

# **UW** Medicine

UNIVERSITY OF WASHINGTON MEDICAL CENTER

# 出院须知

肾脏/胰脏移植手术后

在您完成本章的核对表之前,请参阅以下章节: "UWMC 出院后的护理"及"移植手术后的生活"。

## 我何时可以出院?

在您准备好带着新的肾脏或胰 腺离开医院之前、您需要确认 您已经完成了所有必要的计 划、以使移植成功。

当您确定对每个项目都是肯定 时、您才可以出院:



当您对本章节所列各种情况的回答都 是"是!"时,您就可以出院。

## 问题及顾虑:

□ 有问题及顾虑时、我知道何时应该打电话。

到家后、您可能有疑问或需要报告的问题。 移植团队成员每天 24 小时随可以联系。 如您有以下情况,请致电移植团队:

- 发烧
- 疼痛
- 伤口有感染的迹象:
  - 发红
  - 触痛
  - 肿胀
  - 伤口渗出液体
- 恶心、呕吐、或腹泻
- 排尿有变化:
  - 排尿时出现疼痛感
  - 血尿
  - 突然尿量减少
  - 无法排尿

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- 血糖高
- 肠道有变化
- 对您的药物有疑问

### □ 我知道有疑问或顾虑时应该致电给谁

- 会危害到生命的紧急事故时、 随时致电 911
- 其他问题或顾虑:
- 下班后、周末或假日、请致电社区护理专线: 206.744.2500 讨论您的疑问或顾虑。
- 若是关于居住、交通或情绪上的支持::
  - 周间上午8点至下午4:30、请致电移植社工206.598.4676.
  - 下班后、周末或假日请致电: 206.598.6190 传呼当值的社工。

#### 居住:

- □ 我知道我将会住那。
  - 自己的家
  - 或我会与谁居住 / 或住在: \_\_\_\_\_\_

#### 交通:

□ 我知道谁负责接送我回诊

#### 回诊:

□ 我知道如何去抽血部抽血

抽血部位于医院的 3 楼。周间上班时间为上午 6:30 至下午 6 点、抽血时不需要事先预约。

您应该在服用早晨药物之前、在最后一次服用免疫抑制药约 12 小时后抽血。由于大多数患者在上午 8 点和晚上 8 点服用药物、他们通常在上午 7:30 到 8 点之间抽血。抽血时间是根据您何时服用药物。

大多数情况下、您在诊所就诊时抽血。 门诊日是星期一、星期三及星期四。 您的移植协调员也可能会要求您在其他时间抽血。

若您需要在下班时间后抽血、您就需要到夜间抽血部抽血。夜间抽血部 位于医院 2 楼。

#### □ 我知道如何在移植诊所预约复诊

您的移植协调员会为您安排第一次复诊。 之后、您就在诊所前台安排 预约、或致电您的移植协调员。

### 体征:

#### □ 我知道肾移植排斥的症状

- 体重增加
- 水肿(脚肿)
- 排尿量减少
- 发烧、流感样症状、或只是感觉不适(疲劳、疼痛)
- 移植部位疼痛或肿胀
- 血液中肌酐指标较高

#### □ 我知道胰脏移植排斥的症状

- 血清淀粉酶或脂肪酶指标增高
- 流感样症状:疲劳、疼及发烧
- 血糖指标增高

## □ 我知道感染的症状

- 发烧发冷
- 喉疼
- 排尿时烧痛或疼痛
- 气喘或咳嗽
- 恶心或呕吐
- 疲劳
- 鼻塞
- 局部皮肤发红

## 自我护理:

#### □ 我知道如何照顾自己的身体需求。

- 排便(出院前必须排便1次)
- 排尿(如没有透析)
- 正确地护理伤口
- 正确地护理您的血管导管部位
- 如您患有糖尿病或血糖指标高:显示您知道如何控制血糖并给自己 注射胰岛素

