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GENERAL INFORMATION

Clinic Visit

Prior to your clinic visit, you need to have your blood drawn at the transplant clinic. The transplant clinic waiting room is located on the 2nd floor of the Sammons Cancer Center, Suite 250. Sign your name on the transplant clinic sign-in board. Special arrangements will be made for those who need to return to work or have other appointments before noon. To reduce the risk of infection to other patients, no ill individuals or children under the age of 12 should be in the waiting room/clinic area. A coordinator will always see the patients and facilitate ancillary care as indicated. If you would like to see the team social worker, dietitian or physical therapist, please contact them at 214.820.1730 to arrange an appointment. Transportation assistance is available within the hospital campus.

Always bring enough of all your medicines to last the entire day (morning, afternoon and evening doses). This will allow you to take your medicine after your blood is drawn. It will also ensure the other doses are readily available if you should be delayed in returning home due to additional testing or transportation difficulties. It is very important for you to bring this transplant notebook with you to the clinic. We need to review your vital signs and spirometry readings from your home records. We will also verify your medication list and dosages with you. Please use the Notes section of this notebook to write any questions you would like to discuss during your clinic visits.

Also, bring a snack with you so that you can take your medications.

Initially you will be seen twice a week in clinic. As your condition improves, you will be seen weekly. Eventually you will be assigned a monthly clinic day, according to your transplant pulmonologist’s schedule.

FOLLOW-UP INFORMATION

Test Procedures

**Bronchoscopy (Biopsy)** – an invasive procedure that visualizes the airways of your lungs and obtains samples of lung tissue and sputum for microscopic analysis

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

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

**Electrocardiogram (EKG)** – printed strips of your heart beat

**Echocardiogram (Echo)** – non-invasive test to visualize your heart size, chambers and valves

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

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

**Mammogram** – non-invasive test to visualize the breast tissue

**Glofil** – non-invasive test to closely check your kidney function

continued >>>
FOLLOW-UP INFORMATION
(continued from page 3)

Labs

CBC – measures your blood volume and the number of white and red blood cells

Basic metabolic profile – measures your body’s electrolytes and kidney function

Hepatic function profile – measures your liver function

Lipid profile – measures your cholesterol levels

CPK – measures an enzyme that indicates the presence of muscle damage

Cyclosporine or Prograf level – monitors the amount of medicine in your blood. We need to measure what we call a trough level.

(Think of your cyclosporine or Prograf as the 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 do so by accident, please inform the coordinator so that we don’t wrongfully adjust your medicines according to a false reading.

Do not eat or drink anything other than water prior to having your blood drawn.

Biopsy/Chart Rounds

A bronchoscopy (biopsy) is done to assess your lung tissue for the presence of rejection. It is the only test that confirms the diagnosis of rejection with certainty. It is done on a scheduled routine basis and when clinically indicated. The use of home spirometry has enabled us to safely decrease the number of routine biopsies we require.

Your transplant pulmonologist reviews the biopsy with the pathologist to determine if rejection is present. Biopsy results are often available within 24 hours. Once your biopsy is reviewed, the coordinator will contact you with the results if treatment is required. During your lung biopsy, sputum cultures are also collected to check for infectious organisms. The cultures may take up to 6 weeks to determine if an organism is present. The coordinator will contact you if an organism is found which requires treatment.
Bronchoscopy (Biopsy) Procedure

A bronchoscopy is an invasive diagnostic procedure that is used to visualize the airways, and for obtaining samples of lung tissue or secretions from the lung. In the transplant population, bronchoscopy is routinely done to assess for infection and rejection, as well as to monitor healing of the anastomoses (the surgical connections between your airways and the donor airways). A bronchoscopy requires day hospital admission. You will be assigned a date and time to come to the hospital. Upon admission, an IV will be started for the administration of medications. You will be sent on a gurney to the x-ray department. The nurse/therapist will direct you to gargle with Xylocaine® to help numb your throat. You will also be instructed to sniff some Xylocaine® to numb the nasal passages. The Xylocaine® has an unpleasant taste and may sting a little bit. IV medications are given to help you relax during the procedure.

A fiberoptic tube approximately ¼” in diameter is passed through the nose, down the windpipe and into the airways. The physician examines the lungs through a camera attached to the bronchoscope. Sterile saline solution is passed through a channel in the bronchoscope and suctioned out into a specimen bottle to be sent to the lab for cultures. Excess mucus or mucus plugs can be removed during bronchoscopy. Small pieces of lung tissue will be removed for examination by a pathologist to detect the presence of rejection.

To prepare for your bronchoscopy, the important things to remember are:

1) Do not eat or drink anything after midnight.
2) Bring your medications with you. After your blood is drawn in the day hospital, you will need to take your routine morning immunosuppressant medications with sips of fluid.
3) You will need a designated driver to take you home, due to the medications you receive during the procedure.
4) Day hospital admitting is on the second floor of the Jonsson Hospital.
5) If you take Coumadin or any other anticoagulant (blood thinning) medicines, speak with your transplant coordinator about what to do before your scheduled bronchoscopy. Restart your normal dosage of this medicine 24 hours after the procedure.

Some irritation after the bronchoscopy is not unexpected. Symptoms may last for a few days, including the following:

- Hoarseness
- Sore throat
- Wheezing
- Slight tightness in the chest
- Slight temperature elevation
- Productive cough of clear, white or blood tinged sputum (red to brown in color)
- Feeling tired

(continued from page 4)
Rejection Treatment

If you are diagnosed with rejection, your coordinator will notify you. The treatment involves three days of steroid (Solu-Medrol®) IV injections. These will be given through the insertion of a heparin lock which will be removed with the last dose of medicine. You will be allowed to return home after each dose. In other words, you will be required to make a daily trip for three days to receive each dose. If you live out of town, in some situations arrangements can be made with your primary care physician or homecare. We will make every effort to make convenient local arrangements, but this is not always possible.

You will need a follow-up biopsy in one month. In most instances, rejection clears well with the steroid bolus. This process can be repeated several times before further treatment needs to be utilized. Further treatment involves the addition of other anti-rejection medications which are much stronger in nature and may require hospitalization.

