

TRANSPLANTS

SYMPTOMS OR BEHAVIORS

The most common issues after transplantation are rejection of the transplant and infection. Individual symptoms for each vary, and the family must be educated to recognize the signs of these after-effects.

Side effects which may occur with the use of anti-rejection drugs:

- Abdominal pain/ulcers
- High blood pressure
- Weight gain
- Acne
- Difficulty sleeping
- Brittle, easily broken bones
- High blood sugar
- Hypertrichosis (excess hair growth)
- Mood swings
- Personality changes
- Slow growth rate

ABOUT THE CONDITION

Transplantation takes place when an organ or tissue from one person (or cadaver) is surgically removed and placed into another person. It is a treatment in situations in which a person's organ has failed because of illness, disease, or injury. Organs that can be transplanted include: heart, lung, liver, kidney, pancreas, and intestine. In some cases two organs are transplanted at once, e.g. heart-lung, kidney-pancreas. Tissues that can be transplanted include: cornea, bone, cartilage, skin, heart valves, saphenous vein, bone marrow, and nerve. Most transplanted organs are taken from the bodies of people who have died (cadaveric), however organs such as kidneys or segments of liver can be taken from living organ donors. Everyone who is a candidate for a cadaveric organ transplant in the U.S. is placed on a national waiting list. An extensive medical evaluation is conducted, and often the child and family will need to travel to a "transplant center" that specializes in the procedure. Organ transplantation may involve a long period of hospitalization before and after the surgery itself.

Children tend to experience more complications after transplantation. Rejection occurs more frequently than in adult patients, infections are more common, and donors are harder to find. New anti-rejection drugs and new drug combinations more effectively control rejections and prevent or treat serious infection with fewer side effects. Furthermore, innovative surgical techniques, such as transplanting lobes of lungs and trimmed livers, are helping alleviate the critical donor shortage for younger patients.

A critical component of any transplant program must be not only the management of the patient's illness during the wait for organs, but also the education of patient and family about monitoring and administering anti-rejection medications, recognizing signs of infections or rejection and returning to a normal lifestyle

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EDUCATIONAL IMPLICATIONS

Prior to transplantation, a child and his/her family will need support and understanding as they struggle with the decision to proceed. An extensive medical evaluation will be conducted, resulting in the child's absence from school. Pediatric patients with kidney and liver failure may demonstrate delays in cognitive and motor development. Organ transplants in general may also increase the risk for psychiatric disorder. After transplantation there will likely be a long period of hospitalization, followed by clinic and lab appointments.

When the child returns to school s/he will most often be able to participate in a regular school program. It is important that school staff be knowledgeable about the child's transplant and recovery. The teacher or school nurse may want to contact the child's parents to obtain the following information before the student returns to school:

- Specific transplant and its effects, if any, on the child's functioning
- Treatment the child is taking, when it is administered, and potential side effects including changes in appearance and behavior
- Approximate schedule of upcoming appointments that may result in the child's absence
- Limitations, if any, on the child's activities (with periodic updates)
- What the child knows about the transplant
- For younger children, what the family would like classmates and school staff members to know
- For adolescents, whether the student wishes to talk directly with teachers about any of the above point
- When appropriate, whether the student is able to take responsibility for his/her own health concerns
- Any concerns with decreased immunity to infectious disease.

Research supports the importance of having the student return to a normal daily routine as soon and as much as possible.

INSTRUCTIONAL STRATEGIES AND CLASSROOM ACCOMMODATIONS

- Sustain the student-class relationships.
- Allow curriculum modifications (extra time for assignments, every other problem, no time limits, alternative ways to test and get information)
- Use a buddy system for notes, teacher outlines
- Repeat instruction, modify requirements to compensate for absences
- Provide tutorial services/homebound instruction when necessary
- Provide emotional support (counselor, school social worker, or psychologist)for assistance in dealing with potential side effects of medication (weight gain, acne, excess hair growth) and mood swings or personality changes.
- Work in collaboration with the school nurse to develop an Individual Health Care Plan and/or Emergency Health Care Plan.
- Provide a place to rest, if fatigue is present.

- Inform parents and staff of communicable diseases to avoid unnecessary exposure.

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RESOURCES

Life Source:Upper Midwest Organ Procurement Organization, Inc.
2550 University Ave W, Ste 315
South St. Paul, MN 55114-190?
www.life-source.org
1-888-5DONATE

Mary Kittredge, C. Everett Koop,
Sandra Thurman. (1999).
Organ Transplants.
Chelsea House Publications
(Juvenile nonfiction)

A Transplant Guide for Your Child
Pamphlet
Transplant Wellness Center
1-800-238-7828

Organ Transplant Fund
1102 Brookfield, Suite 202
Memphis, TN 38119
1-800-489-3863
information and legislative updates

The Transplant Journey
www.transweb.org
illustrations, story, audio, video

Division of Transplantation
Parklawn Building
Room 16C-17
5600 Fishers Lane
Rockville, MD 20857
301-443-7577

Children's National Medical Cntr.
111 Michigan Avenue NW
Washington, DC 20010
www.dccchildrens.com

Book:
School Nurse's Source Book of Individualized Health Care Plans – Volume II
Sunrise River Press
c. 2005
www.schoolnursebooks.com