

The University of Tennessee Medical Center Transplant Services



TRANSPLANT COORDINATION
— STEPS TO SUCCESS —

Kidney Eligibility Criteria

- Chronic kidney disease with GFR < 20ml/min or currently on dialysis
- Patient desires a kidney transplant
- Patient ≥ 18 years of age

Referral Process

UT Medical Center accepts referrals from the patient's physician or dialysis center.

Once the referral is received, the patient is contacted and provided with a link to an educational video for transplant education and scheduled for an initial evaluation.

Necessary forms for a faxed referral:

- Form 2728 (if patient has started dialysis)
- History and Physical (within a year of referral)
- Copies of insurance and prescription cards
- Recent labs including GFR (if possible)
- Demographic/Facesheet/Insurance

Referral Best Practices

- Only provide the requested information within the past year. 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 Exclusionary Criteria

Absolute Contraindications:

- Uncorrected or uncorrectable heart disease
- Oxygen dependence
- Residing in a skilled nursing facility
- Dementia or severe cognitive disorder
- Ejection fraction ≤ 35%
- Active Hepatitis B
- Cirrhosis
- Active bacterial/viral infection
- HIV
- Active Malignancy
- Documented non-compliance or unstable mental illness
- Severe peripheral vascular disease

Relative Contraindications:

- Elderly patients with multiple comorbidities
- BMI > 36 or BMI < 18
- Protein-calorie malnutrition
- Chronic active hepatitis C with high viral load
- Chemical dependency (alcohol abuse, illegal or non-prescribed drug use)
- Inability to care for self and/or no social support system to assist with post-transplant responsibilities
- Moderate to severe peripheral arterial and/or venous disease
- Parkinson's disease and/or moderate to severe tremors
- Severe chronic obstructive pulmonary disease
- Any condition deemed by the transplant surgeon, that risk of transplant is greater than benefit
- Hyperparathyroidism not well controlled with medication or surgery
- Absence of financial resources to support transplant and post-transplant follow up including medication, living expenses, transportation and medical care
- Frailty Assessment score of pre-frail or frail

Quick Links:

Transplant Referral Form: <https://www.utmedicalcenter.org/wp-content/uploads/2019/04/transplant-candidate-referral-form.pdf>

Transplant Evaluation Process Video: https://www.youtube.com/watch?v=zDSb0ILP73M&feature=emb_logo

Kidney Transplant Evaluation

- All patient are screened for absolute and relative contraindications.
- All recipient candidates will attend an education session.
- All patients or legal designee must provide informed consent prior to clinical evaluation.
- All recipient candidates will receive a consultation from a registered dietician, transplant pharmacist, transplant financial coordinator, transplant social worker and may be seen by a clinical psychologist if determined relevant by the multidisciplinary team.
- All potential recipients will receive the appropriate diagnostic laboratory and medical testing to determine suitability. This includes but is not limited to:
 - Viral and fungal serologic testing
 - ABO typing
 - HLA typing and all recipients will receive PRA testing
 - Complete Metabolic Profile
 - Complete Blood Count
 - Lipid Panel
 - Quantitative TB Gold testing
 - HgA1C for all recipient candidates regardless of personal or family history.
 - Chest radiograph
 - Panorex x-ray and/or dental evaluation unless patient is edentulous
 - Electrocardiogram
 - 2D Echocardiogram
 - VCUG
 - Pulmonary function testing
 - Age and family history associated cancer screenings
- Other diagnostic testing may be completed per physician discretion.

Selection Committee

- Selection Committee comprises of: Transplant physicians, surgeons, cardiologist, RNs, pharmacists, dietician, financial coordinator, social worker, independent living donor advocate.
- Patient Selection Committee meets weekly to discuss candidacy or any further testing needed to determine candidacy.
- Patients, their dialysis center or nephrologist (if not on dialysis) will receive a written response to the determination of the committee.
- Patients that routinely do not show for appointments or we are unable to contact will be closed out and not eligible for referral for a minimum of 6 months.

Post Evaluation

- Following Patient Selection Committee if the patient is listed on the UNOS wait list, they will be educated on the expectations while they are awaiting a kidney offer.
 - Patients are expected to communicate any changes in the following:
 - Health status, surgeries, medications, insurance and support system.
- Upon listing the patient will be transferred to UTMIC's Wait List Coordinator. All questions regarding status can be referred to this person.

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 are 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 and the location of your transplant binder and can communicate with the transplant centers in your absence.

Contacts:

Referral Intake Assistant:

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Referral Intake Coordinators:

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Wait List Coordinator:

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If you need any additional information or have questions, please call 865-305-9236.