Outside Labs

If you are having blood studies done by another facility other than Baylor Dallas, an order will need to be sent with special instructions by your transplant coordinator. **It is your responsibility to inform your transplant coordinator** of when you had your blood work done so that they can look for it.

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

Transplantation Services

The Heart and Lung Transplant Services office is located on the 2nd floor of the Sammons Cancer Center, suite 250.

**Office hours** are Monday – Friday, 8:30 A.M.– 4:30 P.M.

The Heart/Lung Transplant Team phone number is **214.820.6856**, fax number is **214.820.1474**. After-hours and weekend availability for emergent patient complications, **214.820.6856**.

**Transplant Staff:**

**Transplant Office:** 214.820.6856

**Director:** Charlene Cink

**Manager:** Angie Carlton

**Lung Transplant Coordinators:**

CJ Tucker 214.820.7752

Jill Bergman 214.818.8569

Tammie Peterson 214.818.8310

continued >>>
FOLLOW-UP INFORMATION

(continued from page 6)

Lung Scheduling Coordinators:
Joanne Chavez 214.820.1018
Sylvia Vaughns 214.820.8846

Intake Coordinator: Donna Fletcher

Physical Therapist: Ana Lotshaw

Social Workers:
Kenlyn Powers
Vanessa Martinez
Jessica Huynh

Dietitians:
Laura Kimball
Katie Beich

Transplant Pulmonologists:
Kenneth Ausloos, MD 214.820.6856
Howard Huang, MD 214.820.6856
Randall Rosenblatt, MD 214.820.6856

Assistant to the Medical Directors: Lynda Dawson
GUIDELINES FOR PAGING A COORDINATOR AFTER HOURS

The Transplant Team has developed some guidelines for our patients to follow when needing the assistance of a coordinator.

Office hours are 8:30 AM–4:30 PM, Monday–Friday. It may be helpful to know the coordinators are not in the office after hours. They are away from the hospital and on personal time.

The purpose of having them on call is so that they are available to set up transplants and to handle urgent medical calls from patients and physicians after office hours.

To help our patients determine what constitutes an urgent medical matter, we have outlined some examples of urgent vs. non-urgent calls to the coordinator after office hours.

• **AN URGENT MATTER** is anything that needs to be addressed immediately. An example would be if you have developed high fevers, shortness of breath, coughing up blood, chest pain or have developed a sign or symptom of infection or rejection, or are in pain. You should call the office immediately whenever these matters arise.

• **NON-URGENT MATTERS** are issues that can and should be handled during office hours. If it is after hours and your call is non-urgent, please wait until the next business day to make the call.

**Examples of non-urgent calls:**

1) **Asking for medication refills** – Please keep track of your medication supply and call for your refills appropriately. It is your responsibility to always keep at least two weeks of medication on hand at all times. It is unacceptable to call at the last minute for prescriptions. Certainly if you have absolutely no medication left and your dose is due, then this is an urgent call. However, by keeping track of your supply this should never happen. The optimum way to receive written prescriptions is to ask for them during your clinic visit so that we can obtain immediate physician signature.

2) **Asking for lab results or if any medication changes are needed** – Calls are only made to those patients who have biopsy results or medication changes. Therefore, if you did not receive a call, no changes were made. The lab results are available at your next clinic visit. The coordinators do not take the lab results home with them, so please do not call them for results.
FIRST YEAR OF YOUR TRANSPLANT

Our service will be your primary care source for the first year post transplant. For any health problems that develop, a coordinator will need to be notified. The coordinator will consult with the 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 Baylor Dallas, 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 pulmonary rehabilitation. Your PCP will be a valuable resource for medical care when time and travel is an obstacle.

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 needs (health concerns, prescriptions, insurance/disability forms, flu shots, etc.). You will continue to come to Baylor Dallas 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.

Note From Transplant Team

In the event of patient death, we always request an autopsy. The knowledge we gain from each patient will hopefully help future patients.
The body has an elaborate defense system that protects it from foreign organisms. The immune system works by recognizing and attempting to destroy anything that is not normally a part of your body, such as a splinter, bacteria or virus. Your body sees your transplanted organ as foreign and therefore attempts to reject it. To minimize this rejection, you will take a combination of anti-rejection (or immunosuppressant) medications to suppress the action of the cells responsible for rejection. Although these medications will help your body to tolerate your new organ, they will also depress your immune system and make you less able to fight an infection once you get one.

During the first three months post transplant, you are at the highest risk for rejection. As a result, you will use higher doses of the immunosuppressant drugs, which will also increase your risk for infection during this time frame. The remainder of the first year post transplant is still a moderately high-risk time for both rejection and infection. As you get further out from transplant, the doses of the anti-rejection drugs will decrease and you will be better able to fight off infections.

**What You Can Do About Your Susceptibility To Infection**

- Stay away from individuals who are ill.
- Wash your hands frequently with warm, soapy water.
- Wear a mask in the hospital or doctor’s office or when visiting a nursing home during the first three months after transplant.
- Avoid large crowds and poorly ventilated areas for the first three months after transplant.
- Wash all fruits and vegetables and avoid raw fish/shellfish.
- Avoid contact with cat litter boxes or bird cage liners.
- Due to the vaccinations of infants and children, avoidance of secretions (no diaper changing, cleaning vomit, wiping noses) is advised for a full month following their vaccinations.
- **ALWAYS** wash your hands after contact with children or pets.
- Do not let your pets lick your face. Letting your pets sleep in your bed is also discouraged.
- Due to spores and molds, wear gardening gloves and a mask while doing yard work.
- Do not turn compost piles or be in the immediate area while compost piles are being turned.
- Do not smoke, and avoid second-hand smoke.
- 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.
- After the first post transplant year, annual flu shots are strongly recommended.
- Avoid using other people’s eating/drinking utensils and toiletries (soap, toothpaste, washcloths, towels, razors, eye make-up, etc.).
- Learn to report the early signs and symptoms of infection.
THE IMMUNE SYSTEM (REJECTION AND INFECTION)

(continued from page 10)

Signs and Symptoms of Infection:

- **D** – diarrhea
- **O** – out of breath
- **C** – cough
- **T** – temperature over 100°
- **O** – other; sore throat, fatigue, headache
- **R** – regurgitate, vomiting 2–3 times
- **S** – stinging on urination
- Fall in FEV1

Your immunosuppressant drugs will be adjusted frequently to maintain a balance between preventing rejection and infection. Because of these frequent adjustments, it is important that you take your medications according to the coordinator’s instructions, not by what is written on the prescription bottle. **You will take anti-rejection medications for the rest of your life.** If you were to ever stop taking your anti-rejection drugs, your new organ would be rejected in a short period of time. Rejection of your transplanted organ can occur without any signs or symptoms. That is why home spirometry, biopsies and close follow-up are so important.

