

# POST-TRANSPLANTATION

Service de Néphrologie - Dialyse - Transplantation

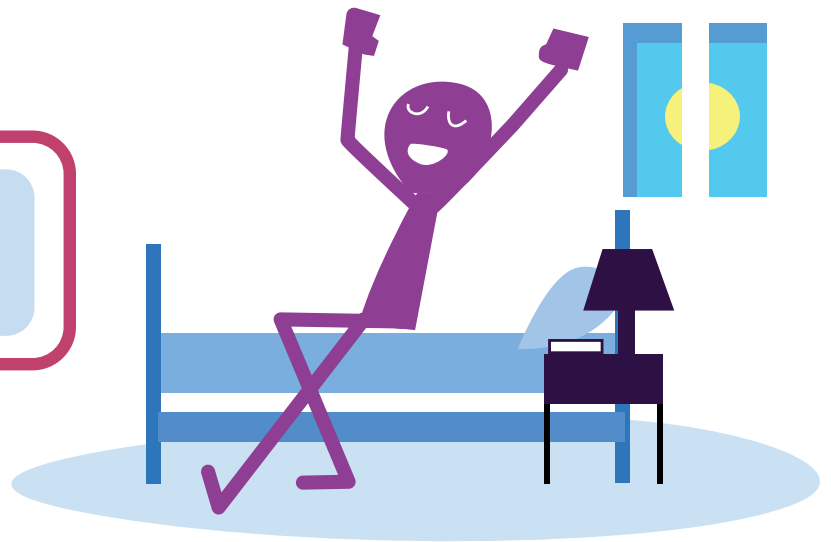
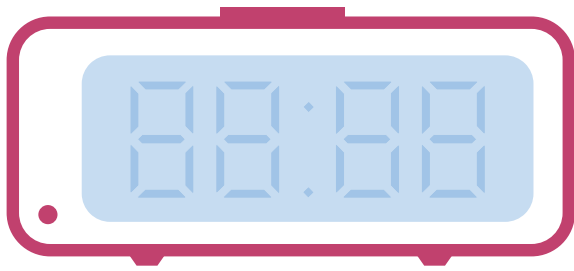
## MES TRAITEMENTS QUOTIDIENS



# ORDONNANCES

A large, empty rectangular area defined by a dotted border, intended for writing or drawing.

**AVANT** le petit-déjeuner



Empty dashed-line box for writing.

Empty dashed-line box for writing.

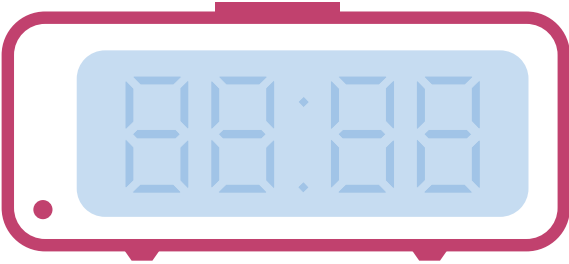
Empty dashed-line box for writing.

Empty dashed-line box for writing.

Empty dashed-line box for writing.

Empty dashed-line box for writing.

au petit-déjeuner



Empty dashed box for writing.

Empty dashed box for writing.

Empty dashed box for writing.

Empty dashed box for writing.

Empty dashed box for writing.

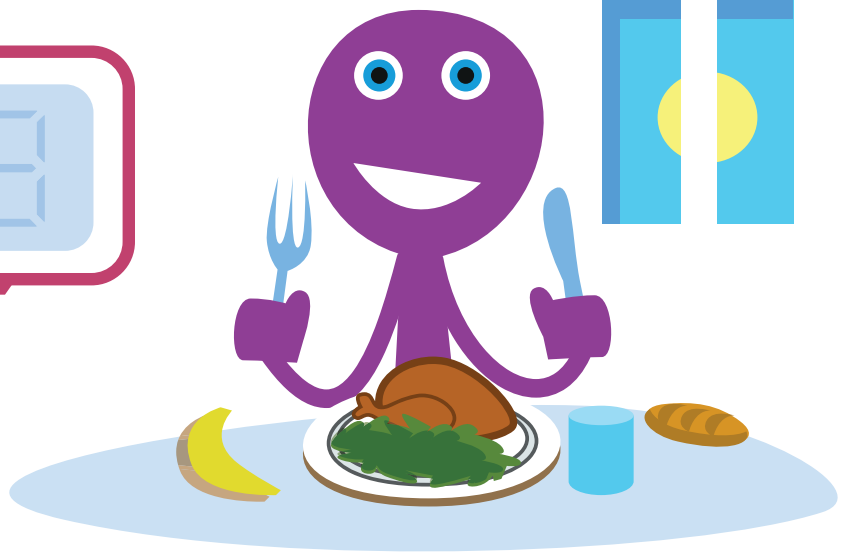
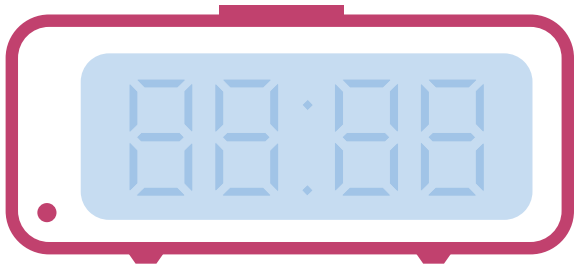
Empty dashed box for writing.



