

Place Patient label/Info here

Patient Education Checklist for Placement on the Transplant Waiting List

HIM #: 1246s

Page 1 of 5

I am being evaluated for a transplant for my (check all that apply):

- KIDNEY
 PANCREAS
 LIVER
 LUNG
 HEART

I understand and agree to the following as explained to me by my medical team (please place your initials in the box by each statement):

Initials	This section is to be completed prior to beginning evaluation										
	<p>I understand what the evaluation process requires and agree to undergo an evaluation to identify if I am a possible candidate for transplantation. As part of the evaluation, I understand that:</p> <ul style="list-style-type: none"> • I must have a series of tests and consultations to determine if I am a transplant candidate. • The transplant team is responsible for helping me schedule the required tests and consultations. • I am responsible for attending my appointments as scheduled. If I am unable to attend, I am responsible for letting a member of my transplant team know. • Once I have completed all tests and consultations, the transplant team will use the evaluation results to make a decision about if transplant is a good option for me. The decision may be: <ul style="list-style-type: none"> ○ I am a candidate for transplant and will be added to the waitlist. ○ I am not a candidate for transplant as a treatment. ○ More testing is needed to determine if I am a candidate or not. • The transplant team will communicate the decision to me in writing. • If I am placed on the waiting list and my health or financial status changes, I may have to be re-evaluated, placed on hold, or be removed from the waiting list. 										
	<p>I understand the alternative treatment options to transplantation may include continued medical management, no further treatment, or the organ specific treatment options outlined in the table below (check all that apply):</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th><input type="checkbox"/> Kidney Transplant</th> <th><input type="checkbox"/> Pancreas Transplant</th> <th><input type="checkbox"/> Liver Transplant</th> <th><input type="checkbox"/> Heart Transplant</th> <th><input type="checkbox"/> Lung Transplant</th> </tr> </thead> <tbody> <tr> <td>Dialysis, peritoneal dialysis, palliative care, or hospice</td> <td>Pancreatic islet cell transplantation, medication regimen, palliative care, or hospice</td> <td>Hepatocyte transplantation, partial liver transplant, medication regimen, palliative care, or hospice</td> <td>Ventricular assist device (VAD), artificial heart, palliative care, or hospice</td> <td>Artificial lung, stem cell therapy, lung volume reduction, palliative care, or hospice</td> </tr> </tbody> </table>	<input type="checkbox"/> Kidney Transplant	<input type="checkbox"/> Pancreas Transplant	<input type="checkbox"/> Liver Transplant	<input type="checkbox"/> Heart Transplant	<input type="checkbox"/> Lung Transplant	Dialysis, peritoneal dialysis, palliative care, or hospice	Pancreatic islet cell transplantation, medication regimen, palliative care, or hospice	Hepatocyte transplantation, partial liver transplant, medication regimen, palliative care, or hospice	Ventricular assist device (VAD), artificial heart, palliative care, or hospice	Artificial lung, stem cell therapy, lung volume reduction, palliative care, or hospice
<input type="checkbox"/> Kidney Transplant	<input type="checkbox"/> Pancreas Transplant	<input type="checkbox"/> Liver Transplant	<input type="checkbox"/> Heart Transplant	<input type="checkbox"/> Lung Transplant							
Dialysis, peritoneal dialysis, palliative care, or hospice	Pancreatic islet cell transplantation, medication regimen, palliative care, or hospice	Hepatocyte transplantation, partial liver transplant, medication regimen, palliative care, or hospice	Ventricular assist device (VAD), artificial heart, palliative care, or hospice	Artificial lung, stem cell therapy, lung volume reduction, palliative care, or hospice							



**Patient Education Checklist for Placement on the
Transplant Waiting List**

HIM #: 1246s

Page 2 of 5

Place Patient label/Info here

	I understand the potential psychosocial risks related to transplant include, but are not limited to: depression, posttraumatic stress disorder, and generalized anxiety. I may also have anxiety about being dependent on others or having feelings of guilt. I may also be worried about my ability to get medical, disability and/or life insurance in the future.
	I understand the potential medical and surgical complications related to transplant include, but are not limited to: bleeding requiring a blood transfusion, infection, wound separation, numbness around the site of the incision, fluid collection at or around the transplanted organ, blood clots, pneumonia, organ rejection or failure that may lead to the need for re-transplant, abnormal heart rhythms, cardiovascular collapse, lifetime use of medications to suppress the immune system, multi-organ failure. Rare risks of any procedure performed under general anesthesia include heart attack, stroke and death.
	I understand that the Scientific Registry for Transplant Recipients (SRTR) publishes each transplant program’s current outcomes, survival rates, and mean waiting times online at www.srtr.org . A member of the transplant team has explained how I can use this information and who I can contact with questions. I have been given the SRTR data with a release date of _____. insert month and year
	I understand efforts are made before transplant to find risks in the donor . These risks may include, but are not limited to: the donor’s history, condition or age of the organ used, and undetected infectious diseases. The donor will have many tests done to look for these risks. It is rare that any disease will be passed along from the donor organ, but it can happen. Bacterial infections, viral infections, human immunodeficiency virus (HIV), fungal infections and cancer cells are some examples.
	I understand that some donors may have risk criteria for acute HIV, HBV, and HCV infections according to the Public Health Services (PHS) . My transplant team will let me know of any risk that may affect the outcome of my transplant at the time of the offer. I have the choice of whether or not to accept this offer.
	I understand that I am NOT on the transplant waiting list until I complete the entire transplant evaluation process and I receive notification from my transplant coordinator that I have been placed on the waitlist or a decision has been made to not place me on the waitlist and I have been given the reason for that decision.