What You Can Do About Rejection

- Take your medications at the proper times – **DO NOT MISS A DOSE.**
- Have your blood studies drawn within the hour prior to your scheduled morning dose of medicine. Do not take your medicines until after your blood is drawn.
- Do your home spirometry every morning and evening.
- Do not miss your scheduled tests 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.

Signs and Symptoms of Rejection:

- **S** – shortness of breath with fall in FEV1
- **T** – temperature over 100°
- **O** – overall feeling of malaise or fatigue
- **P** – productive cough

Home Spirometry

Home spirometry is a diagnostic test done on a twice-daily basis by post lung transplant patients. It is used to monitor the Forced Expiratory Volume one second (FEV1). If there is a 10%–15% reduction in the FEV1 over a 3- to 4-day period, it may be an indication of infection or early rejection. If this should happen, you are to contact your transplant coordinator.

Obtaining a Microspirometer:

**Step One:** Please contact your insurance carrier to see if a microspirometer is covered.

**Step Two:** Go to the gift shop in the Sammons Cancer Center to purchase the PIKO-6 microspirometer. This device costs $85.00; however, you may choose to purchase a microspirometer of your choice at another location. We have reviewed the cost of other devices and found them to be up $500.00 plus shipping. Please check with your coordinator if you choose a different device.
THE IMMUNE SYSTEM (REJECTION AND INFECTION)

(continued from page 11)

Step Three: Bring the microspirometer with you when you are called in for transplant. You will be trained on how to use the microspirometer before you are discharged from the hospital. If you have not purchased the device before transplant, your caregiver can purchase the device prior to your discharge.

Ernie’s Gift Shop is located on the second floor of the Sammons Cancer Center.

It may be necessary for you to pay for the device and submit a claim to get reimbursed by your insurance company. We can assist you with this by providing a letter of medical necessity, if needed, though we cannot guarantee coverage.
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 as your fellow transplant recipients. You will be provided a list of the correct medications before discharged from the hospital.

**CYCLOSPORINE® (Neoral, “CyA”)**

- Sandimmune® and Neoral® are not the same drug. **Do not take Sandimmune®.**
  - Available in liquid (100 mg per cc) or gel-caps (100 mg & 25 mg). All patients are started on liquid but will gradually change to the gel-caps.
  - 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 CyA 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 gel-cap is good for seven days.
- The odor noticeable upon opening the foil packet is normal and does not mean the medication has spoiled.
- The gel-cap can be taken with any liquid except grapefruit (water, juice, milk, etc.).

**CYCLOSPORINE® – Possible Side Effects**

- Decreased kidney function
- High blood pressure
- Hand tremors
- Runny nose
- Increased hair growth
- Darkened hair color
- Night sweats
- Increased gum growth
- Flushing
- Numbness/tingling in arms or legs
- Increased cholesterol level
- Increased sensitivity to hot/cold
- Altered liver function
- Increased sex drive
- Nasal congestion
- Headaches
- Excessive bloating/gas
- Seizures
- High blood potassium level

continued >>>
ANTI-REJECTION MEDICATIONS

(continued from page 13)

PROGRAF® (Tacrolimus, FK506)

- Supplied in 0.5 mg and 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, pomegranate juice, and starfruit during your drug administration times.

PROGRAF® – Possible Side Effects

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

Some medications may affect the absorption of Cyclosporine 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 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.

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.
- This medication is tapered slowly.
- Carefully follow your taper instructions.

PREDNISONE® – Possible Side Effects

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

continued >>>

Baylor Annette C. and Harold C. Simmons Transplant Institute BSWHealth.com/Transplant
ANTI-REJECTION MEDICATIONS

IMURAN® (Azathioprine)
• One tablet = 50 mg.
• 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
• Decreased white blood cell count
• Altered liver function
• Mild hair loss
• Jaundice (yellow color of skin/eyes)

CELLCEPT® (Mycophenolate)
• One capsule = 250 mg.
• One tablet = 500 mg.
• Take twice daily, 12 hours apart.

CELLCEPT® – Possible Side Effects
• Nausea/vomiting
• Diarrhea
• Decreased white blood cell count
• Sepsis (systemic infection)

METHOTREXATE
• One tablet = 2.5 mg.
• Take once a week, the same day every week.
• Pregnancy is strictly prohibited for females taking this drug. Reliable birth control measures must be utilized.
• In order to prevent possible liver damage with prolonged therapy, a liver biopsy may need to be done after you have been on this drug for a substantial period of time.

METHOTREXATE – Possible Side Effects
• Nausea/vomiting
• Diarrhea
• Development of stomach ulcers
• Malaise
• Fatigue
• Dizziness
• Increased sun sensitivity
• Fever/chills
• Altered liver function
• Lymphoma
• Altered lung function
• Decreased white blood cell count
**APPROVED OVER THE COUNTER 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:**
- Emetrol one or two teaspoon every 15 minutes until relieved (no more than 5 doses). Do not drink fluids before or after taking Emetrol. It must sit in your stomach undiluted to be effective.
- Pepto Bismol® per package instructions.

