

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: Homocystinuria

Medical information you need to know as an adult with Homocystinuria



Overview of the Condition:

Homocystinuria is a rare metabolic condition in which a chemical called CBS does not work correctly in your body. This can cause two chemicals, homocysteine and methionine, to build up in your blood over time. When these build up too much, they can cause serious health problems. You can manage homocystinuria throughout your life with a special low-protein diet, drug therapy with betaine and other medicines, and ongoing health care.

Another name for homocystinuria is CBS Deficiency.

Medical Problems for Babies and Children:

- Babies with homocystinuria usually have no or few apparent symptoms.
- Babies and children with homocystinuria who do not get treated for it are at greater risk for serious health problems later in life.
- Children with this condition may have learning delays, seizures and eye problems.
- Eye problems can include partial dislocation of the lens, severe nearsightedness, and quivering of the iris.
- Newborns in the US are now tested for homocystinuria. If the condition is identified early and treatment and diet are followed carefully, many health problems can be prevented or lessened.

Medical Problems for Teens and Young Adults:

- Teens and young adults with homocystinuria who have been identified young and treated from early on may have few or none of these health complications.
- Blood clots are a serious health risk for teens and young adults with homocystinuria. You must monitor your blood homocysteine levels to avoid blood clots, which could cause life-threatening blockages to your heart or lungs.
- Low bone density (osteoporosis) can be a problem for about half of people who have homocystinuria. Some teens or young adults develop scoliosis, a curving of the spine. Osteoporosis often occurs by age 20.
- Adults with homocystinuria may be at risk for developing serious neurological or mental health problems including depression, anxiety, psychosis, or seizures. Counseling and medication can help. If you have trouble with your mental health, it is important to get in touch with your health care provider to get treatment.

How to Minimize Medical Problems and Complications:

- Follow a low-protein/low-methionine diet recommended by your dietician.
- Take betaine and other medicines recommended by your health care providers.
- Some people with homocystinuria do well taking vitamin B6 (pyridoxine). Your doctor can help you learn if vitamin B6 works for you.
- If you have poor vision, visit your eye doctor for regular exams. Be sure to let your eye doctor know you have homocystinuria.
- Keep your immunizations up-to-date
- Stay in regular contact with your health care providers and health specialists.

Metabolic Condition Basics: Homocystinuria

Medical information you need to know as an adult with Homocystinuria



Fertility and Pregnancy:

- Homocystinuria does not affect your ability to have children.
- Genetic counseling can help you and your partner understand the risks to your children. Your doctor can refer
 you to a genetic counselor who has a special understanding of your health issues.
- Pregnant women with homocystinuria must follow a careful diet with special guidance from a dietician and health care providers.
- Pregnancy is considered high risk because of the possibility of blood clots, especially after the baby is delivered. Some women may need anti-blood-clotting medicine.
- Women with homocystinuria should not use birth control pills that contain estrogen, as these increase the risk of blood clots. Talk with your doctor about non-estrogen birth control.

How To Get Support:

- Get education support from teachers and specialists at your school
- Join a support group with people who have homocystinuria.
- Join this Facebook group for families affected by homocystinuria https://www.facebook.com/pages/Homocystinuria-ClimbHq/159167817553965

Resources:

AAP/AAFP/ACP Transition Clinical Report http://aappolicy.aappublications.org/cgi/reprint/pediatrics;128/1/182.pdf

Transition Toolkit (New England Consortium of Metabolic Programs) http://newenglandconsortium.org/for-families/transition-toolkit/

Got Transition http://gottransition.org/

National Institutes of Health – Genetics Home Reference – Homocystinuria http://ghr.nlm.nih.gov/condition/homocystinuria

Genetics Referrals:

Clinical Services http://www.ncbi.nlm.nih.gov/sites/genetests/clinic?db=genetests

Find Genetic Services http://www.acmg.net/gis

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.

This guide was adapted with permission from the American College of Medical Genetics ACT Sheet http://www.acmg.net/

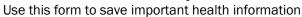
Medical Health Summary

Use this form to save important health information



Date Updated:								
Last Name	ne First Name		Name					
Birthday		Gender	Weig	Weight		Height		
Address			L			1		
City					State	7	Zip Code	
Insurance Name					1			
Insurance ID & Grou	# qı							
Insurance Address & Phone Number								
Metabolic or Geneti	Metabolic or Genetic Condition							
Medications/Supplements and Dosages								
Allergies to Food, Di	rugs and Ot	ther Substance	es					
Emergency Contact Name & Relationship			Emergeno	Emergency Contact Phone Number				
Pharmacy Name			Pharmacy	Pharmacy Phone Number				
Immunizations: Type		Date						

Medical Health Summary





Other medical information:				

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

Other Health Risks

Make an ongoing health plan with your health care provider



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.