#### □ 我知道如何负责任地锻炼

- 每天在走廊走3至4次
- 如您家里有楼梯:上下楼梯
- 知道您的体力活动的限制

#### □ 我知道我需要的器材以及如何监测我的进度

- 有磅秤来秤体重
- 有体温计来量体温
- 血压计/ 袖带来量血压(也可测量脉搏)
- 如您患有糖尿病或血糖指标高: 使用血糖仪测量您的血糖

#### □ 我知道如何做记录

- 每天量您的血压、体温和脉搏2次、并做记录。
- 每天早晨量体重、并做记录。
- 呕吐或腹泻时请记录下来。
- 测量并记录您喝的液体量及排尿量(每天总量):
  - 30 cc = 1 盎司
  - 240 cc = 8 盎司(1 杯)
  - 1,000 cc = 32 盎司(1 夸脱)
- 记录您的测试结果:
  - 肌酐(Cr)
  - 钾(K)
  - 胰脏移植病人:淀粉酶和脂肪酶
  - 抗排斥药的水平

#### 如您有糖尿病或高血糖:

- □ 我知道如何监测我的血糖并调整我的胰岛素剂量。
  - 每天至少检测您的血糖 2 次并做记录。
  - 自己打胰岛素
  - 记录胰岛素的剂量、并在需要时做调整
  - 了解高血糖(血糖高)和低血糖(血糖低)的体征和症状

#### 饮食及药物:

#### □ 我知道如何注意我的饮食

- 能够进食食物和液体并且不会呕吐
- 吃足够的食物,以帮助您的身体在手术后的康复
- 与您的营养师讨论饮食需求及需要避免或限制的食物
- 作一饮食的计划

#### □ 我知道如何管理我的药物

- 说出我正在服用的抗排斥药物的名称和剂量
- 根据医生的指示调整药物剂量
- 自行补充药盒 (mediset) 并服用药物
- 获取我的出院药处方
- 制定取配出院药处方的计划

# 您有疑问吗?

我们很重视您的疑问。当有疑 问或顾虑时,请致电您的医生 或医护人员。

移植科电话: 206.598.3882

## **UW** Medicine UNIVERSITY OF WASHINGTON MEDICAL CENTER

# **Discharge Checklist**

After a kidney/pancreas transplant

Before you work through the checklist in this chapter, please review these chapters: "UWMC Clinic Care After Discharge" and "Life After Transplant Surgery."

# When can I leave the hospital?

Before you are ready to leave the hospital with your new kidney or pancreas, you will want to make sure you have done all the planning needed to make your transplant successful.

You will be able to leave the hospital when you can check off each of these items as true:



You will be able to leave the hospital when you can say "Yes!" to all the "I know" statements in this chapter.

## **Questions and Concerns:**

# ☐ I know when to call with questions and concerns.

You may have questions or need to report a problem after you arrive home. A transplant team member is on call 24 hours a day. Call the transplant team if you have:

- Fever
- Pain
- Signs of infection in your wound:
  - Redness
  - **Tenderness**
  - **Swelling**
  - Drainage from incision
- Nausea, vomiting, or diarrhea

	•	Urine changes:
		- Pain when you urinate
		- Bloody urine
		- A sudden decrease in the amount of urine you produce
		- Not able to pass urine
	•	High blood glucose
	•	Bowel changes
	•	Questions about your medicines
	I	know who to call for questions and concerns.
	•	For <b>life-threatening emergencies</b> at any time, call 911.
	•	For other questions and concerns:
		<ul> <li>Weekdays from 8 a.m. to 5 p.m., call your transplant coordinator.</li> </ul>
		Your transplant coordinator is:
		Phone number: 206.598
		- After hours and on weekends and holidays, call the Community Careline at 206.744.2500 for help with your concerns.
	•	For help with housing, transportation, or emotional support:
		- Weekdays from 8 a.m. to 4:30 p.m., call the Transplant Social Worker at 206.598.4676.
		<ul> <li>After hours and on weekends and holidays, call 206.598.6190 and ask for the Social Worker on call to be paged.</li> </ul>
Housing:		
	I	know where I will stay.
	•	At your home
	•	Or, you will be staying with or at:
	•	Phone number:
Tı	rai	nsportation:
		know who will drive me to and from my follow-up isits.