**For Diarrhea:**
- Imodium A-D® per package instructions.

**For Sinus Congestion:**
- Benadryl® per package instructions. *All other antihistamines should be avoided.*

**For Cough:**
- Robitussin* or similar cough syrups (without decongestants) per package instructions.

**For Sore Throat:**
- Throat lozenges of choice per package instruction.

**For Fever:**
- Tylenol® 2 tablets every four to 6 hours. If fever persists over 24 hours, contact the transplant coordinator. Symptoms of general malaise will occur every now and then, but if it persists beyond 24 hours, contact the transplant coordinator.

**For Constipation:**
- Laxative of choice per package instruction.

*****NEVER, EVER TAKE ANY IBUPROFEN DRUGS (Motrin®, Advil®, Nuprin®, Aleve® [this is an NSAID but does not contain ibuprofen], etc.) OR REGULAR DOSE ASPIRIN.*****
GENERAL HEALTH CARE GUIDELINES

Cancer

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 six 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 shirts.

- 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 that can reflect harmful radiation.

- 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, a flexible sigmoidoscopy 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.

Wound Care

- Watch for signs of infection (redness, swelling, soreness or drainage). Contact the transplant coordinator should these signs appear.

- After your staples are removed, take showers rather than baths until the wound is completely healed.

- Use antimicrobial soap such as Dial or Safeguard.

- 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 five pounds in weight for six weeks post transplant.
Activity

The pulmonary rehabilitation is usually for 12 weeks. Your rehabilitation schedule will be arranged by the transplant physical therapist upon discharge. Since you will not be able to drive for the first six weeks after transplant, it is important that you have transportation arranged to attend your rehab sessions and clinic visits.

Regular exercise is a necessary weapon against obesity, osteoporosis and hyperlipidemia. Walking is the most economical and most beneficial activity. We advise against hard contact sports such as football, hockey and boxing. Deep water scuba diving, sky diving and weight lifting over 50 pounds are also not advised. Apart from these, most other sporting activity is acceptable. Water aerobics have proven effective for those persons with 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 six months post transplant [20 lbs. maximum the first six months, 30 to 50 lbs. maximum after six months].)

Nutrition

Maintaining ideal body weight decreases the risk of complications such as high blood pressure, atherosclerosis and osteoporosis. Eating a balanced diet can aid in preventing infection and certain types of cancer. Post transplant diet instruction is low fat, low salt. The transplant dietitian will consult with you prior to your hospital discharge. The transplant dietitian is available for further consultation upon request.

Dental Care

• See your dentist every six months after your first year.

• Antibiotic coverage is necessary for teeth cleaning or any invasive dental procedure. During the first post transplant year, contact the transplant coordinator when you need a prescription. Thereafter, contact your primary care physician when you need a prescription.

• Patients with dentures will also need antibiotic coverage whenever having denture fittings.

Smoking

Patient smoking is totally unacceptable. We also strongly recommend avoidance of second-hand smoke.

[continued >>]
GENERAL HEALTH CARE GUIDELINES

(continued from page 18)

Alcoholic Beverages

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

Sex

Sexual activity may be resumed as able. 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. For contraception we prefer either surgical sterilization (of either partner) or Depo-Provera® injections. Even when the risk of pregnancy is excluded, safe sex practices are strongly encouraged.

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.

Immunizations

Live or weakened virus vaccines are contraindicated after transplant. Immunizations which are acceptable after the first post transplant year are those for the flu, diphtheria-tetanus (as a booster only), Mantoux (TB) test and the pneumococcal vaccine. Transplant recipients who have young children who need immunizations should contact the transplant office. At times, special killed vaccines may need to be given with regard to the polio vaccination. It is strongly recommended for all transplant recipients after the first post transplant year to receive annual flu shots during the early fall season. The flu vaccine nasal spray is a live vaccine and therefore should be avoided.

Immunizations also include children & pets. Avoid contact for 21 days if children/pets have received a live virus vaccine to decrease risk of exposure.

Primary Care Physician

Please keep in mind that your referring physician and primary care physician are still your primary contact for medical concerns and/or emergencies. Theses physicians may contact us if your health situation requires the transplant team’s input. Please have a family member contact us should you become hospitalized or develop an infection, or your Prednisone® dose is raised above 20 milligrams per day.
EDUCATIONAL MODULES AND QUIZ

Module I – Immune System (Meds)
Module II – Infection/Rejection
Module III – General Healthcare Guidelines
Module IV – Home Spirometry (Lungs only)

MODULE I – THE IMMUNE SYSTEM

A. IMMUNE SYSTEM IN BRIEF

The immune system is our 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.

1. PROGRAF® must be name brand only
   No Tacrolimus

   • One mg capsules (white color)
   • 0.5 mg capsules (yellow color)
   • Larger doses in the morning and smaller doses in the evening
   • Take twice daily 12 hours apart
   • Take 30 minutes before or after meals
   • Avoid grapefruit during your administration times
   • Repeat full dose if vomited within one hour of taking program

   Side Effects of Prograf®

   • Decreased kidney function
   • Headaches/high blood pressure
   • Nausea/vomiting/diarrhea
   • Hand tremors/numbness or tingling of hands/feet
   • Mild hair loss
   • Diabetes
   • High potassium levels
   • Altered liver function

continued >>>
2. PREDNISONE®
   (Steroids)
   • One tablet = 5 mg
   • At the time of discharge, you will be given a personalized prednisone taper scale.
   • You will take this in divided doses; larger doses in the morning, and smaller doses in the evening.
   • Your dose will be tapered over a 6- to 12-month period according to your weight.

