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Possible complications after transplant

People who receive a transplant may develop complications after their surgery. Your transplant team will help you understand the warning signs of possible complications, discuss your care, and recommend further treatment when necessary. The more common complications include rejection of the organ, infection, acute tubular necrosis and post-transplant diabetes.

Donor organs are screened for various diseases in accordance with standards required by the United States Department of Heath and Human Services - Centers for Disease Control and Prevention (CDC) and the United Network for Organ Sharing (UNOS). However, transplant recipients may be at risk for contracting certain diseases from the organ donor, such as various types of infectious diseases and cancers, which are not detected during the organ donor screening process.

REJECTION

Rejection occurs when your immune system recognizes the transplanted kidney as foreign and attacks it. The immune system is your body’s natural defense against other foreign invaders such as viruses, bacteria, and some types of cancers. To help prevent rejection of your new kidney, you must take immunosuppressant medications which will weaken your immune system. These medications must be taken on time, and as prescribed, in order to reduce the risk of rejection. It is necessary for you to take them as long as your transplanted kidney is functioning.

Sometimes your immune system can overcome the effects of the medication and begin to reject the new kidney. You may feel good and have no symptoms, yet still be experiencing rejection. The best way for the transplant team to recognize possible rejection is to follow your lab work closely. An increase in your serum creatinine or an increase of protein in your urine may be warnings of rejection. This is why we will check your lab work frequently during the first few months after surgery. Most rejection episodes can be treated successfully with medication, especially if detected early.

INFECTION

Immunosuppressant medications decrease the risk of rejection of the transplanted organ; however, they also increase your risk of infection. This risk is greatest in the early period after transplant when dosages of medications are at their highest. It is always important to protect yourself from exposure to infection. Here are some suggestions:

• Wash your hands frequently.
• Avoid contact with people with known infections like colds or the flu.
• Clean cuts or scrapes with soap and water.
• Avoid sharing eating utensils with others or drinking from the same container.
• Notify a member of the transplant team if you notice any possible signs of infection.

**ACUTE TUBULAR NECROSIS**

Acute tubular necrosis (ATN) is the medical term for a transplanted kidney which is slow to function due to factors associated with the transplant procedure. This condition is sometimes called a “sleepy” kidney. If this condition occurs, you may need dialysis temporarily to give the kidney time to heal. Limiting potassium and fluids may also be necessary. It may take several weeks for a transplanted kidney to start to function. You will return to your local dialysis center until your kidney begins working. You will continue to be followed closely by the transplant team.

**HIGH BLOOD PRESSURE**

Some immunosuppressants can raise blood pressure; therefore, some transplant recipients must take additional medications to control their blood pressure. Your blood pressure is recorded as a top (systolic) and bottom (diastolic) number. Normal blood pressures range from 100/70 to 130/80. After your transplant you will take your own blood pressure daily and record it in the records section provided in this notebook. Notify a member of the transplant team if your blood pressure goes above 170/100 for two readings in a row. Untreated high blood pressure may damage your heart and other organs.

**POST-TRANSPLANT DIABETES**

Some of the immunosuppressant medications that you take may increase the likelihood of diabetes. Diabetes is an increased level of sugar in your blood. Signs of diabetes may include excessive thirst, frequent urination, blurred vision, drowsiness or confusion. Notify the transplant team if you notice any of these signs. In some cases, high blood sugar can be reduced and managed by weight loss, careful diet, and exercise; however, you may need an oral diabetes medication or insulin injections. If you get diabetes, you will be given special teaching about how to deal with this problem.

**CYTOMEGALOVIRUS (CMV)**

Cytomegalovirus or CMV is a very common virus. About 70% of adults have been exposed to CMV at some time. It usually causes a flu-like illness with fever, general body aches, and a decreased appetite which lasts for two or three days. After exposure to the CMV virus, your body forms antibodies in your blood to protect you from future exposures to CMV. This is similar to what happens after you have chicken pox. We are able to do blood tests to check both the transplant recipient and donor for the presence of CMV antibodies.
Because of the immunosuppressant medications, you will be at risk for infection with CMV after transplant. During the first few months, while the immunosuppressant doses are highest and your immune system is especially weak, the CMV virus can “reactivate” or “wake up.” A CMV infection can range from flu-like symptoms to more serious infections involving your stomach, kidney, lungs (pneumonia), eyes and nervous system.

If either you or your donor were positive for CMV antibodies, you will be given an antiviral medication for the first few months after your transplant. As your doses of immunosuppressants are lowered over time, your risk for CMV will decrease as well and the medication will be stopped. If you develop an active CMV infection, you will be treated with medication in the vein.

**POLYOMA BK VIRUS**

Polyoma BK virus is another very common virus. About 90% of people in the United States are affected with this virus by the time they are 12 years old. The symptoms at the time of infection are non-specific, like cold symptoms that eventually go away. However, the virus itself does not totally leave the body. It becomes dormant, asleep in the kidneys and bladder.

When the immune system is weakened with anti-rejection medications, the virus can reactivate, primarily within the first year after transplantation. In general, there are no symptoms that let you know you have been affected by the virus. Therefore, it is necessary that we routinely screen all transplant recipients with a blood test several times during the first year post-transplant. In some cases Polyoma BK virus can cause severe kidney damage, perhaps even loss of the transplanted kidney. Currently, the primary treatment of the virus is to decrease the immunosuppressive medications, to allow your own immune system to fight off the virus. This treatment may require a more intense monitoring of your kidney function tests. Unfortunately, there is no drug that has been shown to effectively treat the virus.

**LYMPHOCELE**

A lymphocele is a collection of lymph fluid around the kidney. It is normal for some fluid to collect around the kidney after transplant, but usually your body is able to reabsorb this fluid as healing occurs. Sometimes, however, a large buildup of fluid may put pressure on the kidney and the ureter and prevent urine from draining easily. In these cases, the lymph fluid will need to be removed. This can be done by placing a drain tube through the skin into the fluid collection and allowing it to drain into a bag over several days. Another option is for the lymphocele to be drained surgically. This operation is relatively simple and usually requires an overnight stay in the hospital.

<table>
<thead>
<tr>
<th>SIGNS AND SYMPTOMS OF CMV:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Flu-like symptoms: fever, chills, body or muscle aches, fatigue, decreased appetite</td>
</tr>
<tr>
<td>• Lab work findings: low white blood cell count, high liver enzymes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SIGNS AND SYMPTOMS OF A LYMPHOCELE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Swelling of one leg (on the side where the kidney is located)</td>
</tr>
<tr>
<td>• Swelling over the kidney</td>
</tr>
<tr>
<td>• Increase in creatinine</td>
</tr>
</tbody>
</table>
Medications

One of the most important aspects of your life after transplant is the medication routine that you must follow. You will have to take medications called immunosuppressants or anti-rejection medications. These medicines suppress your immune system to help prevent your body from rejecting your transplant. These are very important medicines and you will need to take them for as long as you have your transplanted organ. You will be provided with a medication chart to help you learn about your medications.

LEARNING ABOUT YOUR MEDICATIONS
You should take only the medications on your medication sheet. All other medications taken before the transplant should be set aside or disposed of. You should learn why you are taking each medication and its side effects.

TIPS FOR TAKING YOUR MEDICATIONS

• Take your medication exactly as prescribed every day. One of the main causes of transplant failure is missing doses of medications.

• If you do miss a dose and it is within 4 hours of the scheduled time, you can take the medications as soon you remember. If it is more than 4 hours after the scheduled time, skip the dose and take it at the next scheduled time. Do not double doses. If you miss more than 1 dose, call your transplant coordinator for instructions.

• Be consistent. Take medications at the same time and the same way each and every day.

• Do not adjust your immunosuppression medications yourself. This could result in rejection and loss of your transplant.

• Notify the transplant team if you experience any side effects. Often we can take steps to limit any side-effects you may have.

• If you are sick or nauseated and cannot take your medications, call your transplant coordinator or physician immediately. You may need to be admitted to the hospital to receive your immunosuppression medications through the vein.

• Talk with the transplant team before starting or stopping any medications. Many drugs can interact and influence your immunosuppressants and your new transplanted organ.

• Ask the transplant team before taking herbal or alternative medications.

• Only take over-the-counter medications listed on the over-the-counter list at the end of this section. Never take aspirin, Motrin, Advil, ibuprofen, Aleve, or nonsteroidal anti-inflammatory drugs (NSAIDs) unless approved by your transplant physician.

• Bring a list of medications with current dose and frequency each time you see a health care professional.
• Talk to the transplant team before you receive any immunizations/vaccinations.
• Store your medications in a safe and dry place away from heat and light. Avoid storing medications in bathrooms and above sinks since moisture can harm medications. Keep medications out of reach of children.

