





KIDNEY DONOR INPATIENT CLINICAL PATHWAY

All patient variances are to be noted in the progress notes. This Clinical Pathway is intended to assist in clinical decision making by describing a range of generally acceptable interventions and outcomes. The guidelines attempt to define practices that meet the needs of most patients under most circumstances. However, the ultimate judgment must be made based on circumstances that are relevant to that patient and treatment may be modified according to the individual patient needs.

	Preop Holding Area Date:	DAY 0 OR Date:	DAY 0 PACU/Farr 10 DATE:	POD#1 FARR 10 DATE:	POD#2 FARR 10 DATE:	Discharge Criteria
NOTES	 Consent check by surgery resident Side and site marked by transplant fellow or attending Anesthesia consent Donor Transplant Coordinator to see Attending surgeon to visit with patient in holding area 	Time-out to confirm patient identity and planned procedure	MD and nursing to review and reconcile all pre-transplant medication	MD and nursing to review and reconcile all pre-transplant medication Donor Transplant Coordinator to give donor certificate Restart home meds as appropriate Case management consult	MD and nursing to review and reconcile all pre-transplant medication Recommend follow-up with Transplant Social Worker or Psychologist if appropriate	All pre and post transplant medications reviewed and reconciled
TESTS			 VS per nursing protocol (see trigger criteria at right of page) Labs: CBC, chem 7 	 VS per nursing protocol (see trigger criteria at right of page) Labs: CBC, chem 7 	VS per nursing protocol (see trigger criteria at right of page)	 VS measured and recorded within 1h of discharge. Call attending if any new: HR <40 or >130 Systolic BP<90 Temp of >100.5 Marked Nursing Concern
CARDIOVASCULAR	• RN administer Heparin 5,000 units sc	Compression boots	Heparin 5,000 units sc q12h	Heparin 5,000 units sc q12h	Heparin 5,000 units sc q12h	
RESPIRATORY		Extubate in O.R.	Nasal cannula O2 at 2 l/min	 Nasal cannula O2 at 2 I/min as long as patient requires PCA for pain management. Discontinue O2 if pulse Ox>92% after 15mins of room air once PCA has been discontinued 	Same as prior day	VS measured and recorded within 1h of discharge. Call attending if any new: SaO2<90% and/or RR <8 or >30
IV FLUIDS/RENAL	Lactated Ringers @100 cc/hr	Lactated Ringers +/- Lasix 10- 20mg IV to keep urine output >100cc/h	● D5 ½ NS @75 cc/h	D5 ½ NS @75 cc/h until taking adequate PO, then saline lock		VS measured and recorded within 1h of discharge. Call attending if any new: Urine output <50cc in 4h
DRAINS, LINES & WOUND CARE	New lines: • Peripheral IV placed by anesthesia	Lines/Drains in place: ● Peripheral IV New lines/drains placed: ● Foley catheter, placed after induction of anesthesia, taped to leg	Lines/Drains in place: ● Peripheral IV ● Foley catheter taped to leg. Record output q2h	 Saline lock IV if tolerating PO Foley removed in a.m. Reinsert if unable to void within 8h 	 D/C saline lock Dressing removed, wound inspected. Dressing replaced if indicated 	Patient able to care for wound
GI/ENDOCRINE/ NUTRITION	• NPO	• NPO	Begin sips of liquids as tolerated Docusate sodium 100 mg PO BID	Advance diet as tolerated Docusate sodium 100 mg PO BID	Regular diet	Adequate PO intake
NEURO/PAIN/COMFORT		Blanket warmer on lower body	Target Pain Score 1-4 PCA Morphine 1-4mg IV q1-2h If Morphine not tolerated or ineffective: Hydromorphone 0.5-2mg IV q1-2h Ondansetron 4mg IV PRN nausea AND/OR Promethazine 5-10mg IV/PO q6-8h PRN nausea	Target Pain Score 1-4 Same as prior day except begin transition to PO Oxycodone 5-10mg PO q4-6h Prochlorperazine 5-10mg PO q6-8h PRN AND/OR Promethazine 5-10mg PO q6-8h PRN	Target Pain Score 1-4 • Stop PCA • Oxycodone 5-10mg PO q4-6h • Prochlorperazine 5-10mg PO q6-8h PRN AND/OR • Promethazine 5-10mg PO q6-8h PRN	Pain controlled on oral meds (target score 1-4)
ID	 If Vancomycin to be used, consider administration in holding area Surgical CLIP with electric razor and prep 	***HAND HYGIENE*** Perioperative antibiotic prophylaxis: • Cefazolin 2g IV q8h OR Vancomycin 1g IV q12h AND Levofloxacin 500mg IV q12h (redose of Levo not needed)	***HAND HYGIENE*** Post operative dosing up to a max. of 24h: • Cefazolin 2g IV q8h OR Vancomycin 1g IV q12h AND Levofloxacin 500mg IV q12h (redose not needed)	***HAND HYGIENE***	***HAND HYGIENE***	
PATIENT EDUCATION/ COPING/ PSYCHOSOCIAL	Patient education on pain scale			 Case management consult Donor Transplant Coordinator to see Inpatient RN or Donor Transplant Coordinator to begin discharge teaching 	Brief Psychosocial assessment (Transplant Psychologist or Social Worker)	
ACTIVITY			Fall risk assessment per nursing	Fall risk assessment per nursing Out of bed to chair 4X/day Ambulate 3X/day	Fall risk assessment per nursing Out of bed to chair 4X/day Ambulate 3X/day	Ambulatory for home and/or PT clearance

ame:
RN:
e: DC Date:
e: DC Date:

Discharge Checklist (Check when complete)				
●Donor medal given				
●Donor Transplant Coordinator to see				
●Prescriptions given to patient				
●D/C instructions given to patient				
●F/U appointments through first year scheduled				

SERVICE	NAME	PAGER	PHONE
Kidney	Linda Walsh	32125	2-9827
Transplant	Betsy Gray-Chrzan	36833	2-9830
Coordinators	*On-Call	39756	2-9700

BIDMC "Trigger" Criteria

•Heart Rate <40 or >130 •Systolic Blood Pressure < 90 ●Respiratory Rate < 8 or > 30 ●SaO2 <90% with Oxygen

Therapy ●Urine Output <50cc in 4 hours Acute Change in Conscious

Marked Nursing Concern