*Side Effects of Prednisone® (Steroid)*

• Moon face
• Increased appetite
• Weak bones
• Blurry vision (may improve at 15mg/day)
• Increased sun sensitivity (wear sunblock of 15 SPF)
• Slow wound healing (always watch for signs of wound infection – redness, swelling and pus)
• Salt retention (puffy hands, ankles and feet)
• Acne
• Mood swings
• Insomnia
• Heat intolerance

3. CELLCEPT®
   (Mycophenolate/Myfortic)
   • One capsule = 250 mg
   • One tablet = 500 mg

*Side Effects of CellCept:*

• Nausea
• Diarrhea

4. IMURAN® (Azathioprine)
   • One tablet = 50 mg
   • Always take at 6:00 p.m.

*Side Effects of Imuran® (Azathioprine)*

• Jaundice (yellow color of skin/eyes)
• Low white blood cell count
• Mild hair loss
• Liver function abnormalities

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(module continued from page 20)
B. ANTI-REJECTION MEDICATIONS

1. NEORAL® (Cyclosporin) Oral Solution

- 100 mg per cc
- Take twice daily, 12 hours apart
- Take within 30 minutes either way
- Must be taken in a glass – sticks to plastic or Styrofoam
- Always take your medication AFTER labwork is drawn on clinic days
- Repeat full dose if vomited within one hour of taking Neoral®
- Store at room temperature (DO NOT REFRIGERATE)

- Mix oral solution in juice, i.e. apple juice or orange juice. DO NOT change juices. (A change in juice may affect your lab work.) NEVER MIX IN GRAPEFRUIT JUICE.

- Patients will remain on the oral solution for the first six weeks after transplantation and then convert to the gel-caps.

2. NEORAL® (Cyclosporin) Gel-caps – (Lungs)

- One large gel-cap = 100 mg
- One small gel-cap = 25 mg
- Take twice daily, 12 hours apart
- Take within 30 minutes either way
- Always take your medications AFTER labwork is drawn on clinic days
- Repeat full dose if vomited within one hour of taking Neoral
- Once the gel-cap is removed from the foil packet, it is good for seven days
- Store at room temperature (DO NOT REFRIGERATE)

**Side Effects of Neoral:**

- High blood pressure
- Increased hair growth and hair darkening
- Hand tremors
- Increased gum growth
- May increase cholesterol level
- May increase sex drive
- Headache
- May increase frequency of urination at night
STOP!
Please answer the following questions:

1. List the 3 anti-rejection medications.
   1) _______________________________________
   2) _______________________________________
   3) _______________________________________

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

3. How many milligrams of Prograf are in the white capsule? _______ mg
   How many milligrams are in the yellow capsule? _______ mg

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

5. At time of discharge you will be given your own personalized prednisone taper scale.
   _____ True _____ False

6. How many hours apart do you take your anti-rejection medication? _______

7. If you vomit within one hour after taking your anti-rejection medication, what should you do?
   ________________________________

8. What are the two doses of CellCept®?
   capsule = _______ mg
   tablet = _______ mg
   The larger doses of immunosuppressants are taken in ______ AM ______ PM

9. What time of day do you take Imuran®?
   __________________

10. How many milligrams of Imuran® are in a tablet? _______ mg

11. Are you going to take your anti-rejection medications BEFORE OR AFTER your labwork is drawn on clinic days? __________

12. Where will you find your Prednisone® taper?
   ________________________________
Your 2 greatest complications after transplant are:

1. Infection
2. Rejection

A. Signs and Symptoms of Infection

1. **D** – diarrhea – call your coordinator if problem persists for more than 24 hours
2. **O** – out of breath
3. **C** – cough
4. **T** – temperature over 100 degrees – take temperature daily
5. **O** – other – sore throat, fatigue, headache (a persistent headache that is not relieved by Tylenol® should be reported to the MD)
6. **R** – regurgitate – vomiting 2–3 times
7. **S** – stinging on urination
8. Fall in FEV1

B. Signs and Symptoms of Lung Rejection

1. **S** – shortness of breath with fall in FEV1
2. **T** – temperature over 100 degrees
3. **O** – overall feelings of malaise or fatigue
4. **P** – productive cough (look at the color & amount. Example: teaspoon, tablespoon, ½ cup, etc.)

Remember to always report any signs and symptoms of infection or rejection to your coordinator; please call 214.820.6856.

Record your vital signs twice a day.

Always be prepared to give your vital signs:

- Temperature _____
- Blood pressure _____
- Glucose level _____
- FEV1 _____
STOP!

Please answer the following questions:

1. Your two biggest 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. How often should you take your vital signs?
   ______________________________________________

4. List the seven signs of infection.
   1) _________________________________________
   2) _________________________________________
   3) _________________________________________
   4) _________________________________________
   5) _________________________________________
   6) _________________________________________
   7) _________________________________________

5. List the four signs of rejection.
   1) _________________________________________
   2) _________________________________________
   3) _________________________________________
   4) _________________________________________
A. Protect Yourself From Infection
   • Wash hands often and shower with an antimicrobial soap (Dial or Safeguard).
   • Wear mask outside the home for the first three months.
   • Avoid large crowds and poorly ventilated areas for the first 3-4 months.
   • Avoid individuals who are ill.
   • Take antibiotics before any dental work, dental cleaning or invasive procedure.
   • Receive only killed virus vaccines (flu vaccination, pneumococcal, TB).
   • DO NOT take any vaccines (flu shots…) the first year after transplant.

B. Wound Care
   • Do not take baths until wounds are fully healed. Showers are acceptable. Watch for signs of wound infection (redness, tenderness, pus).

C. Activity
   • Walking is the best exercise initially for transplant patients.
   • Driving is permitted 6–8 weeks after surgery and as soon as your strength and eyesight have returned to normal.
   • You will be enrolled in a 12-week rehab program after discharge.

D. Cancer
   • Always shield skin from sun with a sun block of 15 SPF or higher.
   • Always report any change in skin, such as a change in a wart or mole.
   • Females should have yearly Pap smears and mammograms.
   • All post transplant patients are required to have a yearly dermatology appointment.

E. Dentist
   • See a dentist every six months after your first year post transplant.
   • Prophylaxis antibiotics before any dental work is required…call your transplant coordinator at least three days before your dental appointment.

F. Smoking
   • This is prohibited due to the risk of further damaging the heart and lungs. Also, nicotine has a vasoconstrictive property that slows the healing process.