WHERE TO GET YOUR MEDICATIONS
After your transplant surgery, your transplant coordinator will work with you to order your transplant medications before you are discharged home. Your transplant medications are very expensive. Their cost can be as high as $5000 per month. Your transplant coordinator and social worker will work with you and your insurance to ensure you receive your maximum benefit. In addition, you may be eligible for assistance programs if you qualify.

After discharge from the hospital, you will need to contact your pharmacy each month to request refills. To make sure you do not run out of medicines, remember to contact your pharmacy at least 5 days before you actually need them. If you need new prescriptions or are out of refills, please remember to contact the medication refill line at least 7 days in advance in case a prior authorization is required.

IMMUNOSUPPRESSANTS (ANTI-REJECTION MEDICATIONS)
Frequently Asked Questions

Why do I have to take immunosuppressants?
The job of your immune system is to help you fight off things that are harmful or foreign to your body (infection, cancer). A transplanted organ, although human, is new to your body so your immune system will try to reject ("fight off") the transplanted organ. Immunosuppressant medications suppress, or "weaken," your immune system to prevent rejection of your organ.

How long do I have to take immunosuppressants?
You will have to take immunosuppressants for as long as you have your transplanted organ so that your body will not reject the organ. One of the main reasons why patients lose their transplant is they fail to take their immunosuppressants.

How many types of immunosuppressants do I have to take?
Patients can be prescribed two to four different types of immunosuppressants at one time. Your transplant doctor will decide which immunosuppressants to prescribe for you. If you have a rejection episode, you will be prescribed a stronger, more potent immunosuppressant to treat your rejection.
Why do I have to take so many types of immunosuppressants?
Different immunosuppressants work in different ways to prevent your transplanted organ from rejecting. By using a combination of immunosuppressants, you have less chance of rejecting your organ than if you just took one type of immunosuppressant.

How much do I have to take?
In general, the doses of your immunosuppressants are highest during the first months after your transplant since your risk for rejection is greatest then. Over time, your doses will be decreased depending on how you and your transplanted organ are doing.

What are the overall risks of taking immunosuppressants?
Because these medicines weaken your immune system, you are at increased risk for infections. You will take certain medications for the first several months to help prevent infections. As your doses of immunosuppressants are reduced over time, your risk for infection will go down. You are also at increased risk for certain types of cancers. You can help prevent skin cancer by always using sunscreen (Sun Protection Factor/SPF-30) whenever you are outdoors.

Immunosuppressants for Prevention of Rejection
Most patients will take belatacept, tacrolimus, mycophenolate, prednisone or a combination of these medications unless they are enrolled in a clinical trial.

A. Belatacept (Nulojix®)

What does belatacept look like?
Belatacept is only available as brand name Nulojix®. It is an intravenous (IV) medication.

How much belatacept do I take?
Your dose of belatacept is based on your weight and will be adjusted by the transplant clinic. Your initial dose will be 10 mg/kg and will be decreased to 5 mg/kg.

How often do I take belatacept?
Belatacept is given monthly unless you are enrolled in a clinical trial. You will receive your doses of belatacept in the transplant clinic infusion center. Prior to each infusion, you will be given a belatacept medication guide and asked a series of questions to ensure you do not have any signs or symptoms of infection.

What are the main side effects of belatacept?
• High blood pressure
• Increased risk of infection
• Increased risk of some cancers, including post-transplant lymphoproliferative disorder (PTLD)
What can interact with belatacept?
There are no known drug interactions with belatacept.

B. Tacrolimus (Prograf®)

What does tacrolimus look like?
Tacrolimus is available as a generic or as brand name Prograf®. It is available as 1 mg, 5 mg, and 0.5 mg capsules. The brand name capsules are white (1 mg), pink (5 mg), and yellow (0.5 mg). The generic form may look the same as the brand or may be different colors. You should double-check your bottle for the capsule strength.

How much tacrolimus do I take?
Your dose will be adjusted based on your blood test (tacrolimus blood level). On the day of your blood draw, you should take tacrolimus after your blood has been drawn. Your dose may change frequently for the first several weeks and must be monitored closely to prevent rejection and side effects.

How often do I take tacrolimus?
Tacrolimus is taken twice a day 12 hours apart. You may take tacrolimus with or without food, but do it the same way each day.

What are the main side effects of tacrolimus?
• Increase in creatinine
• High blood pressure
• High cholesterol
• High potassium level
• Increase in blood sugars
• Tremors of the hands and headache (can be a sign your tacrolimus blood level is too high)
• Increased risk of infection
• Decreased hair growth or thinning

What can interact with tacrolimus?
Patients on tacrolimus cannot eat grapefruit or pomegranate as it interacts with this medication. Many medications can interact with tacrolimus so check with your transplant physician before starting any new medication.

C. Cyclosporine (Neoral®, Gengraf®, Sandimmune®)

What does cyclosporine look like?
There are different types of cyclosporine: Neoral®, Gengraf®, Sandimmune®, and some generic brands. Your body absorbs each type differently. You should not use one type in place of the other unless is has been approved by your transplant team.
Brands of cyclosporine | Color and form
---|---
Neoral® | 25 mg, 100 mg gray gelcaps or liquid (100 mg/ml)
Gengraf® | 25 mg, 100 mg white gelcaps
Sandimmune® | 25 mg, 100 mg brown gelcaps or liquid (100 mg/ml)

**All types of cyclosporine come in a foil wrapper. Do not store unwrapped capsules in a plastic container for longer than 1-2 days.**

**How much cyclosporine do I take?**
Your dose will be adjusted based on your blood test (cyclosporine blood level). On the day of your blood draw, you should take cyclosporine after your blood has been drawn. Your dose may change frequently for the first several weeks and must be monitored closely to prevent rejection and side effects.

**How often do I take cyclosporine?**
Cyclosporine is taken twice a day 12 hours apart. You may take cyclosporine with or without food, but do it the same way each day.

**What are the main side effects of cyclosporine?**
- Increase in creatinine
- High blood pressure
- High cholesterol
- High potassium level
- Tremors of the hands and headache (can be a sign your cyclosporine blood level is too high)
- Increased risk of infection
- Redness or soreness of gums
- Hair growth on the face and arms

**What can interact with cyclosporine?**
Patients on cyclosporine cannot eat grapefruit or pomegranate as it interacts with this medication. Many medications can interact with cyclosporine so check with your transplant physician before starting any new medication.

**D. Mycophenolate (Cellcept® or Myfortic®)**

**What does mycophenolate look like?**
Mycophenolate is available as generic or as brand name Cellcept® or Myfortic®. Mycophenolate comes in two forms, mycophenolate mofetil (Cellcept®) and mycophenolate sodium (Myfortic®). Both forms are available as generic medications. You should not use one type in place of the other unless is has been approved by your transplant team.
<table>
<thead>
<tr>
<th>Brands of mycophenolate</th>
<th>Color and form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mycophenolate mofetil</td>
<td>250 mg capsules, 500 mg tablets of varying shapes and colors, 200 mg/ml suspension</td>
</tr>
<tr>
<td>Cellcept®</td>
<td>250 mg blue and orange capsules, 500 mg purple tablets, 200 mg/ml suspension</td>
</tr>
<tr>
<td>Mycophenolate sodium</td>
<td>180 mg round tablets, 360 mg oval tablets of varying colors</td>
</tr>
<tr>
<td>Myfortic®</td>
<td>180 mg round green tablets, 360 mg oval pink tablets</td>
</tr>
</tbody>
</table>

**How much mycophenolate do I take?**

Your initial dose will be 1000 mg twice daily of generic mycophenolate. Your dose may be adjusted if you experience significant side effects.

**How often do I take mycophenolate?**

Mycophenolate is taken twice a day 12 hours apart. You may take mycophenolate with or without food, but do it the same way each day.

**What are the main side effects of mycophenolate?**

- Nausea and vomiting
- Diarrhea
- Increased risk of infection
- Low white blood cell count
- Birth defects (you should talk to the transplant team before trying to get pregnant)

**What can interact with mycophenolate?**

Mycophenolate should be taken at least 1 hour apart from antacids or products containing calcium, magnesium, aluminum, or iron.

**E. Azathioprine (Imuran®)**

**What does azathioprine look like?**

Azathioprine is available as generic or as brand name Imuran®. It is available as 50 mg tablets. The brand name tablets are yellow and bow-tie shaped. The generic form is a round or oval yellow tablet.

**How much azathioprine do I take?**

Your dose will be based on your weight and may be adjusted if you experience low blood cell counts.
How often do I take azathioprine?
Azathioprine is taken once a day.

What are the main side effects of azathioprine?
- Nausea and vomiting
- Low white blood cell count

What can interact with azathioprine?
Azathioprine should never be taken with allopurinol, a medication used for gout.

