**PANCREAS TRANSPLANT RECIPIENT CANDIDATE 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's needs.

**Pre Visit Interview**
- Follow-up
  - Review current medications
  - Review current medications

**Consults**
- Transplant coordinator calls patient within 24h of referral to either conduct or schedule an interview
- Review of records entered into OTTR
- Obtain names of all care providers and data entered into OTTR

**Behavioral Health**
- Psychosocial evaluation by transplant social worker including financial assessment
- Patient Responsibility Agreement (for substance abuse) reviewed with patient and signed

**Lab Tests**
- Lab tests to be completed at initial visit: CBC and DIT, PT, PTT, IMPALT ALT, Alb, AST, Alk Phos, Lipid profile, if alcohol is a problem
- Type and Screen for 1st ABO test HCV Ab, HBsAg, HIV Ab, HBSAB, HBSAb (HCV IgG, HIV Ab, HBV Par, CMV IgG, HBV Ab), male >50 years: PSA
- If HIV Ab positive: HIV DNA
- If HIV Ab positive: CD4 count and HIV viral load
- If HIV Ab positive: chest x-ray
- Obtain AP and lateral chest x-ray (to be scheduled within 2 weeks)
- If female, obtain PAP results and, if >40 yrs old, obtain mammogram results within past year
- Obtain pathology results of any malignancy and file in paper chart and enter diagnosis and date in OTTR problem list

**Radiology and Pathology**
- Obtain AP and lateral chest x-ray (to be scheduled within 2 weeks)
- If female, obtain PAP results and, if >40 yrs old, obtain mammogram results within past year
- Patient and family meeting, or phone call from nephrologist/patient to review decision and letter before letter sent

**Hemocompatibility**
- Obtain prior donor HLA antigens and anti-HLA antibody specificity
- Document in OTTR
- Obtain donor (ECD) list and donor after cadaver death (DCD) lists if applicable

**Cardiac Testing**
- Transplant coordinator to obtain any recent relevant cardiac testing
- EKG on all patients
  - If EKG abnormal or valve abnormalities on exam, get Echo
  - In patients with no DM, age >30, no abnormalities on exam:
    - If EKG abnormal or valve abnormalities on exam, get Echo
- Cardiac Stress test with nuclear imaging (Exercise or pharmacologic, if on beta blocker or unable to walk)
- In mild diabetics 2 or more risk factors (see below)
- In any diabetics over age 30
- Risk factors: Smoking, HTN, LDL >40, family history CHD (male relative >55, female >65, older age [men >44, women >54])
- If positive cardiac stress test, schedule cardiologist consult and left heart catheterization

**Bone**
- Recommended bone mineral density scan

**Medications**
- Review current medications

**Consents**
- Discuss/Consent for research studies if applicable
- Discuss consent for Extended Criteria Donor (ECD) list and donor after cadaver death (DCD) lists if applicable
- Discuss Consent for Research Studies if applicable

**Education**
- Send information book to patient
- Ask patient to attend 1st visit with family/trust

**Follow-up**
- Nephrology follow-up alternating with Surgery follow-up every 3 months
- Letters to all providers, requesting they send any information on patient that could affect candidacy, now or in the future
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