

# “Staying on The Bone Marrow Transplant Track”...The Course From Treatment Center To Transplant Center

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## INTRODUCTION

Allogenic Bone Marrow Transplants have continued to be promising treatment modalities for a variety of diseases once thought incurable. The number of individuals receiving transplants continues to grow annually. In general these transplants are performed in centers with established standards, however the treatment process is complicated and healthcare professionals are typically challenged to bridge the gap among the original treatment center and the transplant center accepting transfer of care. Understanding the flow between each treatment phase and “staying on track” to facilitate optimum care and prevent treatment delays for the patient, requires intensive and focused collaboration between members of the interdisciplinary team.

The transition and transfer of care from start to finish, relies on the ability of the “Home Institution’s” Transplant Coordinator to overcome hurdles and obstacles along this intricate course. Keeping “pace” with the transplant center’s needs and services for the patient, provides a positive impact on overall patient outcomes along the transplant continuum. Open channels of communication among support networks allow for continuity of care and promotes patient compliance. Facilitating this transition and accepting the baton of responsibility during the race to cure, improves the patient’s quality of life and establishes trust in their healthcare providers in the midst of great uncertainty.

## OBJECTIVES

1. To identify and standardize the necessary steps in transferring the child’s care to the transplant center.
2. To describe methods to maintain continuity of care during transplant.
3. To define appropriate interventions to resume patient care during post-transplant.

