Day 0

**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**

- Consent check by surgery resident
- Site and site marked by transplant fellow or attending
- Anesthesia consent
- Donor Transplant Coordinator to see
- Attending surgery to visit with patient in holding area

**Target Pain Score 1-4**

- MD and nursing to review and reconcile all pre-transplant medication
- Donor Transplant Coordinator to give donor certificate
- Restate home meds as appropriate
- Case management consult

**IV FLUIDS/RENAL**

- Lactated Ringers @100 cc/hr to keep urine output >100cc/hr
- Lactated Ringers +/- Lasix 10-20mg IV to keep urine output >100cc/hr

**DRAINS, LINES & WOUND CARE**

- New lines: Peripheral IV placed by anesthesia
- 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.
- o Reinsert if unable to void within 8h

**GU/ENDOCRINE/ NUTRITION**

- NPO
- Begin sips of liquids as tolerated
- Docusate sodium 100 mg PO BID

**NEURO/PAIN/COMFORT**

- Blanket warmer on lower body
- Target Pain Score 1-4
- PCA Morphine 1-4mg IV q1h
- If Morphine not tolerated or ineffective:
- Hydromorphone 0.5-2mg IV q1-2h
- Ondansetron 4mg IV PRN nausea
- AND/OR
- Promethazine 5-10mg IM/PO q6-8h
- PRN nausea

**ID**

- Vancomycin to be used, consider administration in holding area
- Surgical CLIP with electric razor and prep
- Cefazolin 2g IV q8h OR Vancomycin 1g IV q12h AND Levofloxacin 500mg IV q12h (redose of Levofloxacin not needed)
- Cefazolin 2g IV q8h OR Vancomycin 1g IV q12h AND Levofloxacin 500mg IV q12h (redose of Levofloxacin not needed)

**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

**ACTIVITY**

- Fall risk assessment per nursing
- Fall risk assessment per nursing
- Out of bed to chair 4X/day
- Ambulance 30/day

**Discharge Criteria**

- 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

**Discharge Checklist (Check when complete)**

- Peripheral IV placed by anesthesia
- 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.
  o 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

**BIDMC “Trigger” Criteria**

- Heart Rate <60 or >130
- Systolic Blood Pressure <90
- Respiratory Rate < 8 or > 30
- SaO2 <95% with Oxygen Therapy
- Urine Output <50cc in 4 hours
- Acute Change in Conscious State
- Marked Nursing Concern

**Development supported by the Julie Henry Fund**

© 2006 Beth Israel Deaconess Medical Center, Inc. Reproduction without authorization is prohibited
Contact BIDMC Transplant Institute at www.bidmc.org/transplantcare for further information

rev 11/09