G. Sex
   • Even though normal periods may not return immediately post transplant, ovulation is occurring in most cases. Therefore, contraception is very important. A diaphragm and/or condoms are the safest methods for transplant patients.
   • Sexual activity may be resumed when you are able to walk two flights of stairs.

H. Over the Counter Medications
   • Always check with your physician before taking any medication over the counter. Some over the counter medications may be harmful to your transplanted organ.
   • See approved list under the medication & immune system tab.
MODULE III QUIZ

(Please review page 26 to answer the following questions)

STOP!
Please answer the following questions:

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

2. For how long should you wear a mask in public places? ________________________

3. List at least three signs your surgical incision is infected.
   1) ____________________________
   2) ____________________________
   3) ____________________________

4. Name at least three common-sense measures you can take to protect yourself from infection.
   1) ____________________________
   2) ____________________________
   3) ____________________________

5. What is the best exercise initially for transplant patients? _______________________

6. How often should you see your dentist? ________________________________

7. Any over-the-counter medication is safe. ______ True ______ False

8. How many weeks will you be in rehab? ________________________________

9. Advil®, Motrin®, Aleve® & Nuprin® are examples of ____________________________

10. Can you take NSAIDs?
    Yes _____   No _____
MODULE IV – HOME SPIROMETRY (LUNG TRANSPLANT PATIENTS ONLY)

One way to monitor for rejection and infection is by measuring lung volumes. Of most importance is the amount of air you can blow out in one second (FEV1). Your home spirometer will be used to obtain this measurement.

• Measure and record your FEV1 twice daily.

• Report an FEV1 fall of 10-15% to your coordinator.

MODULE IV QUIZ

STOP!
Please answer the following questions:

1. How often do you check your FEV1?
   ___________________________________

2. Spirometry assists in diagnosing what two things?
   1) ___________________________________
   2) ___________________________________

3. Call your coordinator if the FEV1 falls by what percent?
   ___________________________________

4. What is FEV1?
   ___________________________________
CONTACTING THE DONOR FAMILY

For more than 40 years, Family Care Coordinators at Southwest Transplant Alliance have been helping transplant recipients and donor families connect as one step in the journey of organ transplantation.

Our experience has shown that it’s often best to approach this new relationship slowly. While such meetings can be deeply meaningful, they can also be emotionally overwhelming for donor families and patients for a variety of reasons.

Of course, the decision to reach out to your donor family is very personal. What follows is a suggested guide, but whatever you choose is right for you.

Writing a letter to your donor family can be helpful way to begin.

Whether it’s a simple thank you note or a letter, donor families often tell us that hearing from their loved one’s recipients helps them in their grieving process.

Southwest Transplant Alliance’s Family Care staff facilitate correspondence between donor families and recipients, so that all parties can remain anonymous until both the recipient and donor family members have requested and agreed to direct communication.

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

- Your first name only
- Your occupation, hobbies, interests
- The region in which you live, such as southern US or the West Coast
- 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

To maintain confidentiality, it is important to leave out identifying information such as:

- Your last name, address, city and phone number
- Digital addresses like email, Facebook or Twitter handle
- Name or location of your transplant hospital

How to send your letter.

Southwest Transplant will deliver your letter to the donor family

- Place your card or letter in an unsealed envelope
- On separate sheet, write your name, transplant date and organ received
- Place both items into a single envelope and mail to:
  Southwest Transplant Alliance
  5489 Blair Road, Dallas, TX 75231
  Attention: Family Care

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

When will I hear back?

There are no set answers. You may or may not receive a response. Some donor families may be eager to respond while other may be 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.

The choice to write to your donor family is a personal one and Southwest Transplant Alliance is here to help support you if that is your wish.

If you need further information, call Southwest Transplant Alliance at 214.522.0255 or 1.800.788.8058 and ask to speak with a Family Care Coordinator.
MAIL ORDER PHARMACIES

When calling a mail order pharmacy, be prepared to:

• Give your name, address and phone number
• Give your insurance, Medicare or Medicaid information
• Give your doctor’s phone number and/or address

Cancer Center Pharmacy
3410 Worth Street, Suite 240
Dallas, Texas  75246
214.820.8400 | CancerCenterPharmacy@bhcs.com

1. Will your pharmacy take Medicare and will you bill me for my co-pay? YES
2. Would your pharmacy ever waive the co-pay routinely, and if not would you waive it on a financial need if I have Medicare or commercial insurance? NO
3. What is the pharmacy’s method of delivery? Routine orders are sent by ground UPS.
4. How long does it take to receive my order? Please call your order in one week in advance. The delivery time for routine orders is 1-3 days. Overnight delivery is an extra charge of $50.00. The only time there won’t be an extra charge for overnight delivery is right after discharge from the hospital after your transplant.

Amber Pharmacy
Richardson, TX
877.306.3211 or 214.828.9848
amberpharmacy.com

1. Will your pharmacy take Medicare and will you bill me for my co-pay? YES. They will bill. Secure payment over $250
2. Would your pharmacy ever waive the co-pay routinely and if not would you wave it on a financial need if I have Medicare or commercial insurance? NO
3. What is the pharmacy’s method of delivery? Pick up (local) USPS or FedEx.
4. How long does it take to receive my order? Please call your order in one week in advance. The delivery time for routine orders is 1-3 days. Overnight delivery is an extra charge of $25.00 on weekdays. The only time there won’t be an extra charge for overnight delivery is right after discharge from the hospital after your transplant.

Walgreens Specialty Pharmacy
9775 SW. Gemini Dr.
Beaverton, OR 97008
1.866.202.4014

continued >>>
MAIL ORDER PHARMACIES

(continued from page 30)

1. Will your pharmacy take Medicare and will you bill me for my co-pay? YES. Credit card needed on file walgreens.com/pharmacy/specialtypharmacy.jsp.

2. Would your pharmacy ever waive the co-pay routinely and if not would you waive it on a financial need if I have Medicare or commercial insurance? Not routinely, patient financial services team available.

3. What is the pharmacy’s method of delivery? Routine orders are sent by FedEx (no shipping charge).

4. How long does it take to receive my order? The delivery time is next day or within two days of ordering, depending on your need. Please order five days in advance. Overnight if needed.