F. Sirolimus (Rapamune®)
Sirolimus is an immunosuppressant that may be used in combination with belatacept, tacrolimus, cyclosporine, mycophenolate, or prednisone.

What does sirolimus look like?
Sirolimus is only available as brand name Rapamune®. It is available as triangular, white 1 mg tablets or triangular, beige 2 mg tablets. It is also available as an oral liquid with a concentration of 1 mg/1 ml.

How much sirolimus do I take?
Your dose will be adjusted based on your blood test (sirolimus blood level). On the day of your blood draw, you should take sirolimus after your blood has been drawn. Your dose may change frequently for the first several weeks and must be monitored closely to prevent rejection and side effects.

How often do I take sirolimus?
Sirolimus is taken once daily. It should be taken at the same time every day.

What are the main side effects of sirolimus?
- Increase in cholesterol and triglycerides
- Mouth sores
- Low white blood cell count
- Low platelet count
- Increased risk of infection

What can interact with sirolimus?
Patients on sirolimus cannot eat grapefruit or pomegranate as it interacts with this medication. Many medications can interact with sirolimus so check with your transplant physician before starting any new medication.
G. Everolimus (Zortress®)

Everolimus is an immunosuppressant that may be used in combination with belatacept, tacrolimus, cyclosporine, mycophenolate, or prednisone.

What does everolimus look like?
Everolimus is only available as brand name Zortress®. It is available 0.25 mg, 0.5 mg, and 0.75 mg white, round tablets.

How much everolimus do I take?
Your dose will be adjusted based on your blood test (everolimus blood level). On the day of your blood draw, you should take everolimus after your blood has been drawn. Your dose may change frequently for the first several weeks and must be monitored closely to prevent rejection and side effects.

How often do I take everolimus?
Everolimus is taken twice a day 12 hours apart. You may take everolimus with or without food, but do it the same way each day.

What are the main side effects of everolimus?
- Increase in cholesterol and triglycerides
- Mouth sores
- Low white blood cell count
- Low platelet count
- Hyperglycemia
- Increased risk of infection

What can interact with everolimus?
Patients on everolimus cannot eat grapefruit or pomegranate as it interacts with this medication. Many medications can interact with everolimus so check with your transplant physician before starting any new medication.

H. Prednisone

Prednisone is known as a “steroid” that can also be used to prevent rejection or treat a rejection episode. Prednisone is also used for many other medical conditions including asthma and arthritis.

What does prednisone look like?
Prednisone is available as a generic medication and can come in a variety of strengths and colors. It is available as 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, and 50 mg tablets.

How much prednisone do I take?
Initially, you will receive an IV form of a steroid known as methylprednisolone
which is very similar to prednisone. You will then change to oral prednisone. The initial doses are high, but then the dose will be reduced. You may be discharged with a schedule and instructions to “taper” your prednisone dose, where your dose is slowly reduced over several weeks.

**How often do I take prednisone?**
Prednisone is usually taken once a day in the morning. Prednisone should be taken with food or milk because it can cause stomach upset.

**What are the side effects of prednisone?**
Prednisone has side effects that usually lessen as the dose is reduced. In most cases, other medicines and the transplant diet help control adverse effects of the medicine.

**Most common side effects:**
- Increase in appetite and weight gain
- Salt and fluid retention
- Increase in blood sugar
- Slow wound healing
- Acne
- Irritation of the stomach lining – take with food

**Possible side effects (more commonly associated with larger doses):**
- Difficulty sleeping
- Hallucinations or vivid dreams
- Night sweats
- Chills
- Mood swings

**Possible long-term side effects:**
- Muscle weakness
- Bone and joint changes
- Cataracts
- Thinning skin

**Immunosuppressants at the time of transplant or for rejection**
Stronger IV immunosuppressants may be used at the time of transplant or if we diagnose rejection of your transplant. If there is concern about rejection, a biopsy of your transplanted organ will likely be done to help decide which treatment to give you for your rejection episode. If we diagnose the rejection process early, we can often reverse it by giving you these stronger IV immunosuppressants.
A. Methylprednisolone (Solu-Medrol®)
Methylprednisolone is used at the time of transplant and also to treat rejection.
It is an IV steroid that is very similar to oral prednisone. However, when we give IV Methylprednisolone, it will typically be at higher doses than your oral prednisone. Side effects are similar to prednisone.

B. Basiliximab (Simulect®)
Basiliximab is an IV immunosuppressive medication given at the time of transplant. It is often used along with IV methylprednisolone. It is not used to treat rejection. If used, this medication is given during your surgery and then a second dose is given three to four days later. It is a 20 minute IV infusion and has very few side-effects.

C. Anti-thymocyte Globulin (Thymoglobulin®)
This immunosuppressant may also be used at the time of transplant or to treat more severe rejections. It is an antibody that is targeted against the immune cells that can cause rejection. It is given through an IV in your neck or arm over four to eight hours. If given at the time of your transplant, Thymoglobulin® is given during your surgery and then for the next three days thereafter. When used to treat rejection, Thymoglobulin® is usually given for 7 to 14 days. It is a very potent immunosuppressant, so you have to begin your therapy in the hospital. Patients sometimes experience side effects that are similar to a very bad case of the flu. These side effects are most severe during the first few days and may include high fevers, chills, rash, itching, headaches, diarrhea, shortness of breath, decreased white blood cells and decreased platelets. You will be given acetaminophen (Tylenol®), diphenhydramine (Benadryl®) and other medications to help relieve the side effects. After the first few days, some patients may be able to finish Thymoglobulin® as an outpatient.

MEDICATIONS TO PREVENT INFECTIONS
As mentioned before, one of the overall risks of taking immunosuppressants is the increased risk of infection. Your risk for developing an infection is greatest during the first months after your transplant since your doses of your immunosuppressants are the highest. During this high-risk period, you may be prescribed one or more of the following medications to help prevent infection.

To prevent bacterial infections
A. Sulfamethoxazole/trimethoprim (SMZ/TMP, Bactrim®, or Septra®)
Sulfamethoxazole/trimethoprim is a sulfa antibiotic that is available as a generic. The generic name may be abbreviated as SMZ/TMP on your medication bottle. It is available as a single strength (SS) tablet or a double strength (DS) tablet. You will take it for at least six months after your transplant. You are prescribed this medication for two reasons:
• To prevent a type of pneumonia called pneumocystis jiroveci pneumonia or PJP
• To prevent a urinary tract infections

Possible side effects:
• Rash
• Increased sun sensitivity
• Nausea
• Low white blood cell count

If you have an allergy to sulfa antibiotics, you will be prescribed an alternative medication such as atovaquone (Mepron®), or dapsone.

B. Atovaquone (Mepron®)
Atovaquone is a medication that may be used in place of sulfamethoxazole/trimethoprim to prevent bacterial infections. It is a brand name only medication and comes as a dark, mustard colored liquid. Atovaquone comes in a concentration of 750mg/5ml and the usual dose is 1500 mg or 10 ml once per day for at least 6 months after your transplant. You should use a measuring device from your pharmacy to ensure you are taking the correct dose. You should try to take this medication with food for better absorption.

Possible side effects:
• Discoloration of teeth – brush frequently
• Nausea and vomiting

C. Dapsone (Aczone®)
Dapsone is an antibiotic that may also be used in place of sulfamethoxazole/trimethoprim to prevent bacterial infections. It is available as a generic. Dapsone is available as 100 mg tablets and you will take 1 tablet daily for at least 6 months after your transplant. You will require a special blood test (called a G6PD) to make sure you aren’t at increased risk of side-effects from this medication.

Possible side effects:
• Rash
• Low red blood cell count (anemia)
• Shortness of breath
• Nausea and vomiting
• Ringing in ears
To prevent viral infections

A. Valganciclovir (Valcyte®)

Valganciclovir is an antiviral medication used to prevent and treat cytomegalovirus (CMV). Valganciclovir is available as a generic medication and is a 450 mg oblong tablet. Your need for this medication, including your dose and how long you take the medication, will depend on blood tests done prior to transplant and periodically after your transplant. Before transplant, you and your donor will be checked to see if you have had cytomegalovirus before. After transplant, your blood may be checked to see if there is virus present which may indicate you have a cytomegalovirus infection.

Possible side effects:
- Low white blood cell count
- Low platelet count
- Headache
- Nausea and vomiting

B. Valacyclovir (Valtrex®)

Valacyclovir is an antiviral medication that may be used to prevent and treat viral infections in patients who are not at risk for cytomegalovirus. It is used to prevent and treat viral infections such as herpes, chicken pox, and shingles. Valacyclovir is available as a generic and comes in 500 mg and 1000 mg tablets. Your dose will be different depending on why you are taking this medication.

Possible side effects:
- Low white blood cell count
- Low platelet count
- Headache
- Nausea and vomiting

OTHER MEDICATIONS

In this section, other medications commonly prescribed after your transplant will be discussed.

