The National Marrow Donor Program (NMDP), 2012 reported that about 25,000 allogeneic hematopoietic cell transplantsations (HCTs) (e.g., bone marrow, peripheral blood stem cell, cord blood) are performed annually worldwide. This fast-growing specialty is considered a standard of care for many hematologic cancers. HCT recipients are perhaps the most complex population among patients with cancer because of the number of complications, increased mortality, long trajectory of rehabilitation, immune function complexity, and patient and procedure intensity. The first weeks and months after transplantation may be filled with unexpected readmissions and setbacks from factors such as graft-versus-host disease, infection, relapse, and gastrointestinal complications (Cooke, Gemmill, Kravits, & Grant, 2009).

When HCT recipients approach the time of discharge, distress may actually increase (McQuellon et al., 1998). The informational needs for the patient and caregiver can be overwhelming as they both struggle to learn about infections, infection precautions, eating again, rehabilitation needs, and signs and symptoms to immediately report to the healthcare team. Although patients look forward to leaving the hospital, the care remains very complex and informational needs are high at the time of discharge. Readmission rates of 51% have been reported with the HCT population, but adequate educational preparation at the time of discharge may have the potential to affect the number of readmissions and subsequent readmissions’ length of stay (Grant, Cooke, Bhatia, & Forman, 2005). Transplantation units are trying various models of care delivery to lower costs and improve outcomes (Schmit-Pokorny, Franco, Frappier, & Vyhlidal, 2003).

Hospital stays have become shorter, diseases have become more chronic, technology has advanced, and hospitalized patients are more acutely ill with chronic conditions and complex needs (Foust, 2007). Interest has grown in refining discharge teaching for acute patients to decrease unscheduled readmissions and preventable complications. However, that interest to decrease admissions coupled with the shortened length of stay because of economic factors heightens the importance of adequate discharge teaching (Jacobs, 2000). Research has shown that patients’ knowledge and information at discharge can be minimal and, in many informational areas of need, patients felt they were not given essential specifics (Holloway, 1996). HCT recipients remain one of the most fragile populations to prepare for discharge and present a challenge for the nurse to be information ready. The purpose...