## Follow-up Care:

#### ☐ I know how to get blood draws at the lab.

The lab is on the 3rd floor of the hospital. It is open weekdays from 6:30 a.m. to 6 p.m. You do not need to make an appointment for your lab visits.

You should have your blood drawn before you take your morning medicines and about 12 hours after your last dose of immunosuppressants. Since most patients take their medicines at 8 a.m. and 8 p.m., they usually have their blood draws between 7:30 a.m. and 8 a.m. The timing of your blood draws will depend on when you usually take your medicines.

Most times, you will have your blood drawn on clinic visit days. Clinic visit days are Mondays, Wednesdays, and Thursdays. Your transplant coordinator may ask you to have blood drawn at other times, too.

If you need to have blood drawn after hours, go to the Evening Blood Draw lab on the 2nd floor of the hospital.

### ☐ I know how to set up follow-up visits at the clinic.

Your transplant coordinator will set up your first follow-up visit for you. After that, you will set up your return visits at the clinic reception desk or by calling your transplant coordinator.

# Physical Signs:

# ☐ I know the signs of kidney transplant rejection.

- Weight gain
- Fluid retention (swelling of your feet)
- Decrease in the amount of urine you are producing
- Fever, flu-like symptoms, or just feeling unwell (fatigue, aches)
- Pain or swelling over the transplant site
- Higher levels of creatinine in your blood

## ☐ I know the signs of pancreas transplant rejection.

- Higher levels of serum amylase or lipase
- Flu-like symptoms: fatigue, aches, and fever
- Higher blood glucose levels

	I know the signs of infection.
	Fever and chills
	• Sore throat
	Burning or pain when you urinate
	Being short of breath or coughing
	Nausea or vomiting
	• Fatigue
	• Congestion
	• Areas of red skin
Se	elf-care:
	I know how to care for my physical needs.
	• Have a bowel movement (must have 1 before discharge)
	• Empty your bladder (if not on dialysis)
	Properly care for your wound
	• Properly care for your vascular access site
	• If you have diabetes or high blood glucose levels: Show that you know how to manage your blood glucose and give yourself insulin shots
	I know how to exercise responsibly.
	Walk in the hallway 3 to 4 times a day
	• If you have stairs at home: Go up and down stairs
	• Know your physical activity limits
	I know the equipment I need and how to monitor my progress.
	Have a scale to check your weight
	Have a thermometer to take your body temperature
	<ul> <li>Have a blood pressure machine/cuff to measure your blood pressure (may also measure pulse)</li> </ul>
	• If you have diabetes or high blood glucose levels: Have a blood glucose meter to measure your blood sugar

### ☐ I know how to keep records.

- Take and record your blood pressure, temperature, and pulse 2 times every day
- · Weigh yourself every morning and record your weight
- · Record any times you vomit or have diarrhea
- Measure and record your intake of fluids and how much you are urinating (total for each day):
  - -30 cc = 1 ounce
  - 240 cc = 8 ounces (1 cup)
  - -1,000 cc = 32 ounces (1 quart)
- Record your labs:
  - Creatinine (Cr)
  - Potassium (K)
  - For pancreas transplant patients: Amylase and lipase
  - Anti-rejection drug levels

## If You Have Diabetes or High Blood Glucose:

- ☐ I know how to monitor my blood glucose and adjust my insulin dose.
  - Check and record your blood glucose at least 2 times a day
  - Give yourself insulin injections
  - Record insulin doses and adjust them if needed
  - Know the signs and symptoms of *hyperglycemia* (high blood glucose) and *hypoglycemia* (low blood glucose)

#### **Diet and Medicines:**

- ☐ I know how to manage my diet.
  - · Keep food and liquids down without vomiting
  - Eat enough food to help your body heal after surgery
  - Talk with your dietitian about your dietary needs and foods to avoid or limit
  - Make a diet plan

## ☐ I know how to manage my medicines

- State the name and doses of the anti-rejection medicines you are taking
- · Adjust the doses of your medicines as directed by your doctor
- Fill your pill box (mediset) and take medicines on your own
- Receive your discharge medicine prescriptions
- Have a plan for filling your discharge medicine prescriptions

## **Questions?**

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Transplant Services: 206.598.3882