

Oxford Intestinal Transplant Programme

# Your Intestinal Transplant

## Organ Transplant Record book

### Post Transplant



Name: .....

D.O.B. ....

## Transplant Patient Information

### **Intestinal Recipient Transplant Coordinator**

Tel: 01865 225478

Mob: 07879 416148

### **Transplant Nurse Practitioners**

01865 225375

### **Out of working hours for emergencies only**

#### **Transplant Ward**

01865 226122

1. Please bring this Record Book with you each time you attend clinic
2. Each morning you should take you pulse, blood pressure, temperature, stoma output and weight and record them in this book
3. Each evening you should take your pulse, blood pressure and temperature and record them in this book
4. If you have had a pancreas transplant or are diabetic please do not forget to record your blood sugar in this book

**YOU MUST CONTACT US IF:**

1. Increased Soma Output and/or diarrhoea
2. Fever/high temperature (above 37.5°C or 99.5° F)
3. Abdominal distension
4. Malaise, weakness, fatigue
5. Nausea and/or vomiting
6. Rash
7. Persistent loss of appetite
8. Pain, tenderness, swelling or drainage from wound or from any part of your body
9. You are short of breath

## Stoma Output Record:

Date	7am-3pm	3pm-10pm	10pm-7am	Total for day







## Stoma Output Record:

Date	7am-3pm	3pm-10pm	10pm-7am	Total for day







## Recipient Details

Date	HR	BP	Temp	Weight	Tube Feeding	Blood Sugar	Comments

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Recipient Transplant Coordinator  
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