POD#_ Date: ...

**INDICATIONS**

- Transplantation-related rejection
- Infections due to the organ transplantation
- Acute allograft dysfunction
- Graft-versus-host disease
- Chronic allograft dysfunction
- Viral infections
- Bacterial infections
- Fungal infections
- Protozoal infections
- Parasitic infections
- Allograft vasculopathy

**TREATMENT**

- Steroids
- Immunosuppressive agents
- Antiviral agents
- Antibiotics
- Antifungal agents
- Antiparasitic agents
- Antiprotozoal agents

**COMPLICATIONS**

- Allograft rejection
- Infection
- Acute allograft dysfunction
- Vasculitis
- Graft-versus-host disease
- Chronic allograft dysfunction
- Infection-related complications
- Allograft vasculopathy

**DIAGNOSIS**

- Transplantation-related rejection
- Infections due to the organ transplantation
- Acute allograft dysfunction
- Graft-versus-host disease
- Chronic allograft dysfunction
- Viral infections
- Bacterial infections
- Fungal infections
- Protozoal infections
- Parasitic infections
- Allograft vasculopathy

**THERAPY**

- Steroids
- Immunosuppressive agents
- Antiviral agents
- Antibiotics
- Antifungal agents
- Antiparasitic agents
- Antiprotozoal agents

**MONITORING**

- CBC
- Liver function tests
- Renal function tests
- Electrolytes
- Blood glucose
- Procalcitonin
- C-reactive protein
- Inflammatory markers

**OUTCOMES**

- Complete remission
- Partial remission
- No remission
- Death from complications
- Death from unrelated causes

**CONCLUSIONS**

- The patient tolerated the transplantation well.
- No significant complications were observed.
- The patient is on maintenance immunosuppression regimen.

**RECOMMENDATIONS**

- Close follow-up with transplant team.
- Regular monitoring of laboratory parameters.
- Antirejection treatment as per protocol.
- Adherence to lifestyle modifications.

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