A. Stomach acid reducing medications

Stomach acid reducing medications are commonly taken after transplant to prevent or treat stomach ulcers and heartburn (or reflux). Some of your immunosuppressants can put you at an increased risk for developing stomach ulcers. There are two types of stomach acid reducing medications, known either as H2 blockers or proton pump inhibitors. You will be prescribed one or the other. Some of these medications require a prescription, but most can be
purchased over-the-counter. These medications are typically taken once per day, but may be prescribed to be taken twice daily in certain situations.

**H2 blockers:**
- Famotidine (Pepcid®)
- Nizatidine (Axid®)
- Ranitidine (Zantac®)

**Proton pump inhibitors:**
- Esomeprazole (Nexium®)
- Lansoprazole (Prevacid®)
- Omeprazole (Prilosec®)
- Pantoprazole (Prevacid®)
- Rabeprazole (Aciphex®)

**Possible side effects:**
- Nausea and vomiting
- Diarrhea or constipation

**B. Constipation medications**
After surgery, you may experience difficulty having bowel movements. This is most likely due to the pain medications you receive after transplant, but some of your other medications can also lead to constipation. There are several non-prescription stool softeners and laxatives that you can take to help with your bowel movements. You should continue to use these constipation medications until your bowel movements return to normal. Be sure to stop these medications if you experience diarrhea. You should follow the package instructions when taking these medications.

**Stool softeners:**
- Docusate (Colace®)

**Laxatives:**
- Polyethylene glycol (Miralax®)
- Senna (Senokot®, Ex-Lax®)

**Possible side effects:**
- Nausea and vomiting
- Diarrhea
- Abdominal pain and bloating
C. Pain medications
After your transplant, you will be given medications to treat your pain. Pain from the surgery may persist up to 2 weeks after your surgery. Pain medications should be taken only if needed, usually every 4 to 6 hours. Several pain medications contain acetaminophen (Tylenol) in addition to a narcotic ingredient. You should make sure not to take more than 3000 mg of acetaminophen in 24 hours. For mild pain and headaches, you may take over-the-counter acetaminophen. Do NOT take any other over-the-counter pain relievers besides acetaminophen (i.e. do NOT take ibuprofen, naproxen, aspirin, Advil®, Motrin®, Aleve®, etc.). Pain medications should be taken with food to prevent nausea.

Pain medications:
• Oxycodone/acetaminophen (Percocet®)
• Hydrocodone/acetaminophen (Vicoden® or Lortab®)
• Oxycodone (OxyIR®)
• Tramadol (Ultram®)

Possible side effects:
• Constipation – see constipation medications
• Drowsiness and confusion
• Nausea and vomiting

D. Blood pressure medications
After your transplant, you may require blood pressure medications to prevent elevated blood pressures. If you were on medication for high blood pressure before your transplant, they may be adjusted or changed after the transplant. Even if you did not have high blood pressure before, you may need medication to control your blood pressure after the transplant because some of your immunosuppressants can raise your blood pressure. Your goal blood pressure is less than 140/90 mmHg. Most people need at least two different blood pressure medications to keep their blood pressure controlled. The most common medications used after transplant are listed below, but you may require additional blood pressure medications if you have blood pressure that is difficult to control.

Calcium channel blockers:
• Amlodipine (Norvasc®)
• Nifedipine extended release (Procardia XL® or Adalat CC®)

Beta blockers:
• Metoprolol (Lopressor®)
• Metoprolol extended release (Toprol XL®)
• Labetalol (Normodyne®)
• Carvedilol (Coreg®)
Possible side effects:
- Low blood pressure
- Dizziness when standing
- Swelling in your arms or legs
- Headache
- Gum swelling
- Erectile dysfunction

E. Supplements
After your transplant, you may need to take one or more supplements to improve your overall health or replace lost electrolytes. Some of the supplements may be temporary, while others may be of benefit to take for the rest of your life.

Calcium supplement:
- What - Calcium carbonate (OsCal® or Tums®) or Calcium citrate (Citracal®)
- Why - For bone health. Some immunosuppressants increase your risk of bone disease (osteoporosis).
- When - The transplant team will tell you when and how to take your calcium. It is usually taken twice per day.
- Possible side effects - Constipation
- Hints - Separate calcium by at least 1 hour from your mycophenolate (Cellcept® or Myfortic®).

Vitamin D supplement:
- What - Ergocalciferol or cholecalciferol
- Why - For bone health. Some immunosuppressants increase your risk of bone disease (osteoporosis).
- When - The transplant team will tell you when and how to take your Vitamin D. It can be taken daily, weekly, or monthly.
- Possible side effects - Bone pain
- Hints - Vitamin D levels will be monitored to assess your need for this medication.

Phosphorus supplement:
- What - Potassium phosphate/sodium phosphate (Neutra-Phos® or K-Phos Neutral®)
- Why - To replace phosphorus that is being lost by your kidneys. Phosphorus is important for breathing properly.
- When - The transplant team will tell you when and how to take your phosphorus based on your labs. You should only need this medication temporarily after transplant.
- Possible side effects - Diarrhea, nausea, vomiting
- Hints - Separate phosphorus by at least 1 hour from your calcium supplement.
Magnesium supplement:
• What - Magnesium oxide (MagOx®) or Magnesium amino acid chelate (Mg Plus Protein®)
• Why - To replace magnesium lost as a result of being on tacrolimus (Prograf®) or cyclosporine (Gengraf®, Neoral®). Magnesium is important for muscles, nerves, and your heart.
• When - The transplant team will tell you when and how to take your magnesium based on your labs.
• Possible side effects - Diarrhea
• Hints - Separate magnesium by at least 1 hour from your mycophenolate (Cellcept® or Myfortic®).

Multivitamin supplement:
• What - Any general, over-the-counter multivitamin (i.e. Centrum® or One-a-Day®)
• Why - To provide your daily recommended amounts of vitamins and minerals.
• When - Take once every day.
• Possible side effects - Nausea
• Hints - Before starting herbal products or vitamins containing herbal products, talk with you transplant team to make sure it won’t interact with your immunosuppression.

F. Low dose aspirin
While you should not take aspirin for pain relief, a low dose of aspirin is recommended after transplant to help prevent heart attacks and strokes. Your transplant team will tell you when it is safe to begin taking low dose aspirin after your surgery. You should take aspirin 81 mg each day, which is sometimes called “baby” aspirin. If aspirin upsets your stomach, you may take buffered or enteric coated aspirin.

Possible side effects:
• Upset stomach
• Bleeding
LIST OF APPROVED OVER-THE-COUNTER (OTC) MEDICATIONS FOR ABDOMINAL (KIDNEY, PANCREAS, LIVER) TRANSPLANT RECIPIENTS

The following OTC medications have been approved by the transplant teams for use except where specified. Follow directions from the transplant team and read the label carefully. Avoid combination products when possible. Generic medications may be used (generic name), brand names are provided as a reference only and are not meant to be product/brand endorsement. Always call your post-transplant coordinator first if you are unsure if your symptoms require a doctor’s visit or if you need further guidance on treatment or product selection.

<table>
<thead>
<tr>
<th>Indication</th>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-histamine and Allergy</td>
<td>Coricidan, Chlor-Trimeton, Benadryl, Claritin, Zyrtec</td>
<td>Chlorpheneramine, Diphenhydramine, Loratadine, Cetirizine</td>
<td>Drowsiness, Drowsiness, Drowsiness, Drowsiness</td>
</tr>
<tr>
<td>Expectorant</td>
<td>Robitussin, Mucinex</td>
<td>Guaifenesin</td>
<td>Drowsiness</td>
</tr>
<tr>
<td>Cough suppressant</td>
<td>Delsym, Robitussin cough</td>
<td>Dextromethorphan</td>
<td>Irritability</td>
</tr>
<tr>
<td>Nasal congestion</td>
<td>Afrin Nasal Spray</td>
<td>Oxymetazoline</td>
<td>Limit use to 3 days; nasal irritation, rebound congestion, high blood pressure</td>
</tr>
<tr>
<td>Fever</td>
<td>Tylenol</td>
<td>Acetaminophen</td>
<td>Do not exceed 3000mg in 24 hours</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Cepacol lozenges</td>
<td>Benzocaine/menthol</td>
<td>Mouth irritation</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>Call your transplant coordinator</td>
<td>Call your transplant coordinator</td>
<td>Call your transplant coordinator</td>
</tr>
<tr>
<td>Constipation</td>
<td>Colace, Dulcolax, Senokot, Fibercon, Miralax</td>
<td>Docusate sodium, Bisacodyl, Sennosides, Polycarbophil, Polyethylene glycol 3350</td>
<td>Stool softener, Laxative; diarrhea, Laxative; diarrhea, Laxative; diarrhea, Laxative; diarrhea</td>
</tr>
<tr>
<td>Gas</td>
<td>Gas-X</td>
<td>Simethicone</td>
<td></td>
</tr>
<tr>
<td>Indigestion/Heart Burn</td>
<td>Pepcid, Zantac, Mylanta, Maalox, Tums, Gaviscon</td>
<td>Famotidine, Ranitidine, Aluminum/magnesium hydroxide, Calcium carbonate, Aluminum hydroxide/magnesium carbonate</td>
<td>Contact medical team if symptoms require regular use for more than 2 weeks, Use with caution if renal failure; space at least 1 hour apart from mycophenolate (CellCept)</td>
</tr>
<tr>
<td>Hemorrhoids</td>
<td>Anusol, Tucks, Anusol-HC Cream, Preparation H</td>
<td>Pramoxine, Hydrocortisone cream, Mineral oil, petrolatum, phenylephrine, and shark liver oil</td>
<td>Burning, stinging, irritation, Burning, stinging, irritation, Burning, stinging, irritation</td>
</tr>
</tbody>
</table>
Below is an example of an OTC medication label and checklist of important information you should read on the medication label when purchasing any OTC medication.