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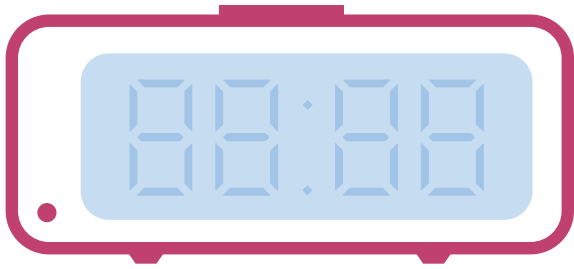
au déjeuner



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AVANT le dîner

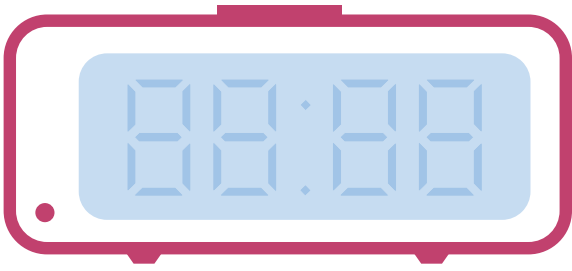


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au dîner

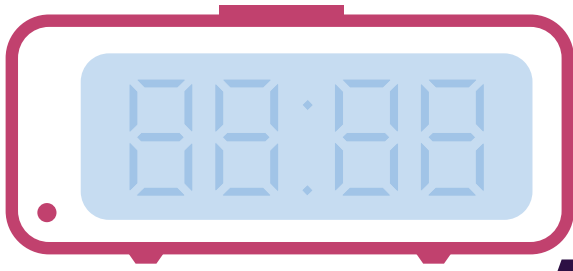


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au coucher



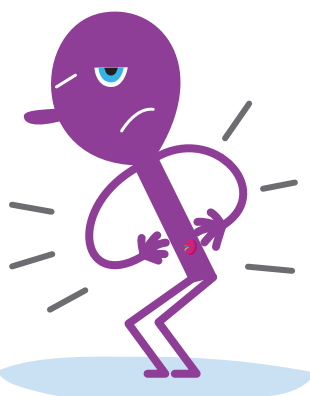
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## Les signes d'alerte



