

# Transplant Center Tip Sheet

## James D. Eason Transplant Institute Methodist University Hospital



TRANSPLANT COORDINATION  
— STEPS TO SUCCESS —

### Referral Process

Referrals are accepted from a referring nephrologist or dialysis center. We also accept self-referrals and pre-emptive transplant referrals.

Dialysis centers and referring physicians are notified that a referral has been received via fax.

Transplant Coordinator/ Scheduler will contact the patient to begin the evaluation process and set up education, clinic appointment and evaluation testing. All appointment notifications will be faxed to dialysis center and/or referring nephrologist.

Necessary forms for a referral:

- Copies of insurance cards and prescription drug cards
- List of Medications
- Hepatitis A and B vaccination dates
- Recent History and Physical
- Form 2728
- Current Labs
- Demographic Information
- Psychosocial Evaluation
- Nutritional Assessment

### Referral Best Practices

- Only provide the requested information. The longer it takes to sort through unnecessary paperwork, the longer it takes for the patient to begin the wait list process.
- Please make sure all copies are legible.

### Kidney Eligibility Criteria

- Decline in creatinine clearance to less than 20cc/minute or
- Creatinine clearance between 20-30 with significant symptoms or
- Progressive renal dysfunction where decline in clearance is predictable (diabetic nephropathy or symptomatic nephropathy with suitable living donor available along with one of the above)

### Kidney Exclusionary Criteria

#### Absolute contraindications:

- Advanced non-reconstructable vascular disease
- Uncompensated pulmonary dysfunction
- Disseminated systemic infection (including AIDS, current tuberculosis, aspergillosis)
- Disabling uncorrectable autonomic neuropathies
- Untreated or uncontrolled major psychiatric illness
- Untreated malignancy

#### Relative contraindications:

- Non-rehabilitated substance abuse, or other maladaptive behavior determined by treating physicians to pose risk for non-compliance
- Recently resected or treated malignancy
- Myocardial infarction within past 6 months and/or angina at rest
- Age 75 or older
- Uninsured or under insured patients (will be handled on a case by case basis). Information on fundraising will be provided to patients as required.
- Pregnancy
- Active renal disease with unreasonably high chance of recurrence (such as active lupus, until disease markers indicate quiescence)
- Medical unsuitability due to cardiopulmonary debility or other confounding medical conditions as determined by treating physicians

## Evaluation Process

### Evaluation Day 1:

Watch Educational Video (also available online at [www.methodisthealth.org/transplant](http://www.methodisthealth.org/transplant) for patient to watch pre appointment); Q & A

- Includes Education on Living Donation

Meet with Team Members

- Financial Case Manager
- Nurse Coordinator
- Nephrologist

Testing:

- EKG
- Chest X-Ray
- Labs
- CT scan of abdomen and pelvis

### Evaluation Day 2:

- Nuclear Stress Test
- ECHO
- Cardiac Clearance

### Evaluation Day 3:

- Surgeon Visit
- Social Worker
- Dietitian

Order of testing between Day 1, 2 and 3 may vary based on the patient's medical condition.

## Selection Committee

- Multi-disciplinary selection committee
- Either deemed not a candidate for transplant, may be placed on hold for further evaluation or approved for transplantation/listing on the UNOS wait list.
- Notification of listing sent to patient, referring Nephrologist and Dialysis Center; also notified when patients are removed from the list
- Begin living donor evaluation if recipient has a living donor
  - Discuss Pair Kidney Exchange Program (NKR)

## Annual Evaluation

- While listed, patient will be contacted annually for re-evaluation testing
- Patient and dialysis center should notify transplant clinic should there be changes in the patient's medical status, insurance, address or phone

## Transplant Tracking

- Our transplant program will provide patient updates throughout the evaluation process. Many of these will be sent to dialysis centers via Fax.
- It is recommended that dialysis centers keep a binder with a spreadsheet tracking referral, appointment and listing information.

## Patient Status Reports

Patient Status Reports are available upon request.

## Best Practices

- Maintain a Transplant binder to include a tracking sheet to track each patient through the referral process including appointment dates and reasons for denial or hold. Create a tab for each patient to include their referral and appointment letters as well as any other pertinent information. Templates re available from Network 8 if needed.
- Ensure that you have a back-up person at each facility who is familiar with the transplant tracking process
- Keep up with Monthly Blood Testing PRA. Make sure kits are drawn and shipped in a timely manner for most recent PRA on your patients

## Contact Information

Dialysis Liaison Contact:  
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