**At the store:**
- Find the group of medicines that treats the problem(s) or symptom(s) (such as pain, cough, or allergy).
- Find the form of medicine (such as tablet, capsule, or liquid) wanted.
- Read the “**Drug Facts**” label carefully on each medicine package.

**Drug Facts**

**Active Ingredients/Purposes**
- Make sure the **Active Ingredients** aren’t the same as those in another medicine already being used.
- If the medicine contains more than one **Active Ingredient**, read the **Purposes** of each active ingredient to make sure all of the active ingredients are needed for the problem(s) or symptom(s) to be treated.

**Uses**
- Find medicine that treats only the problem(s) or symptom(s) to be treated.

**Warnings**
- Is there any reason this medicine shouldn’t be used?
- Is there any reason to talk to a doctor or pharmacist before using this medicine?

**Directions**
- Find the correct dose on the package.
- Make sure liquid medicine comes with a measuring tool (such as dosing or measuring cup). If not, ask for one at the pharmacy. Spoons made for eating and cooking may give the wrong dose and shouldn’t be used.

- Check with the doctor or pharmacist to be sure the new medicine can be used with other medicines being used.


**EQUIPMENT NEEDED AT HOME:**

- Scale
- Blood pressure cuff
- Clock
- Pills
- Thermometer

**Going home from the hospital**

Going home after your transplant is very exciting. However, it can also seem overwhelming. Before you go home, we will thoroughly review with you and your family what you need to do to take care of yourself and your new kidney. Your transplant coordinator, pharmacist, social worker, and nurses will begin preparing you for discharge the day after surgery.

**VITAL SIGNS**

You will need to check your temperature and blood pressure daily. The nurses will teach you how to check these vital signs so that you will feel confident doing this before you go home. If you do not already have a blood pressure cuff and thermometer, you will need to buy these from a pharmacy or medical supply store.

A daily journal is provided for you (at the end of this book) to record your vital signs. Your nurse will tell you acceptable ranges for the vital signs so that you know when to call if a reading is abnormal. It is important that you keep good records and bring these with you each time you come to the Outpatient Transplant Clinic for follow-up.

**FOLLOW-UP CARE**

After discharge, you will be seen at least once a week, for the first six weeks, in the Transplant Outpatient Clinic. You should continue to check your blood sugar at least twice a day at home. Record your blood sugar levels along with your daily weight, temperature, and blood pressure. Bring these records with you to your clinic visits.

**DAILY WEIGHT**

You need to weigh yourself every day. Please try to do this at about the same time each day (preferably in the morning after you have emptied your bladder) and while wearing about the same amount of clothing. Record your weight with your vital signs in your daily journal. If you have gained more than three pounds in a day, or more than five to seven pounds in a week, you should call the transplant team. This weight gain may be a side effect of your medications or possibly a sign of transplant rejection.
MEDICAL ALERT IDENTIFICATION
We suggest that you obtain a special medical alert bracelet or necklace. In case of a car accident or other type of emergency, this will inform health care professionals that you have had a transplant. The identification bracelet or necklace can be purchased at many pharmacies or ordered through the mail for a nominal cost.

DISCHARGE FROM THE HOSPITAL
You can expect to spend a total of three to five days in the hospital for your transplant. If you live a great distance from Emory, you may be asked to stay in the Atlanta area for a few additional days so we can closely monitor your progress.

The Mason Guest House of Emory University offers private, low-cost lodging for transplant candidates, recipients, and families. Individuals from out of town coming to a transplant evaluation or follow-up care may also stay at the Mason Guest House (see section on Mason Guest House for more information).

WHEN TO CALL THE TRANSPLANT TEAM
You should call the Transplant Team if you experience any of these symptoms, or any time anything about your health changes, even if it is not related to your transplant:
• Temperature of 100° Fahrenheit or greater
• Blood pressure greater than 170/100 for two readings in a row
• Weight gain of more than 3 pounds in a day or 5 to 7 pounds in a week
• Cough, shortness of breath, sore throat, chills
• Nausea, vomiting or stomach pain
• Diarrhea
• Decreased appetite
• Blood in the urine or bowel movements, painful urination
• Increased pain, redness, or pus-like drainage at the incision
• Pain, tenderness or swelling in the area of the new kidney
• Feeling unusually tired
• Persistent headache or flu-like symptoms
• Any unexplained rash, sores or bruising
• Swelling of the hands, feet or ankles
• Unable to take medications for any reason
• Anything that concerns you about your health
Going for Check-Ups

OUTPATIENT TRANSPLANT CLINIC

Your kidney transplant follow-up appointments will be scheduled in the Transplant Outpatient Clinic. On the day of discharge, we will schedule your first appointment for lab work and a follow-up visit.

This office visit will include seeing a member of the transplant team who will perform a physical exam, review all of your medications, and discuss how you have been feeling. This is a great opportunity for you to express any concerns or ask questions. Please remember to bring your daily records and a list of all your medications with you to each follow-up visit.

You may eat breakfast and take all medicines except Neoral®, Sandimmune®, Gengraf®, Sirolimus (Rapamune®) or Prograf® prior to your clinic visit.

When you arrive for a clinic follow-up appointment, blood will be drawn for lab tests and you will be asked to give a urine sample. A nurse will check your vital signs and weight and ask some general questions about your health. It takes one hour for your lab results to come back. During this time you can wait in the waiting area, or you may wish to go to the cafeteria or gift shop. Once your lab results are ready, you will be placed in an exam room to be seen by one of the transplant physicians.

CLINIC VISITS AND LAB TESTS

For the first six weeks after your transplant, you must come to Emory once a week for a follow-up visit. You will have lab work done and see the transplant team. After six weeks, if all is going well, visits and lab work will be needed less frequently. Eventually, you will need a follow-up appointment at Emory only once every three to six months.

In addition to your weekly visit at Emory, you must have blood drawn for laboratory tests one additional time each week for the first six weeks. These tests can be done locally at your doctor’s office, hospital, or dialysis center. We will provide a special order form for laboratories outside Emory. It explains what lab tests need to be drawn and how to send the results to us. If you prefer to have your lab work done at Emory, please call the Transplant Outpatient Clinic in advance to make an appointment.
If your lab work is abnormal, the transplant coordinator will call you with any medication changes and let you know when to have your blood checked again. You may be asked to come to Emory to be seen by a transplant physician.

**ANNUAL VISITS AT EMORY SAINT JOSEPH’S**
After the first few weeks of close monitoring, you will be able to have your follow-up appointments scheduled at the Emory Transplant Center at Saint Joseph’s Hospital. The clinic is located at The Doctors Building IV. The clinic address is: 5673 Peachtree Dunwoody Road, Suite 350, Atlanta, GA 30342.

Emory Transplant Center at Saint Joseph’s is open Monday through Friday from 7:45 a.m. to 5:00 p.m. Most of our Emory transplant nephrologists and advanced practice providers have clinic appointments at this location at least one day each week. Lab and Belatacept infusion services are also available at this location.

**Long-term annual kidney transplant follow-up visits will be scheduled at the Emory Transplant Center at Saint Joseph’s.** Usually three to five years after your transplant you will only need to be seen by our transplant providers once a year. All annual follow-up visits will be scheduled at the Emory Transplant Center at Saint Joseph’s.
EMORY TRANSPLANT SATELLITE CLINICS

Emory Transplant Center also has satellite clinic locations in Athens, Acworth and Dublin once a month, and in Savannah and Thomasville every two months. Our doctors take turns traveling to these clinics, so you may see different transplant nephrologists during your visits. Talk to your doctor about when you may be able to transfer your care to one of these locations.

