

Check List TRANSITIONAL CARE



12-14 years old

1 First discussion on transition

- 1.1 Discussing the concept of transition and its importance with patient and parents

2 A transition plan is established with milestones

- 2.1 Agreeing with patient and parents about the transition process and specific (although flexible and individually adapted) steps to reach autonomy and transit to adult care

3 The physician starts to see the patient without his parents

- 3.1 Patient and parents are given reasoned explanations for the adolescent to be seen alone for at least part of the consultation

- 3.2 Patient is seen without parents during part of the consultation, mainly to discuss the HEADSSS questionnaire and feelings regarding the disease, treatment and pain

- 3.3 Physician discusses with parents their new role as transition plan advances

4 Define the expectations (educational / professional) of patient and parents

- 4.1 Define the educational expectations of the patient
- 4.2 Start discussing vocational options with the patient

16-18 years old

15 Identification of adult care representative

- 15.1 Pediatric provider identifies an adult provider according to the preferences/characteristics of the patient (and family)

16 Set-up the transfer protocol

- 16.1 A transfer protocol between pediatric and adult providers is set up (or adapted to the needs if protocol already exists)

17 First contact with the adult team

- 17.1 A first contact (could be by phone and could not be needed if #17.2 is possible) is made with the adult team

- 17.2 If possible, at least one common pediatric / adult consultation is done

17-22 years old

18 First consultation in adult care

- 18.1 A first consultation with the adult team is made (other than a common one with pediatrics)

19 Feed-back on the first consultation

- 19.1 Standardized feedback (could be online) of the first consultation in adult care (not a common consultation) from the patient (and parents if needed/wanted) should be given to the transition manager

20 Second/final consultation in adult care

- 20.1 A second consultation alone in adult care is made

21 Feed-back on the second consultation

- 21.1 Feedback on the second consultation from patient and parents is given to the pediatric team to assure that the adherence of patient and his/her family to the adult consultation is satisfactory

14-16 years old

5 Discussion on the effect of legal substances on the disease and treatment

- 5.1 Discussion on the effect of smoking on the disease and its treatment
- 5.2 Discussion on the effect of alcohol use and misuse on the disease and its treatment

6 Discussion on the effect of illegal substances on the disease and treatment

- 6.1 Discussion on the effect of cannabis use on the disease and its treatment
- 6.2 Discussion on the effect of the use of other illegal drugs on the disease and its treatment

7 Discussion about the effects of the condition on sexuality/fertility/pregnancy and effect of treatment(s) on fertility

- 7.1 Health professional provides information to patient and parents about the effects of the condition and the treatment on sexuality, fertility, and pregnancy
- 7.2 Discussion with patient, but without parents, on the personal aspects/behaviors of the information regarding sexuality, fertility, and pregnancy. Ideally in a second consultation

8 The patient knows how to react in case of emergency

- 8.1 The signs and symptoms to rush to the ER are explained to the patient so that s/he knows how to react
- 8.2 The signs and symptoms to consult (but not to the ER) are explained to the patient so that s/he knows how to react

9 The differences between pediatric and adult care are explained

- 9.1 Explain the different approaches noted globally between pediatric and adult care
- 9.2 If this is the case, explain the different approaches noted between pediatric and adult care the patient will be referred to

10 The patient is able to describe his disease

- 10.1 Patient can accurately describe her/his disease in a few sentences

11 The patient is able to describe his treatment

- 11.1 Patient can describe her/his medication and what they are used for

12 The patient is able to book his/her own consultations

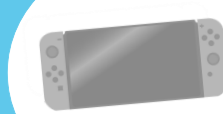
- 12.1 Empower the patient to be able to contact the transition manager in case of need

13 All previous steps were completed

- 13.1 Physician makes sure that all elements above are acquired (or makes a list of those that need to be acquired later on to inform the adult physician)

14 Transfer readiness test

- 14.1 A standardized transition readiness assessment is given to patient and parents to evaluate their readiness to be transferred



20-24 years old

22 Help the patient acquire more autonomy

- 22.1 Discussion with patient about needs to become more autonomous in her/his daily needs
- 22.2 Establish means to increase patient's autonomy according to needs

23 Regular follow-up in adult care (2 check-up consultations or more scheduled)

- 23.1 Making sure that a regular checkup consultation schedule is set up
- 23.2 Making sure that consultations are not missed (especially if not re-scheduled)

24 Discussion about health insurance

- 24.1 Discussing health insurance options (if needed)

25 Completion of transition plan

- 25.1 Patient has a clear educational/professional plan
- 25.2 Patient is at ease with self-management
- 25.3 Patient is sufficiently autonomous to take care of her/his daily needs