Curascript
Indianapolis, IN/Orlando, FL
1.800.870.6419 | curascript.com

1. Will your pharmacy take Medicare and will you bill me for my co-pay? YES

2. Would your pharmacy ever waive the co-pay routinely and if not would you waive it on a financial need if I have Medicare or commercial insurance? No, we do not routinely waive co-pays but there are funds set up to allow for hardship cases.

3. What is the pharmacy’s method of delivery? UPS or FedEx.

4. How long does it take to receive my order? The delivery time is 2-3 days and there is no charge for overnight. Can be there overnight if needed.

CVS Caremark Specialty Pharmacy
105 Mall Blvd.
Monroeville, PA 15146
1.800.238.7828 | cvscaremarkspecialtyrx.com

1. Will your pharmacy take Medicare and will you bill me for my co-pay? YES, if co-pays were over $100.00 we would either request a credit card number or a check number. We would notify you with your total co-pay amount and would not bill your credit card without Medicare or your insurance paying first.

2. Would your pharmacy ever waive the co-pay routinely and if not would you waive it on a financial need if I have Medicare or commercial insurance? You will need to call the number listed above and talk with a representative to give financial information. We will refer you to the Reimbursement Counseling Department to assess your financial needs.

3. What is the pharmacy’s method of delivery? Our orders are delivered by UPS (primarily) or USPS.

4. How long does it take to receive my order? The delivery time for routine orders is 2-3 days and there is no charge for overnight (no shipping charge).
DIABETES SUPPLIES

Liberty Medical Supply
10045 S. Federal Hwy.
Port Saint Lucie, FL 34952
1.800.762.8026 | libertymedical.com

1. Will your pharmacy take Medicare and will you bill me for my co-pay? No (Arriva)
2. Would your pharmacy ever waive the co-pay routinely and if not would you waive it on a financial need if I have Medicare or commercial insurance? Yes, you need to call the number listed above and ask for Accounts Receivable Department.
3. What is the pharmacy’s method of delivery? USPS
4. How long does it take to receive my order? 7-10 days (business), not normal to send overnight.

Arriva Medical
4252 NW 120th Ave.
Coral Spring, FL 33065
1.800.261.4824

1. Will your pharmacy take Medicare and will you bill me for my co-pay? Yes, bill Medicare (80%). Yes, bill patient.
2. Would your pharmacy ever waive the co-pay routinely and if not would you waive it on a financial need if I have Medicare or commercial insurance? Can offer financial assistance after the first bill is received, subject to approval.
3. What's the pharmacy's method of delivery? USPS
4. How long does it take to receive my order? 7-10 days (business) shipping is free.

National Diabetic Pharmacies
2157 Apperson Dr.
Salem, VA 24153
1.800.467.8546

1. Will your pharmacy take Medicare and will you bill me for my co-pay? No (Arriva)
2. Would your pharmacy ever waive the co-pay routinely and if not would you waive it on a financial need if I have Medicare or commercial insurance? NO
3. What’s the pharmacy’s method of delivery? The method of delivery is Federal Express, Priority Mail, or UPS.
4. How long does it take to receive my order? The delivery time is 2-3 days. There will be a $15.00 extra charge for overnight orders.

The appearance of an agency, company, or organization on this list is not meant to imply endorsement by Baylor Health Care System or any of its employees.
# LUNG TRANSPLANTATION

## Patient Manual

## ESTIMATION OF POST-TRANSPLANT MEDICATION COSTS

<table>
<thead>
<tr>
<th>NAME (Brand/Generic)</th>
<th>DAILY DOSE</th>
<th># OF PILLS</th>
<th>AMBER</th>
<th>ALBERTSONS</th>
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</thead>
<tbody>
<tr>
<td><strong>IMMUNOSUPPRESSANTS</strong></td>
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<td></td>
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<tr>
<td>Neoral® (Cyclosporin)- liquid</td>
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<tr>
<td><strong>NO GENERIC ALLOWED</strong></td>
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<tr>
<td>Based on dose of 2.0 cc twice/daily for life</td>
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<td></td>
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<tr>
<td>3-50 cc bottles</td>
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<tr>
<td>$338/bottle</td>
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<td>Must Order</td>
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<tr>
<td>Neoral® (Cyclosporin)- gel-caps</td>
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<td><strong>NO GENERIC ALLOWED</strong></td>
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<tr>
<td>Based on dose of 200 mg twice/daily for life</td>
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<td>120-100 mg gel-caps</td>
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<td>FK 506 (Prograf)</td>
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<td>No generic available</td>
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<td>Based on dose of 6 mg twice/daily</td>
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<td>60 pills (of each)</td>
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<td>5 mg</td>
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<td>Rapamune® (Sirolimus)</td>
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<tr>
<td>Based on a dose of 2 mg once/day</td>
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<td>120 pills</td>
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<td>1 mg tabs</td>
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<td>Must Order</td>
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<tr>
<td>CellCept®(mycophenolate mofetil)</td>
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<tr>
<td>No generic available</td>
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<tr>
<td>Based on dose of 1000 mg three times a day for life</td>
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<td>180-500 mg tabs</td>
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<tr>
<td>Imuran® (azathioprine)</td>
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<td>No generic (used primarily for lungs)</td>
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<td>Based on dose of 100 mg q d for life</td>
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<td>60-50 mg tabs</td>
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<td>$63 (g)</td>
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<tr>
<td>Methotrexate® (Rheumatrex)</td>
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<td>Based on dose of 2.5 mg (4 times a week)</td>
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<td>16-2.5 mg tabs</td>
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<td>$70</td>
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<td>$110 (b)</td>
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<tr>
<td>Prednisone® (Deltasone)</td>
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<tr>
<td>Generic is okay</td>
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<tr>
<td>Based on taper of 5 mg tabs</td>
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<td>For 200 pills</td>
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<td>$10</td>
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<td>$13</td>
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<tr>
<td><strong>ANTI-FUNGAL</strong></td>
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<tr>
<td>Nystatin swish and swallow (Mycostatin)</td>
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<tr>
<td>Generic is okay</td>
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<tr>
<td>Based on dose of 1 cc 4 times/day for 3 months</td>
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<tr>
<td>60 cc bottle (2 bottles per month)</td>
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<tr>
<td>$27/Bottle</td>
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<td>$11 (g)</td>
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<tr>
<td><strong>ANTIBIOTIC</strong></td>
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<tr>
<td>Bactrim single strength Trimethoprim &amp; Sulfamethoxazole (TMP-SMX)</td>
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<tr>
<td>Generic is okay</td>
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<tr>
<td>Based on 1 tab a day for life</td>
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<tr>
<td>30 tabs</td>
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<tr>
<td>$24 (g)</td>
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<td>$11</td>
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continued >>>>
### LUNG TRANSPLANTATION

