



Place Patient Sticker Here

Kidney Transplant Surgery Clinical Pathway

POD 0 – Date of Transplant:	POD 1	POD 2	POD 3	POD 4,5,6
<ul style="list-style-type: none"> <input type="checkbox"/> Thymoglobulin 1.5 mg/kg IVPB & solumedrol 500 mg IVPB given in OR. (including pre-mediations 30 minutes before: Tylenol and Benadryl) RN initial _____ <input type="checkbox"/> Stat transplant ultrasound (done in PACU) RN initial _____ <input type="checkbox"/> Stat CXR, portable (done in PACU) <input type="checkbox"/> NPO x24 hours except meds <input type="checkbox"/> Stat labs: CBC, BMP, Ca, Mg, Phos, PT/INR, PTT if appropriate <input type="checkbox"/> Start appropriate ABX (cefazolin x 24 hours) <input type="checkbox"/> Start DVT prophylaxis (SubQ Heparin, SCD's) <input type="checkbox"/> Fingersticks q4 hours, if diabetic, or q shift if not diabetic <input type="checkbox"/> VS q 15 till stable, q 30 x2 then q 1st x24 hrs <input type="checkbox"/> Strict I's and O's/ Record drain output Q shift <input type="checkbox"/> Record urine output Q hour, Notify PA or Dr. Melancon if Urine Output <30mL/hr <input type="checkbox"/> Urine Replacement: Titrate rate of 1 mL of IVF ½ NS w/ 50 meq sodium bicarb for every 1 mL of urine output AND run LR @ 150 mL/hour simultaneously RN initial _____ <input type="checkbox"/> Goal SBP 140-160, Keep MAP between 80-90 <input type="checkbox"/> Goal CVP 8-12 	<ul style="list-style-type: none"> <input type="checkbox"/> Check Envarsus (tacrolimus) levels daily to correlate with Transplant team for dosing <input type="checkbox"/> Thymoglobulin 1.5 mg/kg IVPB (including pre-mediations 30 minutes before: Tylenol, Solumedrol 100 mg IV and Benadryl) RN initial _____ <input type="checkbox"/> Send DSA (goes to Hopkins Lab) and check ABO titers, if ABO incompatible <input type="checkbox"/> Q6 hr labs (BMP, CBC, Mg, Phos) include LFTs today <input type="checkbox"/> Advance diet <input type="checkbox"/> Consider decreasing IVF & urine replacements, if appropriate <input type="checkbox"/> Start GI prophylaxis (protonix) <input type="checkbox"/> Replete electrolytes as necessary (potassium, magnesium, calcium, etc) <input type="checkbox"/> Start fungal prophylaxis (nystatin susp QID) <input type="checkbox"/> Encourage incentive spirometer use 	<ul style="list-style-type: none"> <input type="checkbox"/> Check daily labs (BMP, CBC, Mg, Phos & Envarsus level) <input type="checkbox"/> D/C q6 hr labs. Change order to daily labs. <input type="checkbox"/> Basiliximab (Simulect) 20 mg IV including pre-mediations 30 minutes before Tylenol, Solumedrol 100 mg IV and Benadryl RN initial _____ <input type="checkbox"/> Consider Foley d/c if appropriate <input type="checkbox"/> Check PVR 2-4 hours post Foley removal <input type="checkbox"/> Transition to PO pain meds (if appropriate) <input type="checkbox"/> D/C IVF once PO intake adequate <input type="checkbox"/> Consider Miralax or suppository if no BM <input type="checkbox"/> Encourage Early mobilization: Unless contraindicated, PT/OT <input type="checkbox"/> Encourage incentive spirometer use <input type="checkbox"/> Obtain daily weight (measured) 	<ul style="list-style-type: none"> <input type="checkbox"/> Continue daily labs, Envarsus level <input type="checkbox"/> If sensitized, order bortezomib (Velcade) including premeds 30 min before Tylenol, Solumedrol 100 mg IV, Benadryl and Zofran RN initial _____ <input type="checkbox"/> Start oral steroids (prednisone) <input type="checkbox"/> Start mycophenolate (Myfortic) <input type="checkbox"/> Start Antiviral prophylaxis (valcyte) <input type="checkbox"/> Start Bacterial prophylaxis (bactrim) <input type="checkbox"/> Send DSA (goes to Hopkins Lab) <input type="checkbox"/> Consider Miralax or suppository if no BM <input type="checkbox"/> Transition to PO pain meds (if appropriate) <input type="checkbox"/> Encourage incentive spirometer use 	<ul style="list-style-type: none"> <input type="checkbox"/> Check Daily labs monitoring electrolytes and Envarsus levels <input type="checkbox"/> On POD 4, if high risk sensitized, order bortezomib (Velcade) including premeds 30 min before Tylenol, Solumedrol 100 mg IV, Benadryl and Zofran RN initial _____ <input type="checkbox"/> Plan for discharge home today if patient deemed safe <input type="checkbox"/> Transition to PO pain meds (if appropriate) <input type="checkbox"/> Prepare for Discharge

Kidney Transplant Surgery Clinical Pathway

Surgeon - Dr. Keith Melancon 410-718-8668

Physician assistant- Kate Manzanaras 202-257-0879

1. PACU
 - a. CXR
 - b. Transplant ultrasound- NPO until ultrasound resulted
2. Fluid management
 - a. LR at 150 cc/hr
 - b. 0.45%NS+50 mEq bicarb 1:1 replacement per cc of urine output x 1 L then repeat BMP then replace with 0.45%NS
3. Electrolyte management
 - a. potassium and magnesium repletion per ICU protocol
 - b. Check BMP, CBC, magnesium every 6 hours
 - c. Blood sugar management
 - i. accuchecks q 6 hours and low sliding scale insulin
4. Immunosuppression
 - a. All immunosuppression orders entered into Cerner by Transplant Surgery team
 - b. POD 1 - thymoglobulin 1.5 mg per kg IVPB with premeds (100 mg IVP methylprednisolone)
 - c. POD 2 - basiliximab 20 mg IVPB with premeds (100 mg IVP methylprednisolone)
 - d. For sensitized patients POD 3 - bortezomib 1.3 mg/m² subcut with premeds (100 mg IVP methylprednisolone)
 - e. For high risk sensitized patients POD 4 - bortezomib 1.3 mg/m² subcut with premeds (100 mg IVP methylprednisolone)
5. Mobility
 - a. bedrest x 6 hours then OOB as tolerated/for all meals
6. Antibiotic regimen
 - a. Fungal prophylaxis - nystatin suspension swish and swallow after meals and before bedtime
 - b. Bacterial prophylaxis – Bactrim/atovaquone renally dosed
 - c. Viral prophylaxis – Acyclovir/Valgancyclovir renally dosed