

University of Wisconsin Hospital and Clinics
Hematopoietic Stem Cell Transplant Program
Clinical Standard Operating Policies and Procedures

TITLE: Hematopoietic Stem Cell Transplant Patient Discharge Guidelines				
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CURRENT REVISION: 11/7/2011	<input checked="" type="checkbox"/>	Revision		

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Purpose: To prepare hematopoietic stem cell transplant (HSCT) patients for a safe and timely discharge from the inpatient to outpatient setting.

Principle: Standardized criteria for discharge will ensure a smooth transition between inpatient and outpatient care, continued effective management of post-transplant toxicities and avoidance of the need for readmission to the hospital.

Scope: Hematopoietic stem cell transplant patients.

Procedure:

Prior to discharge, HSCT patients should meet the following criteria.

Infection

The patient must be free of signs/symptoms of active infection.

Gastrointestinal status

The patient should have an oral intake sufficient to maintain fluid and electrolyte balance without signs or symptoms of obvious dehydration.

Oral medications

The patient should be able to tolerate oral medications for 48 hours prior to discharge. Nausea, vomiting, and pain should be controlled by oral medications.

Intravenous medications

In certain circumstances a patient may be discharged on intravenous anti-infectives, electrolyte supplementation, fluid, or Total Parenteral Nutrition (TPN) if the patient and home caregivers are deemed capable. This will be done at the discretion of the attending physician after discussions with the nursing staff, pharmacist, RN case manager, social worker, and home caregiver.

Nutrition:

Patients should be able to tolerate at least 2/3 of their nutritional needs orally (approximately 1,000 calories per day). Sometimes adequate eating only becomes possible when patients leave the hospital environment. Therefore, this guideline may be modified in selected patients who meet the other discharge guidelines.

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Patient support/caregivers:

Patient must have suitable support people available to act as caregivers in the home after discharge. Caregivers should be able to demonstrate symptom management and care instructions prior to discharge. Patients living more than three hours from the UWHC may be asked to temporarily relocate closer to the center if they do not have adequate medical and transfusion services available from a referring physician. Patients have the option, at the discretion of the staff physician, to return to the UW Hematology Clinic under the high risk protocol.

Discharge instructions and teaching

Discharge instructions and teaching will be done with the patient and/or support persons at least 48 hours prior to discharge. Discharge teaching will include a review of the “going home” section of the Health Facts for You patient education materials. Understanding/knowledge of this teaching must be demonstrated. Nutrition will f/u with every patient prior discharge.

Transfusions:

The patient must require no more than 2 platelet or red cell transfusions per week to maintain adequate platelet/hemoglobin levels (platelet count 20,000/uL and hemoglobin > 8 g/dL or as determined by the outpatient physician). Exceptions may be made for patients in close proximity of the UWHC.

Home environment:

The home environment should be prepared for the immune compromised patient. The patient's home should be thoroughly cleaned prior to discharge: disinfectant cleanser used in toilets, sinks, counter surfaces; carpets and rugs should be thoroughly vacuumed. Only heavily soiled carpets need to be shampooed. Patient should not feed or handle the waste products of pets. House plants are allowed, but should be limited to one room of the house. The patient should not change potting soil. Smoking should not be permitted in the home.

Outpatient follow-up:

Prior to discharge, the B6/6 nurse practitioner or physician's assistant will complete patient discharge instruction form #791 to facilitate coordination of a follow up clinic appointment. The appointment is scheduled and verified by the unit coordinators. The clinic nurses should also be made aware of the discharge date and the date of the follow-up appointment.