





KIDNEY RECIPIENT PERIOPERATIVE CLINICAL PATHWAY

CONSENTS	 Consent check by surgery resident for deceased donor recipients Transplant surgeon to get research consent Anesthesia consent For living donor recipients: Surgery resident/fellow to get consent RN to get Health Care Proxy Designation Transplant surgery attending to visit patient prior to leaving holding area if not seen on Farr 10 	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 Fingerstick glucose if diabetic If living donor recipient: CBC, Chem 7, T&C 2 u PRBC. Update H&P. 	Glucose per anesthesia protocol, maintain 100-150 mg/dl	
MEDICATIONS	If not seen on Farr 10 prior: If diabetic, insulin per protocol Beta blocker per protocol If Clopidogrel Bisulfate, Warfarin or Aspirin check with MD for continuation Hold statins, ACE inhibitors, ARBs Do NOT give Kayexalate Remove insulin pumps	 Mannitol 12.5→25g IV <u>AND</u> Furosemide 20-100mg IV prior to reperfusion per surgeon request 	
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 Levofloxacin 500mg IV administered within 60 minutes prior to incision and completed prior to incision. Intraoperative Redosing: Antibiotic Dose	
		Cefazolin Vancomycin Levofloxacin	2gm IV q4h 1gm IV q12h No redosing needed
IMMUNOSUPPRESSION	If living donor recipient: order "on call to OR": Mycophenolate Mofetil 1000mg PO on arrival to the Pre-Op Holding Area Methylprednisolone 500mg IV <u>AND</u> ATG 1.25mg/kg IV (order central formulation only) <u>OR</u> Simulect 20mg IV instead of ATG if 2 haplotype match sibling donor or recipient >70 years of age	Methylprednisolone 500mg IV at start of case After Methylprednisolone and prior to reperfusion of kidney begin ATG 1.25mg/kg @42cc/h–central formulation via filtered central line and pump OR Simulect 20mg IV prior to reperfusion of kidney if 2 haplotype match sibling donor or recipient > 70 years of age	
PAIN MANAGEMENT/ COMFORT	Midazolam 1-2mg IV	Blanket warmer on lower body	
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		 Surgical CLIP with electric razor and prep R IJ Triple Lumen-discuss with surgical attending if tunneled cath is to be used Closed section drain: JP drain/ Blake and ureteral stent per attending PA catheter if clinically indicated. Use permacath for central monitoring and infusing after clearing by wasting 10cc of blood from line. 	
EDUCATION/ PSYCHOSOCIAL/ INFORMATION	Patient education on Pain Scale		
NUTRITION	• NPO	• NPO	
ELIMINATION		Foley placed	
VENTILATION		Intubation Extubate in OR if possible	
DIALYSIS	Protect fistula/graft Palpate and document patency		
IMMUNOSUPPRESSION PAIN MANAGEMENT/ COMFORT CIRCULATION/DVT PROPHYLAXIS IV FLUIDS DRAINS, LINES WOUND CARE EDUCATION/ PSYCHOSOCIAL/ INFORMATION NUTRITION ELIMINATION VENTILATION	If living donor recipient: order "on call to OR": • Mycophenolate Mofetil 1000mg PO on arrival to the Pre-Op Holding Area • Methylprednisolone 500mg IV AND ATG 1.25mg/kg IV (order central formulation only) OR Simulect 20mg IV instead of ATG if 2 haplotype match sibling donor or recipient >70 years of age • Midazolam 1-2mg IV • RN give Heparin 5,000 Units SC • NS at KVO or per anesthesia • Patient education on Pain Scale • NPO	 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: Vancomycin 1g IV AND Levofloxacin 500mg IV administered within 60 minutes prior to incision and completed prior to incision. Intraoperative Redosing: Antibiotic Dose Cefazolin 2gm IV q4h Vancomycin 1gm IV q12h Levofloxacin No redosing needed If blood loss>1500cc, redose at end of case Methylprednisolone 500mg IV at start of case After Methylprednisolone and prior to reperfusion of kidney begin ATG 1.25mg/kg @42cc/h-central formulation via filtered central line and pump OR Simulect 20mg IV prior to reperfusion of kidney if 2 haplotype match sibling donor or recipient > 70 years of age Blanket warmer on lower body Compression boots placed prior to intubation Normal saline Surgical CLIP with electric razor and prep R IJ Triple Lumen-discuss with surgical attending if tunneled cath is to be used Closed section drain: JP drain/ Blake and ureteral stent per attending PA catheter if clinically indicated. Use permacath for central monitoring and infusing after clearing by wasting 10cc of blood from line. NPO Foley placed Intubation	