

Stem Cell Transplant Care Agreement

At Northwestern Memorial Hospital, we want to provide you with the *Best Patient Experience*. We want you to partner with your doctors and nurses so that you always receive the right care at the right time. Everyone has a role in your care, including you or your chosen family member or friend.

What Can You Do? To have the best outcome from your stem cell treatment, it is important that you follow these guidelines.

Keep all scheduled appointments for:

- Needed testing
- Doctor/provider visits
- Specialty consults

When meeting with the Stem cell team be sure to tell them about:

- Any vitamins, herbals or supplements you are taking
- Problems you may have with getting your treatment (transportation, money or insurance concerns). The Social Worker can help you with these issues
- Concerns, questions, changes in how you feel

Take Care

- Follow all care guidelines including mouth rinses, teeth brushing, daily showering and walking in the hall
- Plan to have a caregiver who can help you with: cleaning, cooking, running errands, transportation and any other support you need post-transplant.
- Do not use alcohol, nicotine or illegal street drugs; they can affect your treatment. The social worker can help find resources to help you.
- Follow stem cell transplant team medical orders for medications, physical and occupational therapy, as well as scans and tests.

The Northwestern Stem Cell Transplant team agrees to:

- Treat you and your family/caregivers with respect and dignity.
- Keep you informed.
- Listen to your concerns.

In turn, we ask that you treat all Health Care team members with respect.

Please use this space to add any of your requests of the Transplant Team:

This agreement begins pre-transplant and throughout your care at Northwestern Medicine. Your signature below indicates you understand and accept this care agreement.

I, _____, hereby agree to follow these care guidelines so that I may prepare for the best treatment experience.

NM Clinician _____ Date Patient _____ Date _____