**PARENT/GUARDIAN ACTION FORM**

**MIDDLE TRANSITION (14-16 years)**

**MY CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **DOMAINS/GOALS** | **STRATEGIES TO ACHIEVE GOALS** | **COMPLETED** |
| --- | --- | --- |
| **TRANSPLANT KNOWLEDGE** | | |
| * My child is able to state why he had a transplant.   + I have talked to my child about his health history and the reason for transplant. * My child has a basic understanding of what rejection means. * My child understands why it is important to get his labs routinely.   + My child and I have discussed what it means to have rejection, how the healthcare provider knows if there is rejection, how it is treated and why his labs are important in monitoring his health.   + My child understands that he can discuss questions and concerns about transplant with his healthcare providers. |  |  |
| **MEDICATIONS** | | |
| * My child can state the names of all his medications, the reason he takes them, the dose and the times he takes them. * My child keeps a list of his medications with him *(phone, wallet, other).* * My child knows the name of our pharmacy and is learning how to contact the pharmacy when he needs medication refills.   + I am helping my child learn about his medications.   + I have helped my child make a list of his medications.   + I have helped my child contact the pharmacy to order refills of his medications. |  |  |
| **ADHERENCE** | | |
| * My child independently takes his medications every day and on time. * My child knows how often he is supposed to get his labs.   + I am helping my child understand why it is important to take his medications every day and on time and get labs as requested.   + I am giving my child increasing responsibility for taking medications with the goal of being independent in taking medications.   + I am helping my child develop a routine for taking his medications. I am encouraging him to remember on his own and to participate by filling his med container and being aware when he is running low on medications. |  |  |
| **RISK-TAKING BEHAVIORS** | | |
| * My child knows that risk-taking behaviors (smoking, drinking, taking street drugs) are of more concern for him because he had a transplant.   + My child and I discuss how risk-taking behaviors can be harmful to his health and the health of the transplanted organ. |  |  |
| **MANAGING MY HEALTH: WHAT I DO TO STAY HEALTHY** | | |
| * I am encouraging and supporting my child to learn how to maintain a healthy life style through good nutrition, activities/exercise, and adherence to health care needs.   + My child knows which foods to avoid because he has had a transplant.   + My child knows how to protect his skin from the sun and why this is important.   + My child knows which over-the-counter medications he should not take and why they should be avoided.   + We contact our health care providers for questions and information on these topics as needed and discuss our questions during appointments.   + My child can generally discuss other health care conditions that he has. |  |  |
| **MANAGING MY HEALTH CARE NEEDS: SELF-ADVOCACY** | | |
| * My child is becoming more responsible and independent for his health care needs   + I encourage my child to know about his current health and how he is doing and to participate in updates from his health care provider or transplant coordinator with lab results or medication changes.   + I encourage my child to talk to his health care provider during an appointment about how he is feeling. I direct the focus of the appointment to him, rather than to me (the parent/guardian).   + My child knows our plan for having medications in an emergency situation *(flooding, hurricane, earthquake).* |  |  |
| **REPRODUCTIVE HEALTH** | | |
| * My child knows how having a transplant may affect him/her in regard to puberty, reproductive health and the risk for sexually transmitted infections. * My child knows what type of birth control is best if or when he/she is sexually active.   + My child and I discuss his/her questions about puberty, reproductive health and sexually transmitted infections.   + I encourage my child to ask questions and get more information from his/her healthcare providers. |  |  |
| **GOING TO SCHOOL/MY FUTURE** | | |
| * My child attends school regularly and is actively thinking about what he may like to do after high school.   + I encourage my child to attend school daily.   + I encourage and support my child’s interests in plans for school and employment. |  |  |
| **MY SUPPORT SYSTEM** | | |
| * My child knows who he can go to for support if he is stressed or overwhelmed with school, family or his health care.   + I encourage my child to develop and maintain supportive and trusting friendships.   + I support my child’s involvement in family, community and/or school activities.   + If my child is having any problems with stress, anxiety or depression, I will contact my healthcare provider for advice. |  |  |
| **HOW I FEEL ABOUT MYSELF** | | |
| * My child feels good about himself as a teen and in having a transplant.   + I encourage my child to discuss his feelings or provide a way to do this with other supportive people (family, friends, teachers, healthcare providers).   + I actively ask my child how he is doing at school and with friends.   + I encourage my child to ask questions about having a transplant so I can be aware of any issues that might be bothering him. |  |  |
| **PAYING FOR MY HEALTHCARE** | | |
| * My child knows the name of our health insurance provider and is aware that his insurance will change as he gets older. * My child can state what a co-pay is and generally knows what our co-pay costs are for his medications. |  |  |