



## Discharge Checklist for **Pediatric Allogeneic TCT Patients\***

**\*Exceptions to your individual discharge plan are possible**

- Count recovery: your ANC (absolute neutrophil count\*\*) is above 500 per microliter
- Good oral intake: you can eat, drink, and tolerate medications
- IV medications: you are off of IV nausea and pain medications for at least 24 hours
- Nausea, diarrhea, & pain: minimal, and controlled with oral medications
- Fever: generally, no fever for 24 hours & off of antibiotics
- Caregiver: in place, with teaching completed (dressing, end valve, line flushes, Curoso™ caps)
- Home/lodging: is ready and confirmed by social worker
- Cleared by: attending physician, NP, PA, nurse, physical therapist, and dietician
- Prescriptions: arranged by your TCT team and delivered to your room

### On Discharge Day

- Primary caregiver should arrive at 9:00 a.m. day of discharge. Discharge goal: 11:00 a.m.
- Primary caregiver **must** be present for discharge instructions/information from the TCT team
- A pharmacist reviews your home medications with you and your caregiver
- Your nurse oversees & reviews filling the pill box with your caregiver, if you are using a pill box
- Your case manager arranges home care services, if needed (including physical therapy)
- Instructions & appointment times are provided. **BRING all the medication bottles, medication sheet, and pillbox with you to your clinic visit the next day. BRING tacrolimus with you to take after scheduled blood draw.**

**Your caregiver is required to be present for your first clinic visit,  
and as directed by your TCT team!**



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