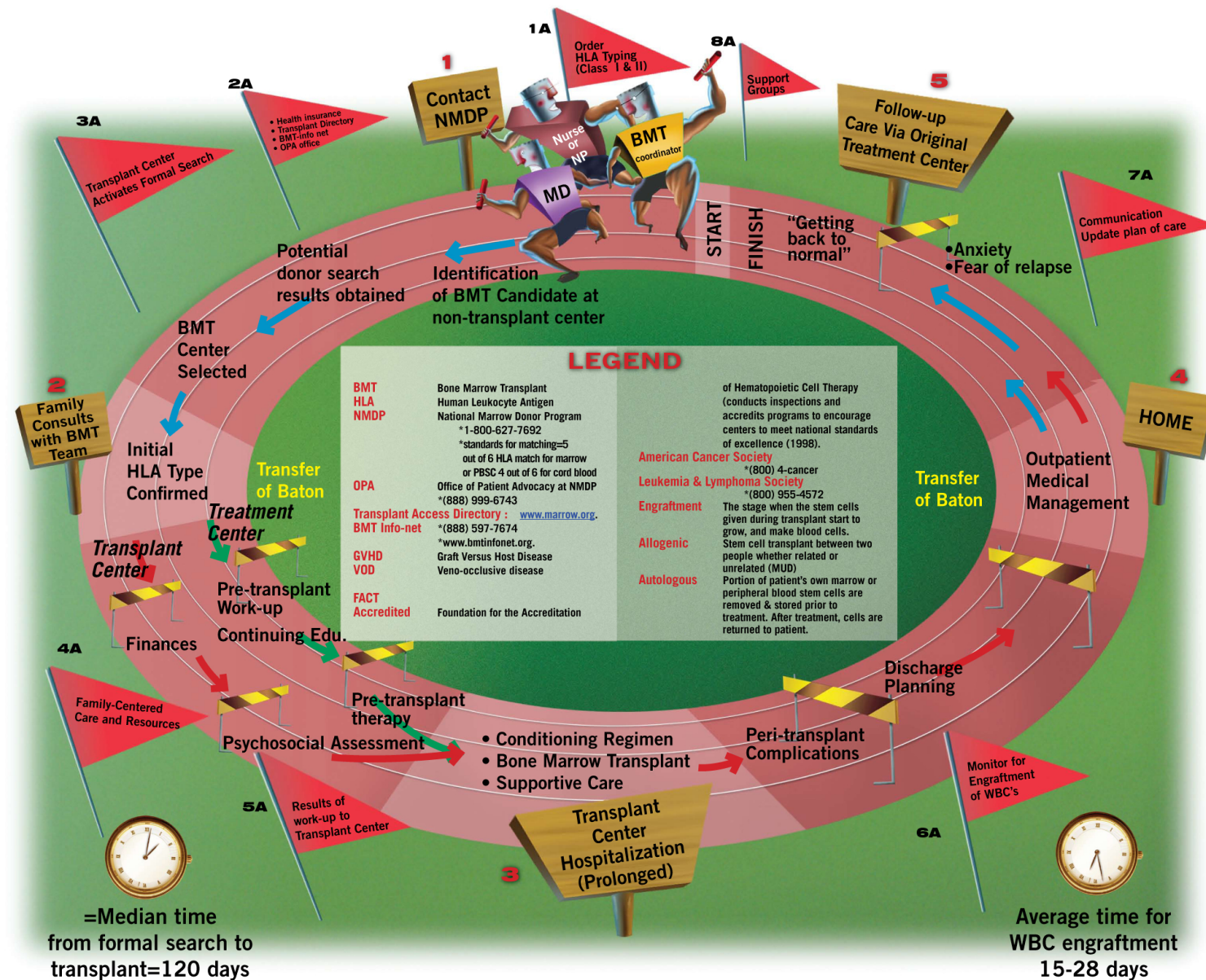
## NARRATIVE

Upon starting the transplant course, team members specifically the MD, RN/NP and BMT coordinator must take their places along the track. To ensure successful transfer of care of the child to the Transplant Center without disruption, numerous mile markers must be obtained and hurdles to overcome. The race track begins with the identification of a BMT candidate at a non-transplant center.

The patient continues a regimen of induction chemotherapy to induce remission, while relay runners (“the team”) simultaneously run to stations to prepare this patient for transplant.

Flags are positioned along the track to exemplify tasks to be completed or resources to access.

Mile markers are designated to establish important goals to reach the finish line in a collaborative effort.



- Hurdle 3:** Peri-Transplant Complications (before, during & 30 days after):
  - \*GVHD/VOD/Infection
  - \*Poor Nutrition/Pain
- Flag 6A:** Engraftment
- Hurdle 4:** Discharge Planning:
  - \*Based on WBC engraftment & tolerating multiple oral meds
  - \*Adequate nutritional intake
  - \*Adequate home support
- Mile Marker 4:** HOME
- Flag 7A:** Communication/Updated Plan of Care
- Mile Marker 5:** FOLLOW-UP CARE VIA ORIGINAL TREATMENT CENTER
  - May be jointly shared by each institution first 6-12 months
  - \*Labwork, PE
  - \*Infection control
  - \*Neutropenic precautions
  - \*Blood transfusions
  - \*Pharmacological (Prophylactic antibiotics, anti-virals, anti-fungals, GCSF, electrolyte replacements, immunosuppressive agents)
  - \*Psychosocial support (Body image, Survivor & sibling behavior, Parental anxiety, Fear of relapse)
  - \*Immune reconstitution (vaccines)
  - \*School re-entry
  - \*Re-socialization
- Flag 8A:** Support Groups
  - American Cancer Society, Leukemia & Lymphoma Society, Kids Connected ([www.kidsconnected.org](http://www.kidsconnected.org)), Children’s Oncology Group (COG), Cancer Care, Inc. ([www.cancercaare.org](http://www.cancercaare.org))
- FINISH LINE:** “GETTING BACK TO NORMAL”
  - \*Long-term follow-up primarily with original Treatment Center
  - \*Late effects

## CONCLUSION

The Bone Marrow Transplant Track is a pictorial tool which serves to facilitate collaboration between members of the interdisciplinary teams at two separate patient care centers. The initial patient care center is the Treatment Center which passes the “baton of care” to the Transplant Center responsible for the actual bone marrow transplant. Various support networks and resources along the “run” enables the team to complete the continuum of treatment successfully and provide high-quality patient care.

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