

Ambulatory care for adult stem cell transplantation patients



Ambulatory care patient record pack

This pack has important information about your treatment and care. You must bring it to every hospital visit so the team looking after you can check your progress. Please make sure that you are familiar with the charts so you can fill them in yourself or with the help of your carer when you are at the Ambulatory Care Hotel.

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

Contents

- 3 **Treatment plan**
 - Daily appointments
 - Daily fluid intake charts
 - Home temperature monitoring charts

- 12 **Ambulatory care contacts**

Daily fluid intake chart: 1

| Date | Time | Fluid | Volume | Comments |
|------|------|-------|--------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Daily fluid intake chart: 2

| Date | Time | Fluid | Volume | Comments |
|------|------|-------|--------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Daily fluid intake chart: 4

| Date | Time | Fluid | Volume | Comments |
|------|------|-------|--------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



Home temperature monitoring chart: 1

| Date | Time | Temperature | Comments |
|------|-------|-------------|----------|
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |



Home temperature monitoring chart: 2

| Date | Time | Temperature | Comments |
|------|-------|-------------|----------|
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |



Home temperature monitoring chart: 3

| Date | Time | Temperature | Comments |
|------|-------|-------------|----------|
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |
| | 09:00 | | |
| | 14:00 | | |
| | 18:00 | | |
| | 22:00 | | |



Daily discharge checklist

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Date | | | | | | | | |
| AC nursing assessment completed | | | | | | | | |
| Blood results r/v by Dr | | | | | | | | |
| Due therapy completed | | | | | | | | |
| News score | | | | | | | | |
| Patient and carer suitable for discharge | | | | | | | | |
| Nurse | | | | | | | | |
| Nurse signature | | | | | | | | |



Ambulatory care contacts

You and your carer can use these numbers for help, advice and assistance.

Daytime, 8am-8pm

Ambulatory Care Unit: Tel: **020 3299 1382**

Out of hours, 8pm to 8am

On-call haematology registrar, Tel: King's College Hospital switchboard on **020 3299 9000** and ask for the haematology registrar on call.

Davidson Ward, Tel: **020 3299 3306/4336/1445**

Derek Mitchell Unit, Tel: **020 3299 3611**

24/7

Emergency, Tel: **999**



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.