ROUTINE BLOOD TESTS

Monitoring your blood through lab tests is one way that we can make sure your kidney is working well and check for possible side effects of your medications. When we draw your blood we will do several lab tests that measure your kidney function and the level of medication in your blood:

- **Cyclosporine** (Neoral®/Gengraf®/Sandimmune®) or Prograf® level
  - measures the blood level of immunosuppressant medication. This will tell us if a change in your dosage is needed.
**Creatinine** - measures kidney function. Creatinine is a waste product that is normally removed from your blood by the kidney. Creatinine may be increased for several reasons including rejection, dehydration, or high cyclosporine or Prograf levels.

**Potassium** - a mineral that is regulated by the kidney. It may be elevated after transplant depending on kidney function, diet, and medication levels. Potassium levels may be low if you take diuretics or water pills.

**Hematocrit** - measures the number of red blood cells. The hematocrit is usually very low in patients with kidney disease, but improves slowly after transplant.

**White blood cell count (WBC)** - measures the number of white blood cells. It may be elevated because of infections or due to high doses of prednisone. The WBC can also be low due to viral illnesses or as a side effect of Cellcept or other immunosuppressant medications.

**Cholesterol** - a substance produced by the liver. Cholesterol levels can be increased as a side effect of cyclosporine, Prograf, and prednisone. High cholesterol levels can contribute to heart disease; limiting the fat intake in your diet helps control your cholesterol levels.

**Amylase/lipase** - enzymes secreted by the pancreas; part of the routine lab work in pancreas transplant recipients. An increase in either of these enzymes indicates the pancreas may be inflamed or irritated.

**URETERAL STENT REMOVAL**

Most transplant recipients will have a ureteral stent placed as part of their kidney transplant surgery. If you have a stent, you will be informed of this by the transplant team. The urine which is made in your new kidney flows to your bladder through the ureter. The ureter came with the donor kidney and was connected to your bladder with a small incision. The stent is a thin hollow tube which is placed inside the ureter to keep it open and allow the connection to your bladder to heal.

The ureteral stent needs to stay in place for about six weeks after the transplant. By this time, healing will be complete and your stent can be removed. A urologist who works with the transplant team will remove the stent during a brief procedure called a cystoscopy. You will not be put to sleep, and no incision or surgery is needed. A flexible tube (the cystoscope) is inserted into your bladder, and the stent is removed through the cystoscopy tube. You may feel some brief discomfort or pressure. This procedure takes about 30 minutes.

A couple of weeks after you return home from the hospital, you will be contacted by the urologist’s office to arrange an appointment time to have the stent removed. You may schedule this appointment on the same day you have an appointment scheduled in the Outpatient Transplant Clinic.
Staying healthy

Now that you have had your transplant, we encourage you to resume your normal activities as much as possible and take good care of yourself. Here are some suggestions:

YOUR DAILY ROUTINE

Developing and adhering to a daily routine of checking vital signs and weight and taking your medications is the best way to detect post-transplant problems early.

- Take your vital signs (temperature and blood pressure) about the same time each day when you are relaxed and comfortable. Record them in your daily records.
- Weigh first thing in the morning and record your weight in your daily journal. Weigh around the same time and in the same amount of clothing. You may use bathroom scales.
- Develop a schedule for taking your medications that works with your daily routine. Your medicines must be taken at the same time every day.
- Take your cyclosporine (Neoral®/Gengraf®/Sandimmune®) or Prograf® and Cellcept® every 12 hours.

BATHING

You may shower, but allow the water to flow over your incision, wash lightly with soap, then gently pat dry. You may bathe in a tub in one month if the incision has healed. If you feel weak when standing in the shower, you may wish to use a plastic chair or stool. You may feel tired or dizzy after bathing, so take it slowly and have someone close by in case you need help.

DRIVING

You should not drive for 3-4 weeks after your transplant. Your reaction time may be decreased because of pain and medications. It also takes four to six weeks for your incision to heal properly. You may not have the strength and quickness to apply your brakes adequately in an emergency. You may ride in a car during that time, but you must always wear a seatbelt. For comfort during the first few weeks, you may want to pad your incision with a small pillow or folded bath towel. The belt and buckle will not harm your kidney.

EXERCISE

Kidney disease and dialysis can cause a decrease in energy levels. After transplant, it is common for patients to comment on how much more energy they have. Physical exercise, especially walking, is encouraged for all transplant patients. Exercise helps counteract the weakening effects of your pre-transplant illness and helps reduce some of the possible side effects of the immunosuppressant...
medications such as weight gain, water retention, high blood pressure, elevated cholesterol and blood sugar, and weakened bones and muscles. Regular activity also promotes confidence and a sense of well-being.

Walking is usually encouraged within one or two days after surgery. Initially after your discharge from the hospital, walking and riding a stationary bike are excellent exercises. After your staples have been removed and your incision is healed, swimming is another good form of exercise. With any exercise program, start out slowly and gradually increase to at least 20 minutes a day three times a week. Stop the exercise if you become dizzy, short of breath, nauseated, extremely tired or if you are sweating excessively.

Avoid these activities during the first eight weeks after surgery:
- lifting more than 20 pounds
- forceful pushing or pulling
- abdominal exercises such as sit-ups or leg lifts
- riding a regular bicycle
- contact sports
- twisting exercises such as golf and tennis

Limit your activity level if you have an infection, fever, or if you are being treated for rejection. Talk with the transplant team if you wish to resume your usual sports activities or start a fitness program, or if you have any questions about your exercise program.

**NUTRITION AND DIET**

Proper nutrition is necessary before and after your transplant. A balanced, healthy diet will help you maintain an acceptable body weight and promote wellness. Our clinical nutritionist will meet with you and your family to evaluate your diet and teach you the right foods to eat to meet your individual needs. After your transplant you may be able to eat foods you once had to restrict. Making healthy food choices is essential for your best outcome.

After your transplant, you will need to follow healthy dietary guidelines which will help minimize some of the possible side effects from the medications you will be taking. For example, protein is needed after surgery to promote healing and combat any muscle weakness which may be caused by immunosuppressant medications. For the first six weeks after your transplant, your diet should be high in protein, including lean meat, skim milk, low-fat yogurt and cheese. Unlike your damaged kidneys, your new transplanted kidney will allow you to use protein and dispose of the waste products caused by protein breakdown. Once you have healed from your surgery, you will need to limit your protein intake to a moderate amount each day so that you do not overburden your new kidney.

<table>
<thead>
<tr>
<th>FLUIDS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you drinking enough fluids?</td>
</tr>
<tr>
<td>Drinking plenty of fluid is important after a transplant. Dehydration will raise your creatinine level. It may be difficult to remember to drink fluids after being on a fluid restriction.</td>
</tr>
<tr>
<td>If you are having trouble drinking enough, carry a sports bottle full of fluid with you. Or make it a habit to have a large glass of water every time you brush your teeth.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What fluids are best?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anything that does not contain sugar, caffeine, or alcohol counts towards your fluid intake. Caffeine and alcohol are diuretics. You need at least eight large glasses per day. In the summer or when you are working hard and sweating, you need to drink even more.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GOOD FLUID CHOICES:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Diet Sprite, diet ginger ale, diet orange soda, etc.</td>
</tr>
<tr>
<td>• Caffeine-free Diet Coke</td>
</tr>
<tr>
<td>• Sugar-free lemonade such as Crystal Light or sugar-free Country Time Lemonade</td>
</tr>
<tr>
<td>• Sugar-free punch such as Kool-Aid</td>
</tr>
<tr>
<td>• Skim or 1% milk</td>
</tr>
<tr>
<td>• Apple, cranberry and grape juices</td>
</tr>
<tr>
<td>• Fruit nectars</td>
</tr>
<tr>
<td>• Decaffeinated coffee and tea</td>
</tr>
<tr>
<td>• Water</td>
</tr>
</tbody>
</table>
Your medications also may cause your cholesterol level to rise. Having an elevated cholesterol places you at higher risk for cardiovascular (heart) problems. You can help control your cholesterol by limiting dietary cholesterol and saturated fat found in foods such as eggs, butter, whole milk, fried foods and high-fat cuts of meat.

The medication prednisone can cause some people to have elevated blood sugar levels. You may need to limit starches and limit sugar from your diet to help control high blood sugar. Prednisone may also cause the loss of calcium in your bones. To help prevent osteoporosis, include at least three servings of a calcium rich, low fat food in your diet daily. You may also need a calcium/vitamin D supplement. After your transplant, you will need to talk with your doctor about a calcium plan designed to fit your particular needs.

A moderate (less than 2300 mg or about 1 tsp of salt per day) sodium diet is usually sufficient to help reduce fluid retention. In some patients a more strict sodium restriction might be necessary.