**Patient Manual**

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**ESTIMATION OF POST-TRANSPLANT MEDICATION COSTS**

(continued from page 33)

<table>
<thead>
<tr>
<th>NAME (Brand/Generic)</th>
<th>DAILY DOSE</th>
<th># OF PILLS</th>
<th>AMBER</th>
<th>ALBERTSONS</th>
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<tr>
<td><strong>ONE MONTH SUPPLY</strong></td>
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<tr>
<td><strong>DECREASES ACID SECRETION IN STOMACH</strong></td>
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</tr>
<tr>
<td><strong>Pepcid</strong> (Famotidine)</td>
<td>Based on a dose of 20 mg twice/day for 6 months &amp; PRN</td>
<td>60 tabs</td>
<td>$121 (b)</td>
<td>$110 (g)</td>
</tr>
<tr>
<td>Generic is okay</td>
<td></td>
<td></td>
<td></td>
<td>$115 (b)</td>
</tr>
<tr>
<td><strong>Protonix</strong> (Pantoprazole)</td>
<td>Based on a dose of 40 mg/2x day</td>
<td>60 tabs</td>
<td>$216</td>
<td>$211</td>
</tr>
<tr>
<td>No generic available</td>
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</tr>
<tr>
<td><strong>Prilosec</strong> (Omeprazole)</td>
<td>Based on dose of 20 mg/day</td>
<td>30 tabs</td>
<td>$144</td>
<td>$133</td>
</tr>
<tr>
<td>No generic available</td>
<td></td>
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<tr>
<td><strong>DECREASES PLATELET AGGREGATION (PREVENT STROKE)</strong></td>
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<tr>
<td><strong>Persantine</strong> (Dipyridamole)</td>
<td>Based on dose of 75 mg 3x/day for 6 weeks</td>
<td>90 tabs</td>
<td>$17 (g)</td>
<td>$90 (b)</td>
</tr>
<tr>
<td>Generic is okay</td>
<td></td>
<td></td>
<td></td>
<td>$21 (g)</td>
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<tr>
<td><strong>LOWERS BLOOD PRESSURE</strong></td>
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<tr>
<td><strong>Norvasc</strong> (Amlodipine)</td>
<td>Based on 5 mg per day</td>
<td>30 tabs</td>
<td>$46 (b)</td>
<td>$44 (b)</td>
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<tr>
<td>Prefer brand name</td>
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<tr>
<td><strong>DIURETIC/FLUID RETENTION</strong></td>
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<tr>
<td><strong>Lasix</strong> (Furosemide)</td>
<td>Based on dose of 40 mg</td>
<td>30 tabs</td>
<td>$6 (g)</td>
<td>$15 (b)</td>
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<tr>
<td>Generic is okay</td>
<td></td>
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<td>$9 (g)</td>
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<tr>
<td><strong>LOWERS CHOLESTEROL</strong></td>
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<tr>
<td><strong>Pravachol</strong> (Pravastatin)</td>
<td>Based on dose of 20 mg q d for life</td>
<td>30 tabs</td>
<td>$82</td>
<td>$77</td>
</tr>
<tr>
<td>No generic available</td>
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<tr>
<td><strong>Lipitor</strong> (Atorvastatin)</td>
<td>Based on dose of 10 mg q d for life</td>
<td>30 tabs</td>
<td>$66</td>
<td>$63</td>
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<tr>
<td>No generic available</td>
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<td><strong>ANTI-VIRAL</strong></td>
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<tr>
<td><strong>Acyclovir</strong> (Zovirax)</td>
<td>Based on dose of 400 mg twice/day</td>
<td>60 tabs</td>
<td>$118</td>
<td>$58 (g)</td>
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<tr>
<td>Generic is okay</td>
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<tr>
<td><strong>Valcyte</strong> (Valganciclovir)</td>
<td>Based on dose of 450 mg tablets one tab 2x day</td>
<td>60</td>
<td>$1,803</td>
<td>$1,722</td>
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<tr>
<td>No generic available</td>
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<tr>
<td><strong>PAIN PILL</strong></td>
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<tr>
<td><strong>Darvocet N-100</strong> (Propoxyphene napsylate)</td>
<td>Based on dose of 1-2 tabs q 4-6 hrs as needed</td>
<td>50 tabs</td>
<td>$33</td>
<td>$51 (b)</td>
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<tr>
<td>Generic is okay</td>
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<td>$23 (g)</td>
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</table>
## POST-TRANSPLANT DAILY VITAL SIGNS

### DAILY VITAL SIGNS

For the Month of ______________________ Year __________

<table>
<thead>
<tr>
<th>DAY</th>
<th>AM BP</th>
<th>AM PULSE</th>
<th>T°</th>
<th>WT</th>
<th>AM BS</th>
<th>PM BP</th>
<th>PM PULSE</th>
<th>AM BS</th>
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</tbody>
</table>

*T° = Temperature  
W = Weight  
BS = Blood Sugar*
# HOME SPIROMETRY READINGS (FEV1)

## DAILY HOME SPIROMETRY READINGS

A.M. / P.M. (Place Number in A.M. or P.M. Box)

| Date | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. | A.M. | P.M. |
|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
DISCHARGE NOTES

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