• Bone density if on maintenance prednisone</td>
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<tr>
<td><strong>Labs:</strong></td>
<td><strong>Labs:</strong></td>
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<tr>
<td>• Basic metabolic profile</td>
<td>• Basic metabolic profile</td>
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<tr>
<td>• Hepatic function profile and lipid profile</td>
<td>• Hepatic function profile and lipid profile</td>
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<tr>
<td>• CBC, CPK, PT w/ INR</td>
<td>• CBC, CPK, BNP</td>
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<td>• Prograf (FK-506)/ CYA / Rapamune</td>
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<td>• TSH, PSA (males only), CMV Antigen/DNA by PCR</td>
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<tr>
<td>• Urine cotinine</td>
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</tbody>
</table>

The following to be done by patient’s Primary Care Physician (PCP) one month prior to Annual Reports to be brought by patient to BUMC and given to transplant coordinator at annual clinic visit:

- Pap smear (females only)
- Dermatology screening by dermatologist

Clinical circumstances may mandate additional or more frequent testing at the discretion of the transplant MD.
## BAYLOR GUIDELINES FOR HEART TRANSPLANT
### ROUTINE FOLLOW-UP CARE ANNUAL TESTING

<table>
<thead>
<tr>
<th>3 Years</th>
<th>4 Years</th>
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<tbody>
<tr>
<td>• Left heart catheterization with IVUS (intravascular ultrasound)</td>
<td>• 12-lead EKG</td>
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**Labs:**

- Basic metabolic profile
- Hepatic function profile and lipid profile
- CBC, CPK, BNP
- Prograf (FK-506)/ CYA/ Rapamune
- TSH, PSA (males only), CMV Antigen/DNA by PCR
- HLA SAB antibody screen
- Urine cotinine

The following to be done by patient's Primary Care Physician (PCP) one month prior to Annual Reports to be brought by patient to BUMC and given to transplant coordinator at annual clinic visit:

- Colonoscopy (age 50 or greater. If normal repeat q 5 years)
- Mammogram (females only)
- Pap smear (females only)
- Dermatology screening by dermatologist
- 24-hour urine collection for creatinine clearance & total protein (or if not done by PCP, obtain Glofil)

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BAYLOR GUIDELINES FOR HEART TRANSPLANT ROUTINE FOLLOW-UP CARE ANNUAL TESTING

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<tr>
<th>5 Years (Same protocol for 10, 15, 20 years, etc.)</th>
<th>6 Years &amp; Beyond</th>
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<td>• Left heart catheterization with IVUS (intravascular ultrasound) &amp; endomyocardial biopsy</td>
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## BAYLOR HEART TRANSPLANT PROGRAM
### FOLLOW-UP LAB/CLINIC SCHEDULE

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<th>Year 2</th>
<th>Year 3-After</th>
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<tbody>
<tr>
<td><strong>Clinic Every 3 months</strong></td>
<td><strong>Clinic Every 6 Months</strong></td>
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<tr>
<td>Basic metabolic, hepatic function, lipid profile, CBC, CPK, BNP, CMV, Prograf (FK-506)/ CYA / Rapamune</td>
<td>Basic metabolic, hepatic function, lipid profile, CBC, CPK, BNP, CMV, Prograf (FK-506)/ CYA / Rapamune</td>
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<tr>
<td><strong>Every 3 Months</strong></td>
<td><strong>Every 3 Months</strong></td>
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<tr>
<td><strong>Primary care physician</strong></td>
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<tr>
<td>Recommended every 3 months</td>
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# POST-TRANSPLANT DAILY VITAL SIGNS

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM BP</th>
<th>AM PULSE</th>
<th>TEMP</th>
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DISCHARGE NOTES

This section will be supplied by your transplant coordinator during your transplant surgery discharge teaching.

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