Transplant Institute

Beth Israel Deaconess Medical Center

A teaching hospital of Harvard Medical School

LIVING KIDNEY DONOR EVALUATION 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.

	Initial Referral All Candidates	Eligible Donor DAY 7-14	When Testing Complete <30 Days After Testing Initiated	Donor Visit #1 Within 1 Week of Test Completion	Donor Visit #2	Presentation at Multidisciplinary Selection Committee Meeting	Donor Visit #3 and Pre-Anesthesia Testing (PAT)
CONSULTS	• Phone interview of all potential donors by donor coordinator ○ R/O obstacles for donor status ○ Height/Weight/BP ○ OTTR entry • Exclude for (donor nephrologist to approve exclusions): ○ Active Malignancy ○ Hypertension (relative) ○ Kidney disease ○ Diabetes ○ Age <21 (relative) ○ Coercion or payment ○ Hx of HIV ○ BMI >35 • Excluded donor should be noted in recipient chart as excluded, but do not include reason for exclusion. Details for exclusion entered into OTTR. • Psychology referral if ambivalent	• Donor transplant coordinator calls donor with results • Check BP, height, and weight when labs are drawn • If BMI 30-35, discuss with donor nephrologist/surgeon before proceeding • See Clinical Nutritionist • Discuss donor evaluation process at donor intake meeting • Note: Donor coordinator, nephrologist, surgeon, and social worker are different than recipient coordinator, nephrologist, surgeon, and social worker	• Donor nephrologist reviews chart ○ Health, mind and body ○ Best eligible HLA sibling match • Schedule appointment for eligible donor within 1 week • Behavioral Health consult • As dictated by history, request specialist opinion on donor's condition for example (but not limited to): Urology, Pulmonary, Cardiology, GI, GYN etc.	• Donor nephrologist appointment • Behavioral Health appointment ○ QOL assessment	• Donor surgery appointment	• Multidisciplinary review at kidney intake meeting ○ Clinical ○ Psychological ○ Radiologic ○ HLA • Transplant surgeon to sign CTA report designating R or L kidney for donation • Additional consults as needed • Choose date for surgery	• PAT 1-3 days prior to surgery: ○ Repeat ABO and CDC crossmatch. ○ Repeat flow cross match in high risk recipients
CONSENT	• Read and sign written consent for potential donors-copy given to patient				• Sign consent for surgery if appropriate		• Donor Surgery Appointment #2 ○ Sign consent if not already done
EDUCATION/ INFORMATION		• Discuss New England Paired Kidney Exchange (NEPKE) if ABO or crossmatch incompatible • Provide educational material- including NEPKE sent to potential donor • Discuss desensitization protocol if crossmatch incompatible			• Review CTA abdomen/pelvis		
TESTS	• ABO typing at BIDMC • If ABO compatible, then CDC T-cell and B-cell crossmatch at BIDMC • If recipient is high risk for sensitization e.g. pregnancy, transfusion, prior transplant or known anti-HLA antibodies, then perform T-cell and B-cell flow studies (to BWH)	• CBC, Chem 20 • INR, PTT • 24 hr urine for creat and protein • RPR • QF-G • HIV screen • HCV Ab, HBsAg, HBsAB, HBcAb(IgG) • UA, C&S • Serum β-HCG (female of childbearing age) • PSA (male over 40) • HLA type • Tests or obtain results from PCP: ○ Mammogram (women over 40) ○ PAP smear (women over 40) ○ CXR, EKG, Colonoscopy (over 50) ○ OGTT if family hx of DM or BMI>30	• As dictated by history, schedule tests such as: ○ Cardiac Imaging Stress test ○ Echocardiogram ○ Ambulatory BP monitoring ○ Urine collection for stone analysis	• CTA abdomen/pelvis after nephrology appointment if appropriate candidate ○ Hold if NEPKE candidate			• Additional tests as needed

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