**Patient Education Checklist for Placement on the
 Transplant Waiting List**
 HIM #: 1246s
 Page 3 of 5

Place Patient label/Info here

Patient Name (please print):		
Patient Signature:	Date:	Time:
If Applicable, Name of Authorized Representative of Patient (please print):		
If Applicable, Authorized Representative of Patient Signature:	Date:	Time:
Transplant Nurse Coordinator Name (please print):		
Nurse Coordinator Signature:	Date:	Time:



**Patient Education Checklist for Placement on the
Transplant Waiting List**

HIM #: 1246s

Page 4 of 5

Place Patient label/Info here

Initials	This section is to be completed during my evaluation
	I have received, reviewed and understand my organ specific transplant educational booklet(s) .
	I have been given the United Network for Organ Sharing (UNOS) booklet "Questions and Answers for Transplant Candidates and Their Families about Multiple Listing and Waiting Time Transfer ". I understand I may choose to be listed at more than one center and they may need more testing to be done. I also understand that each center will decide if I can be added to their waitlist.
	I understand transplant surgery is an elective procedure that has risks. I have been told about the risks of transplant surgery specific to my organ and the future risks related to use of transplant medications.
	I understand the surgical procedure as explained to me by a transplant surgeon to include: <ul style="list-style-type: none"> • The surgery procedure to be performed • The surgical risks specific to that procedure • How the surgery is expected to improve my health or quality of life • My expected length of hospitalization following surgery • My expected recovery period • When I may return to my normal daily activities
	I understand my transplant team is not able to predict when the next organ may become available for me.
	I understand that I have the right to refuse transplant at ANY time. It will not affect my listing status if I do refuse a transplant offer.
	I understand that if I am added to the transplant waiting list, I must meet the goals of the transplant team . These goals have been explained to me. If I am not able to fulfill these goals, then I may be removed from the waitlist.
	I understand I will need to take medicines to prevent infection, rejection and to treat other health problems like high blood pressure or high blood sugar. I will not change my medicines without talking with my transplant coordinator or doctor.
	I understand the need for ongoing care after transplant. This care includes but is not limited to biopsies, medicines, lab work and return visits to the UNC Health Care Center for Transplant Care. It is important that I follow the orders of my transplant team. I will call my transplant team if I am not able to follow through with the treatment plan given to me.
	I have received information about and understand my financial responsibilities including but not limited to out of pocket cost, medication costs, insurance requirements and fundraising options.
	I understand that if I do not receive a transplant at a Medicare certified facility, I may not be able to obtain Medicare benefits (Part B) for the medicines that prevent rejection.
	I understand that all transplant programs are staffed by Physicians, Surgeons, and Transplant Nurse Coordinators, 24 hours a day, 7 days a week, 365 days a year . I understand that UNC Health Care's Center for Transplant Care is available to accept organ offers on my behalf, perform transplants, and provide post-transplant care. I further understand that UNC Health Care's Center for Transplant Care has a designated Primary Surgeon and Primary Physician for each organ transplant program, but none of its programs are a single surgeon program so back up is available.



**Patient Education Checklist for Placement on the
Transplant Waiting List**

HIM #: 1246s

Page 5 of 5

Place Patient label/Info here

	<p>I understand that my daily routine may be disrupted with little or no warning by a catastrophic event, such as an earthquake, tornado, or flood. Help might not always be available, so emergency preparedness is critical. I understand that having an emergency plan in place is especially important since I have a chronic illness, am an organ transplant recipient, or I have special medical needs such as oxygen or equipment that is supported by power. I agree that in creating my personal emergency plan, I will consider the following:</p> <ul style="list-style-type: none"> • Making an emergency supply kit • Keeping an updated medicine list and one month supply of medications on hand if possible • Creating a personal evacuation plan • Collecting important personal information • Making sure my health care team knows how to reach me 	
	<p>If I have a question regarding my medical care, I understand I should always call UNC Health Care Center for Transplant Care first. However, for general organ transplant-related information, I understand I can call the United Network for Organ Sharing (UNOS) toll-free patient services line at 1-888-894-6361.</p>	
	<p>My questions about transplant have been answered and I know I can contact my transplant coordinator at any time if I have more questions.</p>	
	<p>If I am approved for transplant by the UNC Health Care Center for Transplant Care Transplant Team, I request that my name be added to the UNOS Transplant Waiting List.</p>	
<p>Patient Name (please print)</p>		
<p>Patient Signature:</p>		<p>Date:</p>
<p>Time:</p>		
<p>If Applicable, Name of Authorized Representative of Patient (please print):</p>		
<p>If Applicable, Authorized Representative of Patient Signature:</p>		<p>Date:</p>
<p>Time:</p>		
<p>Transplant Nurse Coordinator Name (please print):</p>		
<p>Transplant Nurse Coordinator Signature:</p>		<p>Date:</p>
<p>Time:</p>		

