

What Works: Development of a teach-back tool and RN resource for transplant patients

By Brenda Kochevar, BSN, CMSRN

RN resource for post solid organ transplant teach-back tool

1. What medications are you taking to prevent rejection? When should you take them?
 - If taking tacrolimus (Prograf) and/or mycophenolate mofetil (CellCept) twice daily, they should be taken as close to 12 hours apart as possible.
 - Take prednisone with breakfast if dose is daily; and with breakfast and evening meal if the dose is twice daily.
2. Are there any special instructions regarding your medications?
 - No grapefruit, pomegranate, or Seville orange fruit or juice if taking Prograf or cyclosporine (including sodas containing these juices)
 - Do not crush or break tablets or open capsules of CellCept or Prograf.
 - Check with the transplant team before beginning any new medications. This includes over-the-counter, herbal, and prescription medications.
 - The transplant pharmacist is the best resource for questions about medications.
3. Can you tell me what a trough level is and why it's important?
 - A trough level is the lowest level of a medication in my blood. It is used to determine the dose of Prograf. Trough levels are drawn with labs. The evening dose of Prograf should be taken 12 hours before the morning labs. The morning dose should not be taken until after the trough level is drawn.
4. What medications are you taking to prevent infections? When should you take them?
 - Individualized by patient
5. Are you taking any medications that are new to you? What are they for?
 - Individualized by patient; examples include new blood pressure medications, narcotics
6. Can you tell me a side effect of (ask question for all new medications patient is taking)?
 - Refer to organ education booklet or online database.
7. Can you tell me some reasons you would need to contact your healthcare team after you leave the hospital?
 - Temperature: 38.3°C (101° F) or temp lower than 38.3°C that lasts more than 2 days
 - Draining, redness around incision
 - Inability to retain medications or missed dose
 - Nausea/vomiting, diarrhea that lasts more than 2 days
 - Burning with urination

- Shortness of breath
- Severe abdominal pain
- Decreased urine output

Go to the emergency department (ED) for medical emergencies.

8. How would you contact the transplant team?

- For urgent issues during non-business hours, call the clinic operator at (XXX) XXX-XXXX, ask for the transplant service; otherwise call the transplant center at XXX-XXX-XXXX.

9. What is the easiest and most important way to prevent infection?

- Wash my hands

10. Can you tell me some other ways you can prevent infection?

- Keep vaccinations up to date. Do not get live vaccines.
- Avoid people who are ill. Notify my transplant RN care coordinator if I am exposed to mumps, measles, or chicken pox.
- Follow food safety rules—refer questions to the transplant dietician.
- Be cautious when gardening. Don't garden during the first 6 months after transplant. Always wear gloves when gardening.
- Be cautious with pets—do not touch feces.
- Immediately wash cuts and scrapes with soap and water.
- Wear a mask if exposure to mold or dried animal feces is possible.

11. What information do you need to record in your record book?

- Temperature and blood pressure twice daily
- Weight daily
- Lab values
- Dose of immunosuppressives and anti-infectives taken

12. Why is recording this information important?

- It can alert me to problems I should call my transplant team about.
- It's important to keep an accurate record of medication doses.

13. What activity restrictions do you need to follow?

- No soaking (showers only) until incision is well healed
- No lifting more than 10 pounds for 6 weeks
- No vigorous activity or activity that tightens the abdominal muscles for 6 weeks
- No driving when taking narcotics

Copyright Mayo Foundation of Medical Education and Research. Used with permission.