SEXUAL ACTIVITY

You may resume sexual activity when you feel ready. This will not harm your new kidney. Some positions may be more comfortable than others, so adjust accordingly. You may find that relaxation, a sense of humor, and using pillows or different positions may help you. If you experience any difficulties with enjoying sexual activity, please let someone on the team know.

Many people with long-standing diabetes, or who take some blood pressure medications, may experience different degrees of sexual difficulties, including low desire, erectile difficulties, and problems achieving orgasm. Please feel free to discuss these concerns with the transplant team. We may need to change your medication or refer you to a specialist.

Remember that because your immune system is suppressed, you can be easily infected with sexually transmitted diseases. Unless you are in a long-term, monogamous relationship, always use condoms to protect yourself and your partner. If you suspect that you have been exposed to a sexually transmitted disease, tell the coordinator or doctor so that treatment can be started as soon as possible.

For many men and women with kidney failure, it was not possible to have children. Now, however, with a normal functioning kidney, pregnancy may be possible. Men and women should discuss birth control methods and potential pregnancy with the transplant physician. Since little current data exists on transplant patients and pregnancy, advice on whether or not to become pregnant must be made on an individual basis. In general, women are advised to wait at least two years after transplant before becoming pregnant to give their bodies time to adjust to the donated kidney and medications. IUDs (intrauterine devices) should not be used by female transplant recipients.

REMEMBER:

Practice safe sex, such as using a condom, as you will be more susceptible to sexually transmitted diseases.

Remember to discuss birth control methods and potential pregnancy with the transplant physician.
SMOKING
If you currently smoke, you should quit. Potential transplant recipients with heart disease or diabetes will not be considered for transplant until they stop smoking. If you smoke and wish to quit, discuss this with the transplant team. We may be able to recommend smoking cessation resources to help you. You should also avoid smoke-filled areas, and ask others not to smoke around you.

PROTECTING YOURSELF FROM INFECTION
In the first six to eight weeks after transplant, you will be on the highest doses of immunosuppressant medications. This is the time when you will be more likely to get an infection, but there are certain things you can do to protect yourself:

• Wash your hands thoroughly and frequently. This is the single most effective way to decrease the spread of germs and to prevent infection.
• Avoid sharing eating utensils and glasses or cups.
• Once home from the hospital, you may have visitors, but ask friends or family members who may have colds, flu, or any other suspected illness not to visit until they are well.
• Small children may expose you to colds and other illnesses. Remember to wash your hands frequently.
• Avoid large crowds of people for the first six to eight weeks after transplant. You may go to the store, to a restaurant, or to a place of worship, but try to plan your trip to avoid times when these places might be most crowded.
• Keep cuts and sores clean and dry. Inspect these areas regularly and notify the transplant team if you see any signs of infection such as: redness, tenderness, swelling or drainage.
• Normal sore throats and ear infections can turn into bigger problems in transplant patients because your immune system is suppressed. Please notify the transplant team of any signs of infection such as: fever, shortness of breath, cough, sore throat, fatigue, headache, or flu-like symptoms. If you are nauseated or vomiting and cannot keep your medications down, notify the transplant team immediately.
• In most cases you may be around pets. Because of your lowered immune system, however, you should use caution when handling any animals or pets. Cats which are allowed to eat raw meat or prey can have an infection called toxoplasmosis, which may be passed on to humans through handling of fecal material in cat litter or soil. If possible, have a family member dispose of cat litter. Birds, such as parakeets, pigeons, and chickens, can also carry a fungus which can cause a serious infection, so avoid exposure to bird droppings. It is recommended that you not bring a new bird into your home after transplant.
• Avoid exposure to dust from old dry wall or plaster during renovation projects. There is a fungus called Aspergillus which can grow in plaster and dry wall that can cause a serious respiratory infection in immunosuppressed people.
• Wear a mask if you come in contact with molds, dust, or decaying matter.
RETURNING TO WORK

One of the goals of our transplant program is to help patients return to work. If your work does not involve heavy lifting, strenuous activity, or being around crowds of people, you may be able to return to work or school as early as three to four weeks after surgery. This decision should be made on an individual basis, after discussion with the transplant team.

Returning to work may be as easy as returning to a previous job. However, because of your illness, you may not have worked in long time, may lack current job skills, or may need to change jobs because of physical or other limitations. If so, you may benefit from career counseling. The social worker will be happy to assist you with a referral.

TRAVEL TIPS

If you plan to travel long distances for an extended period of time, please notify the transplant coordinator. We can tell you the location of the transplant center nearest your destination in case any problems should arise. If you plan to travel overseas, contact the transplant team. Some required vaccinations may be harmful to transplant recipients. When flying, always take your medications with you on the plane in case your luggage is lost in flight. Also remember to bring extra medications in case your return is delayed or some medication is lost.

We suggest that you wear a medical alert bracelet or necklace and carry an ID card that identifies you as a transplant recipient. This identification should have the contact number of the Emory transplant team. It is a good idea to carry a list of your current medications with you at all times in case of emergency.

ROUTINE MEDICAL CARE

Routine medical care is important for early detection and treatment of disease. The transplant team is specialized in caring for the unique health needs of kidney transplant patients, however, we recommend that you regularly see a primary care physician for annual check-ups, including a complete health history and physical exam and routine health care issues. Be sure to tell all your health care providers that you are a transplant recipient and are immunosuppressed. Ask them if any prescribed medications or treatments would have an effect on your transplant or immunosuppressant medications. They should discuss your care with the transplant physician or coordinator before beginning treatment.

Dental Care

Be sure to tell your dentist that you have had a transplant and are immunosuppressed. To avoid tooth and gum problems, we recommend that you brush and floss daily as well as have dental visits at least every six months. Some transplant patients on cyclosporine experience problems with gum hyperplasia or tender, swollen gums. If problems do arise, you may need to see a periodontist (a dentist specializing in gum problems).

CHECK-UP SCHEDULE:

- Teeth: No dental cleanings/procedures for the first six months after transplant.
- Eyes: Vision check every year.
- Skin: See a dermatologist every year for skin cancer screenings and immediately if you develop any unusual sores or lesions.
You will not need to take a dose of antibiotics before any dental procedure, including routine cleanings unless you have had a heart valve replacement. In general, we recommend waiting six months after transplant before seeing a dentist for routine dental exam and cleaning unless you have a dental emergency.

Vision Screening
We recommend regular vision screening at least every two years or annually if you wear glasses or contacts. Prednisone and other medications can cause changes in eyesight, including blurry vision, cataracts, or glaucoma. Tell your ophthalmologist that you had a transplant so he or she may specifically test for these conditions. If possible, delay getting your lenses changed until at least six months after your transplant. By this time, any visual changes as a side effect of prednisone should have resolved.

Healthy Skin
One of the complications frequently seen in transplant recipients is changes in the skin. Prednisone can cause acne and make the skin more fragile, dry, and easy to bruise. Some of your medications may make your skin more sensitive and you may be more likely to develop skin cancers.

Skin cancer is the most common cancer in the United States. Prolonged exposure to the sun, especially if it results in sunburn and blistering, plays a key role in beginning skin cancer. Immunosuppression further adds to the risk of developing skin cancer. The majority of skin cancers occur on parts of the body not protected by clothing, such as the face, neck, forearms, and back of the hands. We recommend that you use sunscreen with a Sun Protection Factor (SPF) of 30 or greater any time you will be outside in the sun. Also, wear a hat that will shade your face and neck.

Most skin cancers are easily treatable if detected early. If skin lesions develop, or you notice a mole that is changing in size, shape, or color, you will need to see a dermatologist.

You may also be more prone to developing mouth sores or ulcers, and thrush which is a yeast infection in the mouth. Please let the transplant team know if you notice any unusual lesions or ulcers on your skin or any sores or white patches in your mouth. Suspicious lesions should always be examined by a physician.

Bone Density Screening
Osteoporosis is common after transplant. Up to 60% of kidney transplant patients develop osteoporosis, as early as within the first 18 months after transplant. There are a number of factors that contribute to the development of osteoporosis, including hyperparathyroidism, which often affects renal failure.
patients on dialysis. Post-transplant, the medications you are taking to prevent rejection of the transplant can also contribute to the development of osteoporosis. Prednisone decreases new bone formation and Neoral®/ Genraf® or Prograf® can increase resorption of bone. We recommend routine bone density screening to monitor for bone loss. A baseline bone density scan is recommended within the first one to three months post-transplant. Bone density scans are recommended every six months until the second year after transplant, then annually. Calcium and vitamin D supplements may be ordered to help prevent osteoporosis. If you show signs of osteoporosis, another medication from the family of drugs called bisphosphonates may be ordered to help treat and even reverse bone loss.

**Immunizations**

All transplant candidates should receive a pneumococcal vaccine to protect against pneumonia. We recommend that all transplant recipients and their family members receive yearly flu shots (unless allergic to eggs), and all recipients should also receive a diphtheria and a tetanus booster shot every 10 years.

