

Liver Teaching Checklist

Date: _____

Patient Name: _____

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|----|-------|---|----|-------|---|
| 1) | _____ | <p><u>Signs/Symptoms Rejection</u></p> <ul style="list-style-type: none"> ▪ Fever ▪ Pain or fullness over incision ▪ Malaise/flu like symptoms ▪ Elevated liver enzymes | 4) | _____ | <p><u>Women</u> - self breast exams, mammograms, Pap smears, avoid pregnancy for at least one year and only under advice of physician</p> <p><u>Men</u> - self testicular exam, PSA, prostate exams</p> <p><u>Infection prevention</u></p> <ul style="list-style-type: none"> ▪ Good hand washing/hygiene ▪ No drinking/eating after others ▪ Avoid those who are sick ▪ Wearing a mask ▪ Pets – no cleaning of litter boxes or bird/reptile cages ▪ Wear mask when gardening ▪ Do not eat raw fish |
| 2) | _____ | <p><u>Signs/Symptoms Infection</u></p> <ul style="list-style-type: none"> ▪ Fever ▪ Redness/drainage from wound ▪ Pain upon urination ▪ Cough/sore throat/SOB ▪ Diarrhea ▪ Poor appetite | 5) | _____ | <p><u>Post Op Care</u></p> <ul style="list-style-type: none"> • No driving until cleared by MD (usually 4-6 weeks) • No heavy lifting (<10 lbs. for 3 months) ▪ Avoid pushing/pulling motions ▪ Wash incision with antibacterial soap and water only – no lotions, ointments, powders ▪ Weigh each morning, check temp and BP twice daily and record • May resume sexual activity in 4-6 weeks or when cleared by physician |
| 3) | _____ | <p><u>Health Maintenance</u></p> <ul style="list-style-type: none"> ▪ Avoid all alcohol ▪ Avoid tobacco/ drugs ▪ Sunscreen with SPF 30 >, wear hats, general sun protection ▪ Inspect skin regularly for changes and see derm ▪ Flu shot yearly, pneumonia shot every 5 years ▪ Dentist every 6 months with antibiotic prophylaxis ▪ Regular colonoscopies | | | |

6)		<p><u>Diabetes Management</u></p> <ul style="list-style-type: none"> ▪ Check blood sugars ac and hs or as prescribed ▪ Administer insulin as directed - syringes vs pens, type of insulin ▪ Review insulin supplies - lancets, syringes, pens 		<p><i>Prograf</i></p> <ul style="list-style-type: none"> ▪ Twice daily dosing – adjusted based on blood levels ▪ Hold for blood troughs ▪ No consuming grapefruit or pomegranate ▪ Brand only unless cleared by MD ▪ Side effects: HTN, tremors, DM, increased cancer risk
7)		<p><u>Post Transplant Follow up</u></p> <ul style="list-style-type: none"> ▪ Contact numbers if questions ▪ First follow up appt date, time and address ▪ Bring meds, diary/book and MedActionPlan ▪ Explain lab draws and holding Prograf ▪ Give directions if coming to MDMC for lab on weekend/holiday ▪ Stent removal (SLK) – explain purpose, removal process and time frame (4-6 weeks) 		<p><i>Myfortic/CellCept</i></p> <ul style="list-style-type: none"> ▪ Not interchangeable ▪ Twice daily dosing ▪ Women of childbearing age shouldn't handle capsules ▪ Side effects: N/V, decreased WBC, increased cancer risk <p><i>Prednisone</i></p> <ul style="list-style-type: none"> ▪ Daily dosing with 5 mg tablets – discuss taper ▪ Take with food ▪ Side effects: weight gain, increased appetite, mood swings, elevated blood sugars, cataracts, increased cancer risk
8)		<p><u>Medications</u></p> <ul style="list-style-type: none"> ▪ Always carry list of meds ▪ Meds have been delivered and dispensed correctly ▪ How/when to obtain refills 		<p><i>Mycelex Troche</i></p> <ul style="list-style-type: none"> ▪ Discuss s/s Thrush ▪ Dosing of 4 times per day – after meals and at bedtime ▪ Temporary medication – usually for one month

Valcyte

- Discuss CMV – cause, s/s
- Daily dosing – will have ordered more than prescribed dose
- Will be temporary – 3 to six months depending on CMV status

Bactrim

- Discuss pneumocystis
- Daily dosing (at hs)
- Take with full glass of water
- Will be for at least 1 year
- Importance of sunscreen

Pepcid/Protonix

- Usually daily dosing

Docusate Calcium

- Twice daily dosing
- Can stop on own if stools become loose

Tylenol #3

- Dosing
- Alternatives – always avoid use of NSAIDS

Other Meds – as appropriate

- ASA
- BP meds

Discharge Paperwork:

Copy of Test _____

Teaching Sheet _____