

# **Boston Children's Hospital Transition Toolkit**

### **Welcome to the Boston Children's Hospital Transition Toolkit!**

As a teenager getting ready for adulthood, or as a young adult, you can begin to take control of how you handle your metabolic condition and your health in general. This Toolkit is designed to help you! To start, read through these materials and fill out the forms. You can also begin to look for an adult-focused doctor to replace your pediatrician who only deals with childhood problems. This process of switching to an adult-focused doctor is called *medical care transition* and takes time and planning — but once it's done, it will be great for your future health and success.

### Use the following forms to help achieve your medical care transition



Health Readiness
Assessment



Metabolic Condition Basics



Medical Health Summary



**Transition Plan** 

What am I supposed to do with these forms?

**Measure** your health independence by taking the Health Readiness Assessment and over time try to answer yes to every question.

**Read** up on your Metabolic Condition Basics and discuss possible adult-health problems with your doctors or nurses.

**Ask** a doctor or social worker for help filling out the Medical Health Summary and Transition Plan at your next appointment.

*Save* these forms on your computer and USB flash drive and bring the Transition Toolkit to every medical appointment.

**Keep** the flash drive in your wallet or purse and save any changes or updates.



Save these forms and bring them to future medical appointments



How will The **Transition Toolkit** help me? With the Toolkit you can –

**Decide** when you're ready to act as your own health spokesperson.

**Prepare** for doctor's appointments and fill out health forms.

**Talk** to doctors and nurses about your medical condition and what roles they should play in your medical care.

**Keep track** of all of your important medical and condition information.

To get started, fill out the Health Readiness form.

Ask a doctor to help you fill out your forms

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## **Health Readiness Assessment**

Are You Ready to Handle Your Own Health Care as an Independent Adult?



To know if you are ready for a health care transition, answer the following questions:

1.	I know my height, weight, birth date, and social security number	☐ Yes	□ No
2.	I know the name of my condition	☐ Yes	□ No
3.	I know my genotype or genetic status	☐ Yes	□ No
4.	I can tell you about my condition and explain my health care needs	☐ Yes	□ No
5.	I know what kind of medical insurance I have	☐ Yes	□ No
6.	I know where to find my medical records	☐ Yes	□ No
7.	I know who to ask about getting my own health insurance	☐ Yes	□ No
8.	I know the basic treatment for my condition	☐ Yes	□ No
9.	I know what my diet should include and not include	☐ Yes	□ No
10.	I know how to prepare my own food	☐ Yes	□ No
11.	I know how to shop for my own food	☐ Yes	□ No
12.	I know the names of my supplements and medicines	☐ Yes	□ No
13.	I know how to order or get my medications filled	☐ Yes	□ No
14.	I know the symptoms and medical problems related to my condition	☐ Yes	□ No
15.	I visit my metabolic specialist regularly	☐ Yes	□ No
16.	I have discussed issues about sex with my doctor	☐ Yes	□ No
17.	I know how to get birth control and how to stay protected against sexually transmitted diseases/infections (STDs)	☐ Yes	□ No
18.	I have discussed the use of tobacco, alcohol and drugs with my doctor	☐ Yes	□ No
19.	I know how to schedule a doctor's appointment	☐ Yes	□ No
20.	I keep a schedule of medical appointments on my calendar	☐ Yes	□ No
21.	I can get myself to medical appointments (or can arrange transportation myself)	☐ Yes	□ No
22.	I know who to call in case of an emergency	☐ Yes	□ No
23.	I prepare questions for my health care provider before appointments	☐ Yes	□ No
24.	I have a support network for my condition	☐ Yes	□ No

### **Health Readiness Assessment**

Are You Ready to Handle Your Own Health Care as an Independent Adult?



Now count the number of times you checked YES.

If you checked YES for:

#### 17 to 24 statements - great work!

You are already taking full responsibility for your health care. The transition forms in this Toolkit will help you become a stronger health advocate.

#### 8 to 16 statements - you are on the right path!

You are actively taking on many important responsibilities in your health care. The following Transition Toolkit forms will help you answer YES to many more of these questions.

#### 0 to 7 statements - let's get started!

Transitioning health care to adult providers and becoming a better health advocate for yourself takes time and planning. Now's a perfect time to start! Pick a few of the previous responsibilities from the list and spend the next month doing them. The Toolkit forms will make this much easier.

#### Now what?

Update and save this assessment every month until you've answered all of the tasks with a YES!

Next, take a look at some basic information about your metabolic condition.

### **Metabolic Condition Basics: Biotinidase Deficiency**

Medical information you need to know as an adult with Biotinidase Deficiency



#### Overview of the Condition:

Biotinidase deficiency is a genetic condition that causes your body to not be able to process and reuse a vitamin called biotin.