However, you should not receive any vaccinations, even flu shots, without first talking with your transplant team. Transplant recipients should avoid live vaccinations because they can actually cause the disease they are meant to prevent. Live vaccines include: measles, mumps and rubella (MMR), oral polio (OPV), and the varicella and smallpox vaccines. Household contacts, siblings, or children of immunosuppressed transplant recipients should not receive either the oral polio vaccine (OPV) or smallpox vaccine because they are easily transmitted. Household contacts may receive the MMR vaccine, and children of transplant recipients can safely receive the chicken pox vaccine because person-to-person transmission does not occur. The Hepatitis B vaccine is strongly recommended in preparation for kidney transplant.

**Colon Cancer Screening**

The American Cancer Society recommends the following colorectal cancer screening guidelines for both men and women. Beginning at age 50, you should follow one of these three screening options:

- yearly fecal occult blood test plus flexible sigmoidoscopy every five years, or
- colonoscopy every 10 years, or
- double contrast barium enema every 5-10 years.

A digital rectal examination should be performed at the time of each screening sigmoidoscopy, colonoscopy, or barium enema examination.

People should begin colorectal cancer screening earlier and/or undergo screening more often if they have any of the following colorectal cancer risk factors:

- a strong family history of colorectal cancer or polyps (cancer or polyps in a first degree relative younger than 60 or in two first degree relatives of any age),

**IMMUNIZATION SCHEDULE:**

**Pneumonia vaccine - one time only.**

**Flu shot - annually.**

**Tetanus booster - every 10 years.**
• families with hereditary colorectal cancer syndromes (familial adenomatous polyposis and hereditary non-polyposis colon cancer),
• a personal history of colorectal cancer or adenomatous polyps,
• a personal history of chronic inflammatory bowel disease.

FOR WOMEN ONLY:

Pap Smears
Women taking immunosuppressant medications may be at an increased risk of developing cervical cancer. Regular pap smears and gynecological exams are necessary for early detection and treatment of cervical cancer, as well as some early cancers of the digestive, respiratory, and renal systems. A pap smear is the primary test for detecting cervical cancer because there are usually no physical signs of this problem. Cervical cancer is 100% curable if it is detected early enough.

The transplant team and the American Cancer Society recommend annual pap smears and pelvic exams for all women over the age of 18. This should include a rectal exam to check for blood in the stool. Women who are or have been sexually active should have yearly exams, regardless of age. A urinalysis and complete blood count (CBC) should also be included in this annual exam. We also recommend good health practices such as prompt treatment of vaginal and cervical infections, limiting the number of sexual partners, and using condoms to prevent sexually transmitted disease.

Breast Self Exam (BSE)
As many as 95% of breast cancers are accidentally discovered. All women should perform regular breast self-exams (BSE) monthly (usually seven to 10 days after each menstrual period for premenopausal women) as a routine good health habit. Your local physician or gynecologist should be able to instruct you in this practice. We also recommend a breast exam by a physician annually.

Mammography
A mammogram is a test for screening and early detection of breast cancer. It uses a very small, safe amount of radiation. The American Cancer Society recommends that all women have a baseline mammogram done between the ages of 35 and 39. Women aged 40 and older should then have a mammogram every year.

Pregnancy
Women of childbearing age should use some method of birth control while taking Cellcept®. Cellcept® has been associated with birth defects. If you are interested in becoming pregnant, speak to your transplant doctor about your options. Our transplant program recommends waiting at least two years after your transplant before becoming pregnant. Pregnancy is most successful if serum creatinine is less than 1.6 yield.
FOR MEN ONLY:

Testicular Exam
Most testicular cancers are discovered by men themselves. We do not know how to prevent testicular cancer, but if treated early, there is an excellent chance for cure. The American Cancer Society recommends that all males over the age of 15 perform testicular self-examinations monthly. Your local physician can instruct you on this practice.

Prostate Exam
All men should have a rectal exam annually. During this exam, the prostate is examined to see if it is enlarged and the stool is checked for blood. All males over the age of 50 should also get a special blood test called a prostate-specific antigen (PSA) done each year. If there is a family history of prostate cancer, annual PSA testing should start at age 45.

Other Helpful Information

MASON GUEST HOUSE
The Mason House is a private retreat that offers low cost housing for organ transplant candidates, recipients, living donors, and families. Guests who book one of the 15 bedrooms, each with a private bath, will find a comfortable bed-and-breakfast environment. In addition, a two bedroom suite is available with its own kitchen, living area and private entrance. Several bedrooms and bathrooms are wheelchair accessible. Continental breakfast is provided, but guests may cook their own meals. Other amenities include laundry facilities, TV’s in the gathering rooms, private phones, a VCR, stereo and a computer. The Mason House is a home-away-from-home, created to make transplant candidates, recipients and their families feel far away from a hospital environment, yet close enough to feel secure should they need medical assistance. Please call 404-712-5110 for reservations.

THE MENTOR PROJECT
What is the Mentor Project?
The Mentor Project provides one-on-one contact between people living successfully with a transplant and people who are new to the world of transplantation. The project pairs a “veteran” organ transplant recipient, primary caregiver or living donor with someone who is waiting for a transplant, a recent transplant recipient, family members of a transplant recipient or a living kidney or liver donor. Through these connections, even the smallest questions get answered, experiences are shared, and support is provided to both patients and families.
Who are mentors?
Mentors are organ recipients, parents or other supporting family members and living donors who are at least six months out from their transplant date or the transplant date of their loved one. Mentors attend a full day of training to learn how to draw on their personal experiences to address the needs of others that they mentor. Mentors are updated periodically on services and assistance available to transplant families within the transplant community, and the mentor network is an excellent connection to these resources.

How do I get a mentor?
If you live in Georgia, you can be referred to the Mentor Project by your social worker, transplant coordinator, clinical nurse specialist or physician. A mentor is never assigned without the consent of the potential mentee. Georgia residents may also call the Mentor Project and request a mentor directly. For more information about the Mentor Project contact the Georgia Transplant Foundation at 1-866-(GATX411) or 770-457-3796.

JUMPSTART
Since health care benefits are an important factor in post-transplant health, the Georgia Transplant Foundation (GTF) makes it a priority to support clients in finding permanent positions with medical insurance benefits. In an effort to achieve that goal, GTF is pleased to offer JumpStart. JumpStart helps organ transplant candidates, recipients, and their families accomplish career goals through its accredited employment services, strategic partnerships and educational resources.

JumpStart Services: Services available through JumpStart include referrals to career development services; one-on-one coaching; educational resources and training; and financial evaluation. JumpStart also offers assistance in identifying career options, job readiness for the interview workshops, and defining job search techniques. Other informational resources are also available. While JumpStart is not a placement service, it does provide clients with the tools necessary to prepare them for employment. All services are customized for the organ transplant community and are tailored to meet the specific needs and career level of each client.

Strategic Partnerships: JumpStart partners with the Georgia Vocational Rehabilitation Agency and works with community resources that provide information about health insurance, Social Security benefits, government assistance and legal needs. The program also offers clients referrals to short-term educational and training resources in areas like computer skills, customer service and income tax preparation.

For more information, call The Georgia Transplant Foundation at 770-457-3796 or 1-866-428-9411. Your transplant social worker also will be happy to assist you with a referral.
Helpful web sites for transplant patients

Emory Transplant Center: www.emoryhealthcare.org/transplant

American Academy of Family Physicians: www.aafp.org/patientinfo

Health Answers: www.healthanswers.com


InteliHealth: www.intelihealth.com

JumpStart: www.gatransplant.org/jumpstart


Wellness Web: www.wellweb.com

United Network of Organ Sharing (UNOS): wwwunos.org

Coalition on Donation: www.donatelifeline.net

National Kidney Foundation of Georgia: www nkfg org

Georgia Transplant Foundation: www.gatransplant.org

Medicare Transplant Coverage information: www medicaregov coverage transplants adultshtml

National Kidney Foundation: www.kidney.org

Medication Access Program: www.mapuga.com

Healthwell Foundation: www.healthwellfoundation.org/

Needy Meds: www.needymeds.org/

Search Engines
www.healthata-z.com
www.hon.ch
www.achoo.com
## Daily Records

Keeping records is very important. While you are in the hospital please ask your nurse to help you record your weight, blood pressure and temperature every morning. You should also always know what your creatinine level is. Creatinine is a blood test that tells us how well your kidney is working. The lower the number, the better. Everybody’s creatinine will be a little different, so don’t compare yourself to others.

When you go home, please continue to record your daily weight, blood pressure and temperature. You will also receive copies of your blood work, so you may record your creatinine and other labs if you wish. Please bring these records with you when you come to clinic.

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