**KIDNEY TRANSPLANT RECIPIENT CLINICAL PATHWAY**

All patient variances are to be circled and documented in the progress notes. This Clinical Pathway is intended to assist in clinical decision making by describing a range of generally acceptable intervention 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.

**PRE-DOP FAC TORS TO BE ASSESSED PRIOR TO TRANSPLANTATION**

- **Health History and Physical**
  - Height
  - Weight
  - Blood pressure
  - Oxygen saturation
  - Allen test
  - Temperature
  - New or increased bowel sounds

- **Laboratory Data**
  - CBC
  - LFTs
  - TSH
  - PTT
  - INR
  - Albumin
  - Creatinine
  - Sodium
  - Potassium
  - Calcium
  - Glucose
  - Hemoglobin
  - Erythrocyte sedimentation rate

- **Immunosuppression Risk Factors**
  - Age
  - Gender
  - Race
  - Family history of transplantation
  - Prior transplantation
  - Prior organ donation

- **Psychosocial Assessment**
  - Support system
  - Occupation
  - Educational level
  - Marital status

**Post-DOP FACTORS TO BE ASSESSED AFTER TRANSPLANTATION**

- **Health History and Physical**
  - Height
  - Weight
  - Blood pressure
  - Oxygen saturation
  - Allen test
  - Temperature
  - New or increased bowel sounds

- **Laboratory Data**
  - CBC
  - LFTs
  - TSH
  - PTT
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  - Creatinine
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  - Support system
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**Disposition Criteria**

- **Adjuvant Tacrolimus dose for discharge**
  - Avoid high dose for severe drug interactions
  - Dose reduction for renal function impairment

- **Discharge medications available**
  - Fingerstick glucose 4X/day (if diabetic or glucose >150)

- **Average to routine immunosuppression drugs and other precautions**
  - Post op surgical appointment in 1 week
  - Monitoring for wound healing

- **Appointment for monthly Pentamadine for Sulfa allergy**
  - Transplant Coordinator paged (even on weekends)

- **If urine output >100 mL in 4 hours**
  - Diuretic (25g IV)

**Discharge Instructions**

- **Self-care**
  - Fluid intake: Normal or increased
  - Bowel management
  - Diet and nutrition
  - Medication schedule
  - Exercise

- **Social support**
  - Support system
  - Employment
  - Transportation

- **Follow-up**
  - Appointment for return visit
  - Appointment for drug therapy adjustment
  - Appointment for psychological counseling

- **Patient education**
  - Disease management
  - Medication management
  - Social support

**Notes**

- **Assessment of patient on study**
  - Surgery consent
  - Research consent
  - If applicable, signed study consent

- **Assessment of patient on protocol**
  - Medical record compatibility form

- **Assessment of patient on non-protocol**
  - Time out to confirm patient identity and personnel

**Tests**

- **History and physical including weight**
  - Labs: CBC, Chem 7, CRP, EKG
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- **Intake and output**
  - Post op surgical appointment in 1 week
  - Monitoring for wound healing

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