This is an outline of what you can expect each day during your hospital stay. It is a general guide and may change to meet your individual needs. Your nurse and doctor are happy to discuss your questions and concerns. Please feel free to ask. Taking an active role in your own recovery is a key ingredient to a successful transplant.
**KIDNEY DONOR TRANSPLANT CLINICAL PATHWAY**

<table>
<thead>
<tr>
<th>What to do today</th>
<th>Day of Surgery</th>
<th>Day After Surgery</th>
<th>Day 2 After Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>You cannot eat anything but you may have sips of water</td>
<td>You will be able to eat as tolerated</td>
<td>You may eat a regular diet</td>
<td></td>
</tr>
<tr>
<td>Use an incentive spirometer (IS) 10 times/hour while awake to prevent pneumonia</td>
<td>Use an IS 10 times/hour while awake to prevent pneumonia</td>
<td>Use an IS 10 times/hour while awake to prevent pneumonia</td>
<td></td>
</tr>
<tr>
<td>Sit in a chair</td>
<td>Sit in a chair</td>
<td>Sit in a chair</td>
<td></td>
</tr>
<tr>
<td>Walk short distances</td>
<td></td>
<td>Walk in the hall</td>
<td></td>
</tr>
</tbody>
</table>

**Activity**
- You may get out of bed as tolerated with a nurse to assist you
- You will have compression boots on your lower legs to prevent blood clots
- Sit in a chair 4X/day
- You should walk short distances 3X/day
- Use compression boots on your legs when not walking to prevent blood clots
- Sit in a chair 4X/day
- You should walk short distances 3X/day
- Use compression boots on your legs when not walking to prevent blood clots

**Education**
- A nurse will review the clinical pathway, volume management and the pain scale with you
- A nurse will provide you with “Kidney Transplant: Information for donors” handout
- Your nurse will provide instructions on patient controlled analgesia (PCA) by a nurse
- Your nurse will provide instructions on how to use the incentive spirometer (IS) to prevent pneumonia
- Case management will meet with you
- A Transplant Psychologist or Social Worker will meet with you

**Tests/Procedures**
- An Oxygen tube will be in your nose
- A tube (catheter) will be in your bladder to drain urine
- An intravenous (IV) line will be present in your arm
- The Oxygen tube in your nose will be removed
- The catheter to drain urine will be removed
- Your IVs may remain in
- Routine blood tests
- Your weight is checked
- Your surgical dressing is removed and changed
- Your IVs will be removed
- Your weight is checked

**Comfort**
- IV pain medications
- Oral pain medications
- Oral pain medications

**Home Discharge Criteria**
- You can be discharged home when:
  - Your vital signs (blood pressure, heart rate, etc.) are stable
  - You can walk safely and independently
  - You are eating enough
  - Your pain scale is 1-4 on oral pain medication
  - Your drain and/or wound care can be performed at home by you, your family or a visiting nurse
  - You understand your activity restrictions
  - You should understand the instructions for your discharge and home care needs
  - Prescriptions are given for medications to go home (if needed)
  - Wound care instructions taught
  - Your drain and/or wound care can be performed at home by you, your family or a visiting nurse
  - Your understanding of discharge instructions
  - Patient discharge checklist completed

**Patient Discharge Checklist**
- You are discharged home when:
- You understand the instructions for your discharge and home care needs
- Prescriptions are given for medications to go home (if needed)
- Your pain scale is 1-4 on oral pain medication
- Your drain and/or wound care can be performed at home by you, your family or a visiting nurse
- You understand your activity restrictions

**Follow-up appointment**
- Place: __________________________
- Date: __________ / __________
- Time: __________

When you are home, if you have any medical concerns, please call your Transplant Coordinator.

For after hours (5PM-8:30AM) and weekend coverage, please call (617) 632-9700.

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Your Name: __________________________
Date of Surgery: ________________________
Surgeon Name: __________________________
Case Manager: __________________________