

# Kidney Transplant Clinical Practice Guideline

## Phase I: Phase I: Pre-op Visit and Admission, Intra-op, PACU

Original: 2017  
Updated: 2018  
Updated: 7/23/21



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Inclusion Criteria: All Kidney Transplant Patients | Exclusion Criteria: None

Timeline	Pre-op Visit (Living Donor Txp Only)	Pre-op Admission (Living Donor Txp Only)	Pre-op Admission (Deceased Donor Txp Only)	Day of Surgery	Day of Surgery
Unit	Transplant Clinic	TSU	TSU	Operating Room	PACU
Assessment & Monitoring	Vital Signs, Height, Weight	Vital Signs Q4, Height, Daily Weights, Strict I&O, Release Pending Orders	Vital Signs Q4, Height, Daily Weights, Strict I&O, Release Pending Orders	Continuous Cardiac Monitor	
Laboratory	CMP, Phosphorus, Magnesium, Uric Acid, Lipid Profile, Pregnancy Serum Qual, CBC-Diff, UA with reflex to culture, BK Virus Quant by PCR, EBV PCR Quant, EBV Ab Panel, CMV PCR Quant, CMV IgG, Cytomegalovirus IgM, HLA Consult Report, HLA Antibody Screen, HLA Allogenic Crossmatch, HLA AB SPEC CLASS I, HLA AB SPEC CLASS II, HgA1C	CBCD, RFP, PT/PTT, Type and Screen Transplant Hep/HIV panel, Hepatitis C Virus Quant NAA no genotype,	CMP, Phosphorus, Magnesium, Uric Acid, Lipid Profile, Pregnancy Serum Qual, UA with reflex to culture, BK Virus Quant by PCR, EBV PCR Quant, EBV Ab Panel, CMV PCR Quant, CMV IgG, Cytomegalovirus IgM, Transplant Hep/HIV panel, Hepatitis C Virus Quant NAA no genotype, HLA Consult Report, HLA Antibody Screen, HLA Allogenic Crossmatch, HLA AB SPEC CLASS I, HLA AB SPEC CLASS II, CBCD, PT/PTT, Type and Screen, HgA1C	Labs as indicated in OR	Renal Function Panel STAT, HHP STAT
Diagnostic	EKG, Chest 2V	None	EKG, Chest Xray	None	Transplant U/S with Doppler
Medications	Home Medications	Send inbasket message to pharmacy with transplant date/estimated OR time to receive intraop medications	Send inbasket message to pharmacy with transplant date/estimated OR time to receive intraop medications	See Med Table on Back	See Med Table on Back
IVF Therapy	None	None	Per Team Recommendations	Avoid LR intra op, if possible	Replace every ml of urine with NS every 30 minutes, Continue IVF for insensible loss
Lines & Drains	None	None	Peripheral IV	<b>Foley Catheter:</b> Place in all patients <b>CVL and Art Line:</b> <35 kg: Place CVL and Art Line >35 kg: No CVL or Art Line (Consider if difficult stick or FSGS)	Foley Catheter, Art Line and CVL as needed
Treatments & Procedures		Emory Hospital Living Donor Documentation. Obtain copy of TEIDI UNOS donor ID		Verify and sign ABO compatibility form prior to incision, Review hardcopy crossmatch, Time-out to confirm patient identity and planned procedure, Renal biopsy at time of transplantation	
Nutrition & GI		NPO (except medications)	NPO (except medications)	NPO	NPO
Forms	Transplant Coordinator to obtain Educational Acknowledgement Forms and SRTR Forms. Transplant Surgeon to obtain Surgical Consent		Nephrology Fellow or Transplant Surgeon (after-hours) will obtain the Educational Acknowledgement Forms and SRTR Forms. Transplant Surgeon to obtain Surgical Consent		
Consults		Surgery, Anesthesia, Child Life, Social Work, PICU, Bed Request, Nutrition	Anesthesia, Child Life, Social Work, PICU, Bed Request, Nutrition		Nephrology
Patient & Parent Education	Review Kidney Transplant Teaching Sheet	Floor Nurse to load Transplant Ticket to Home	Transplant Coordinator review plan of care with patient; Floor Nurse to load Transplant Ticket to Home		

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## Medications

Pediatric Dosing < 35 kg | Adult Dosing > 35 kg

Medication	Dosage	Max Dose	Comments
<b>methylprednisolone (Solu-Medrol)</b>	10 mg/kg IV x1 (on call to OR)	500 mg	
<b>cefazolin (Ancef)</b>	30 mg/kg IV x1 (on call to OR)	2 g (3 g if >150kg)	Give 30 minutes prior to incision
<b>clindamycin (Cleocin)</b>	10 mg/kg IV x1 (on call to OR)	900 mg	For patient with B. Lactam allergies
<b>basiliximab (Simulect)</b>	<b>Peds Dosing:</b> 10 mg IV x1 (on call to OR) <b>Adult Dosing:</b> 20 mg IV x1 (on call to OR)	Peds: 10 mg Adult: 20 mg	
<b>mannitol (Osmitol)</b>	<b>Living Donor:</b> 0.5 g/kg IV x1 (on call to OR) <b>Deceased Donor:</b> 0.5 g/kg IV x1 (on call to OR)	50 g	
<b>furosemide (Lasix)</b>	<b>Living Donor:</b> No Lasix <b>Deceased Donor:</b> 2 mg/kg IV x1 (on call to OR)	80 mg	Can give to Living Donor if lack of brisk UOP in OR
<b>heparin bolus</b>	Bolus: 50 units/kg IV x1 (on call to OR)	5000 units	To be administered in the OR prior to anastomosis
<b>heparin drip</b>	Continuous Infusion: 5 units/kg/hr continuous	500 units/hr	To be administered per surgeon intraop or in PACU