**œdèmes  
membres inférieurs**



**douleur au greffon**



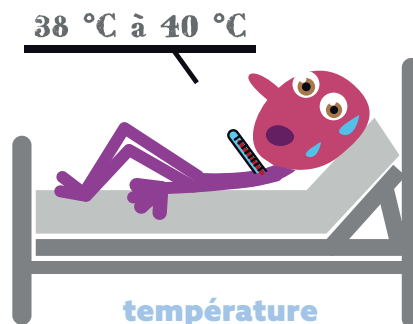
**diarrhée**



**prise de poids**

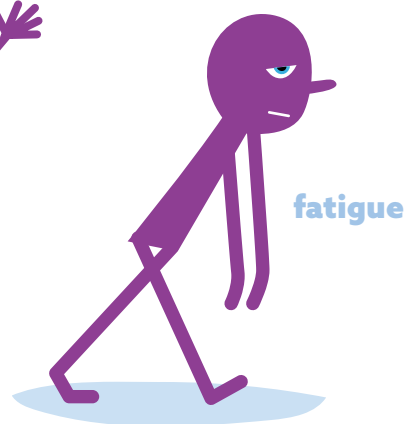


**tension élevée**



**38 °C à 40 °C**

**température**



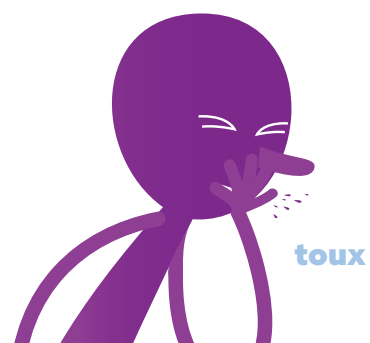
**fatigue**



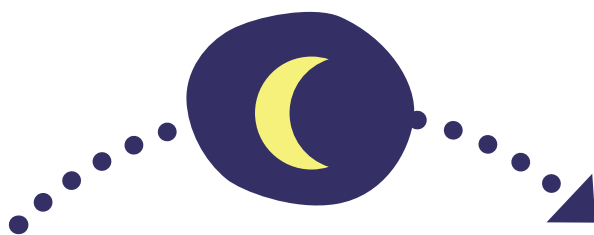
**vomissement**



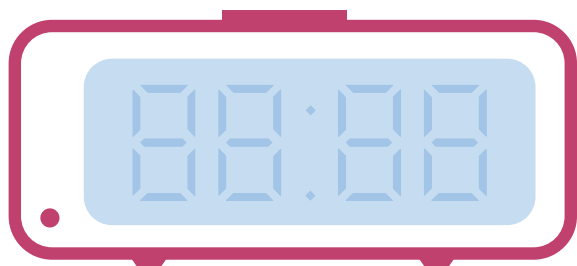
**diminution  
quantité  
d'urine**



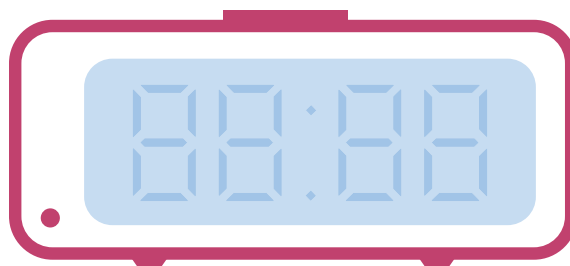
**toux**



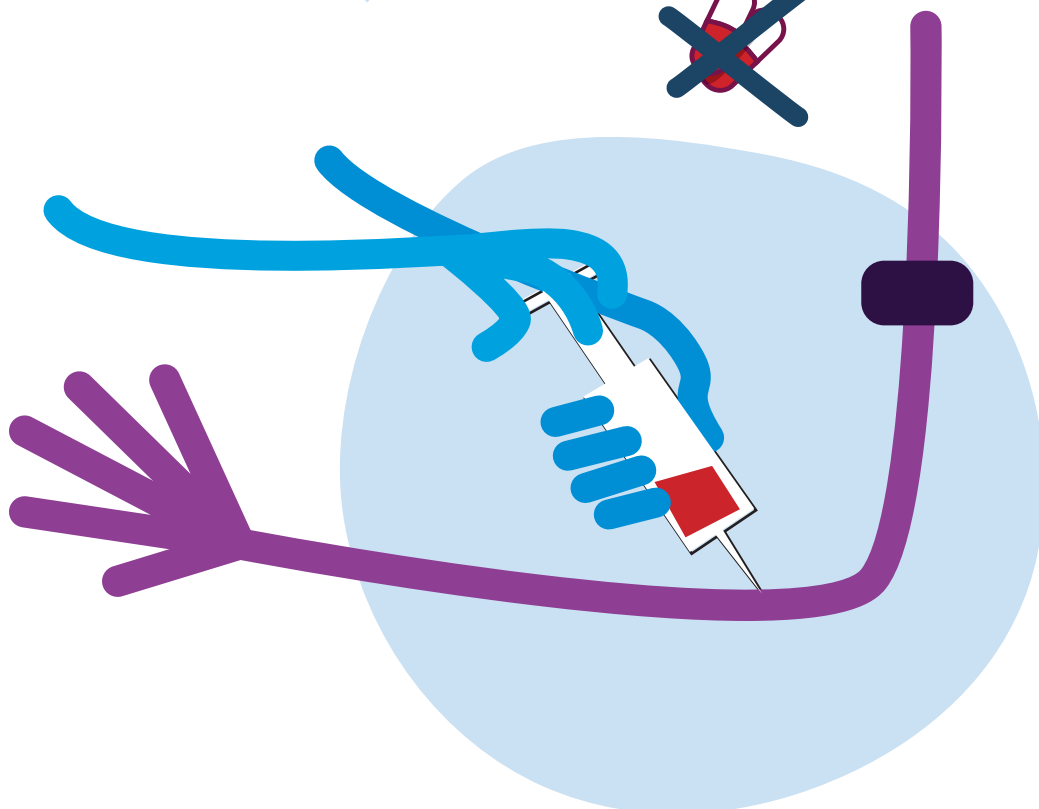
**La veille de la prise de sang**



**Le jour de la prise de sang  
le matin**



**À JEUN STRICT  
sans avaler les traitements**



Infirmières d'éducation thérapeutique  
**05 61 32 38 05**

Diététiciennes  
**05 61 32 32 86**

Psychologues  
**05 61 32 37 81**

Assistante sociale  
**05 61 32 25 74**

**EN CAS D'URGENCE**  
Service de transplantation d'organe  
**05 61 32 26 77**

