Transplant Institute

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

KIDNEY DONOR PERIOP TRANSPLANT CLINICAL PATHWAY

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.

	PRE-OP HOLDING AREA	DAY 0 – Operating Room
CONSENTS	• Consent check by surgery resident/fellow • Transplant surgeon to get research consent • Anesthesia consent • RN to get Health Care Proxy Designation • Transplant surgery attending to visit patient prior to leaving holding area	• Time-out and group huddle to confirm patient identity and planned procedure • Verify and sign ABO compatibility form before incision is made • Review hardcopy crossmatch results
TESTS	• Surgeon to recheck crossmatch results • If female and <55 years old, stat HCG o Attending surgeon to review results before patient goes to OR	• Glucose per anesthesia protocol, maintain 100-150 mg/dl
ANTI-INFECTIVES	• If Vancomycin to be used, consider administration in the holding area.	Perioperative antibiotic prophylaxis: • Cefazolin 2g IV administered within 30 min prior to incision and completed prior to incision. • If life-threatening allergy to cephalosporin or penicillin or if known MRSA colonization or infection: o Vancomycin 1g IV **AND** Levofloxacin500mg IV administered within 60 minutes prior to incision and completed prior to incision. <u>Intraoperative Redosing:</u> Antibiotic / Dose Cefazolin / 2gm IV q4h Vancomycin / 1gm IV q12h Levofloxacin / No re-dosing needed *If blood loss>1500cc, redose at end of case*
PAIN MANAGEMENT/ COMFORT	• Midazolam 1-2mg IV	
CIRCULATION/DVT PROPHYLAXIS	• RN give heparin 5,000 Units SC	• Compression boots placed prior to intubation
IV FLUIDS	• NS at KVO or per anesthesia	• Normal saline
DRAINS/LINES/ WOUND CARE	• Peripheral IV placed	• Surgical CLIP with electric razor and prep • Peripheral IV in place
EDUCATION/ PSYCHOSOCIAL/ INFORMATION	• Patient education on Pain Scale	
NUTRITION	• NPO	• NPO
ELIMINATION		• Foley placed
VENTILATION		• Intubation • Extubate in OR if possible

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Contact BIDMC Transplant Institute at www.bidmc.org/transplantcare for further information

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