#### Medical Problems for Babies and Children:

- Symptoms of this condition in babies and children can include seizures, low muscle tone, breathing problems, and developmental delays.
- If left untreated, the condition can lead to hair loss, hearing and vision loss, skin rashes, and learning delays.
- If the condition is found and treated early, and treatment is continued throughout a person's life, many of these problems can be prevented.

### Medical Problems for Teens and Young Adults:

- To avoid developing symptoms and problems, teens and young adults must take biotin ongoing, as prescribed by your metabolic doctor.
- Some girls and young women may experience hair loss, but this symptom can be fixed with increased doses of biotin as prescribed by your doctor.
- Adults are at risk for developing symptoms if they do not maintain good levels of biotin in their blood.
- Some adults may have less-serious forms of this condition and may experience weak muscles or skin rashes during times of stress.

#### **How to Avoid Medical Problems and Complications:**

- Take supplements of biotin as prescribed by a doctor, usually 5 to 10mg per day.
- Avoid raw eggs.
- Schedule regular eye-sight and hearing checkups.
- Keep your immunizations up-to-date.
- Stay in regular contact with your health care providers and health specialists.

#### Fertility and Pregnancy:

 Most medical experts believe that fertility is not affected in men and women who get ongoing health care and continue to take their biotin supplements.

#### **How To Get Support:**

- Get education support from teachers and specialists at your school.
- Join a support group with people who have biotinidase deficiency. <a href="http://biotinidasedeficiency.20m.com/">http://biotinidasedeficiency.20m.com/</a>

### **Metabolic Condition Basics: Biotinidase Deficiency**

Medical information you need to know as an adult with Biotinidase Deficiency



#### Resources:

Genetics Home Reference: http://ghr.nlm.nih.gov/condition=biotinidasedeficiency

Biotinidase Deficiency Family Support Group: <a href="http://biotinidasedeficiency.20m.com/">http://biotinidasedeficiency.20m.com/</a>

Transition Toolkit (New England Consortium of Metabolic Programs) <a href="http://newenglandconsortium.org/for-families/transition-toolkit/">http://newenglandconsortium.org/for-families/transition-toolkit/</a>

Got Transition <a href="http://gottransition.org/">http://gottransition.org/</a>

#### **Genetics Referrals:**

Clinical Services <a href="http://www.ncbi.nlm.nih.gov/sites/genetests/clinic?db=genetests">http://www.ncbi.nlm.nih.gov/sites/genetests/clinic?db=genetests</a>

Genetic Services <a href="http://www.acmg.net/gis">http://www.acmg.net/gis</a>

#### What Next?

Now you can fill out the Medical Health Summary, print it, and save it. This will help you keep important medical information in one place.

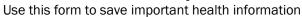
# **Medical Health Summary**

Use this form to save important health information



Date Updated:								
Last Name			First	First Name				
Birthday		Gender	Weig	Weight		Height		
Address			L			1		
City					State	7	Zip Code	
Insurance Name					1			
Insurance ID & Grou	# qı							
Insurance Address	& Phone Nu	umber						
Metabolic or Geneti	Metabolic or Genetic Condition							
Medications/Supple	ements and	l Dosages						
Allergies to Food, Di	rugs and Ot	ther Substance	es					
Emergency Contact	Name & Re	elationship		Emergeno	cy Contact I	Phone N	lumber	
Pharmacy Name			Pharmacy	Pharmacy Phone Number				
Immunizations:	Туре			Date				

## **Medical Health Summary**





What next?

A final step toward completing your medical transition is meeting with your health care providers to discuss and fill out your Transition Plan.

# **Transition Plan**

Make an ongoing health plan with your health care provider



Fill out this plan with your health care provider, to help you transition to being in charge of your own health						
Patient Name:						
Boston Children's Hospital Medical Record #:						
Primary Care Physician	Phone Number					
	Email					
Pediatrician	Phone Number					
	Email					
Metabolic Specialist	Phone Number					
	Email					
Other Health Care Provider	Phone Number					
	Email					
Emergency Contact Name & Relationship	Phone Number					
Medical Findings						
Genotype/Laboratory Findings						
Treatment Status						
Current Mediations/Treatments						
Allergies/Adverse Reactions						
Past Medical Concerns or Hospitalizations						
Living Situation/Employment						
Mental Health Status/Cognitive Status						

## **Transition Plan**

Make an ongoing health plan with your health care provider



Other Health Risks
Contract:  To enhance collaboration, each person should agree on the following responsibilities:
Metabolic Specialist will:
Obtain labs and tests: For example
Prescribe condition-related medications:
Work with PCP to develop an emergency protocol:
Patient will:
Remember to take medications: For example
Order and pick up supplies/supplements:
Show-up to appointments:
Primary Care Physician will:
Monitor patient's general health:
Update metabolic specialist with important patient information:
Contact metabolic specialist with medical concerns: For example
Other:

When you're done filling out this Transition Plan, print it and save it in a safe place.

Congratulations! You are well on your way to being in charge of your own health.