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, Curos™ 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!