VA Puget Sound Health Care System - Marrow Transplant Unit
Caregiver Contract

I, _____, understand that my full participation, cooperation and commitment to the patient, _____ is necessary to help him / her experience the stem cell transplant in as comfortable a way as possible. Further, I understand that without a committed support person, he / she cannot proceed with the transplant process. I agree to be the primary caregiver/ support person because I do not want his / her opportunity for transplant to be delayed or missed.

Therefore, I agree to do the following:

1.) Transport and accompany the patient to and from the hospital, clinic, and lab, ensuring that the patient makes all of his/her appointments on time. (Patients should not be driving after they receive chemotherapy.)
2.) Accompany the patient and meet with the medical team during outpatient clinic rounds. Bring any documentation sheets needed to the appointments (i.e. calorie intake sheets, blood sugar monitoring sheets or medication sheets). Make notes of any necessary changes in the treatment plan and assist patient in remembering those changes.
3.) Fill/refill prescriptions. Monitor and/or administer both oral and IV medications (caregivers will be trained on how to operate an IV pump) in the outpatient setting. Be aware of side effects of the patient's medications. Communicate with medical team any concerns about medications including problematic side effects and missed doses.
4.) Monitor the patient's condition while outpatient including temperature, GI issues, nutrition and fluid intake, and blood sugar levels if required. Communicate any concerns to the medical team.
5.) If patient is admitted to the hospital, be available in their room during morning rounds to be updated by the medical team and answer any questions.
6.) Cook, clean and do laundry for the patient during their recovery period if they are unable to do so for themselves.
7.) Provide emotional support and companionship during the inpatient and outpatient phases of transplant. Live with the patient in the transplant unit apartments and accompany them home at the time of discharge when they return home and to their referring VA.
8.) Observe infection prevention including washing hands, using separate utensils and glasses, and report any of my own symptoms of illness to the medical team.
9.) Assume responsibility for the patient's needs throughout the transplant regimen. If necessary, prior to transplant and up to _____ weeks post transplant. (At a minimum, _____ months from admission to discharge.)
10.) Attend all five Care Classes on Tuesdays at 11:00am and be available for individual teaching as required.
11.) It is strongly encouraged that I attend the Caregiver Support Group held on Wednesdays at 10:00am.
12.) Contact Cathy Blanchard, the social worker (206-764-2619) if, for any reason, I decide that I can no longer be the support person, knowing that the patient cannot continue with the transplant process until a new support person is evaluated and committed.

**** Please have each caregiver sign a copy of this contract and return in the envelope provided to: ****
Cathy Blanchard, LICSW
VA Puget Sound Marrow Transplant Unit
1660 South Columbian Way, S-111-MTU
Seattle, WA 98108

Caregiver signature:_____ Date: _____

Patient signature: _____ Date: _____

Social worker signature:_____ Date: _____