Name of Policy:	**Selection of Candidates for Renal Transplantation**
Policy Number:	3364-140-17
Department:	Renal Transplant Program
Approving Officer:	Chief Nursing Officer Director, Renal Transplant Program
Responsible Agent:	Director, Renal Transplant Program, Administrative Director, Renal Transplant Program, Transplant Coordinator
Scope:	The University of Toledo Medical Center

Effective Date: March 14, 2022

Initial Effective Date: June 15, 1990

_____ New policy proposal (for Med Staff) **X** Minor/technical revision of existing policy
_____ Major revision of existing policy _____ Reaffirmation of existing policy

(A) Policy Statement

To identify and select the patients suitable for renal transplantation and to assure fair and non-discriminatory distribution of organs.

(B) Purpose of Policy

To provide opportunity for renal transplantation for all suitable patients with End Stage Renal Disease.

(C) Scope

This policy applies to members of the medical staff performing transplantation procedures at the University of Toledo Medical Center, UTMC Personnel and any other persons involved in the transplantation programs of the University of Toledo.

(D) Procedure

It is anticipated that the majority of potential renal transplantation patients will be referred by nephrologists practicing in Northwest Ohio and the southern part of Michigan.

Transplant surgeons at The University of Toledo Medical Center will be available for consultation regarding suitability of individual patients. Transplantation referral will be determined by attending nephrologist.

1. The patient and/or his family is provided information regarding renal transplantation as a treatment modality for ESRD. This is the responsibility of the nephrologist and/or ESRD facility.
2. If the patient is a potential candidate, in the opinion of the nephrologist, he/she should be referred to the Transplant Service for transplant evaluation.
3. If a suitable patient desires to pursue the modality of transplantation, the Pre-Transplant Coordinator or the Nephrologist will order the following work up:
   a. Tissue typing including HLA-ABC/DR, PRA level, ABO blood type.
   b. If age > 45 years, colonoscopy is needed.
   c. Upper GI X-rays when indicated.
   d. Evaluation of anatomy and functions of lower and upper urinary tracts. When indicated this may include cystoscopy, retrograde, and VCUG. Ultrasound of kidneys when indicated.
   e. Cardiopulmonary evaluation - when indicated.
   f. Evaluation of iliac blood vessels, e.g. arteriogram CTA when indicated.
   g. Dental evaluation.

h. Pelvic exam in females over 21, or who are sexually active.
i. Mammogram in females over 40.
j. Patient suspected to have ongoing or potential emotional problems may be required to have psychiatric evaluation.
k. TB Quantiferon or PPD skin test.
l. PSA for males over 50.
m. Psychosocial evaluation to include financial and social aspects of transplantation. Patient support mechanics should be explored. Patient's ability to obtain appropriate follow up care and medication should be determined.
n. Lab studies which should be done:

CMP (Chem 14)	CBC w diff
Evaluation of liver function	Hepatitis Screen-includes Hepatitis C
CMV titre	EBV
HIV Screen Tests	Ca, P

o. Financial coordination evaluation.
p. A copy of recent EKG must be on file at UTMC on all transplant patients.
q. The Renal Transplant Coordinator will document the results of the received test in the patient's chart using the appropriate forms.
r. Dietary consult as needed.

4. During the course of this workup, the patient will be interviewed by transplant surgeon who will further discuss renal transplantation particularly the risks and benefits. The patient will also meet with the Clinical Transplant Coordinator who reviews the entire process with them.

5. Candidate blood type determination and reporting documentation in the outpatient/clinic medical record will include:
   a. At least, two separate ABO samples that are collected, resulted and documented before a candidate is eligible to be placed on the waiting list. The samples must be drawn on two separate occasions, have different collection times, be submitted as separate samples and have results indicating the same blood type. If there is conflicting or indeterminate blood type results, the coordinator will review with a physician and the patient will need to be drawn again for verification of the actual result.
   b. The ABO samples will need to be reviewed and reported independently by 2 qualified health care professionals using source documentation (medical record lab results of the blood type samples). Both health care professionals must use all known available blood type determination source documents to verify they contain the blood type results for the candidate, indicate the same blood type on the test results and match the result reported to the OPTN. (Per UNOS definition; qualified health care professional is a person who is qualified at UTMC to perform blood type reporting or verification requirements in Tiedi. At UTMC, qualified healthcare professionals includes the RN Transplant Coordinators and/or the trained data coordinator. Training will be done annually to ensure competency).
   c. Patient selection criteria used.

6. After completion of the workup, all reports are placed in the patient record and the patient is presented to the transplant committee for acceptance and placement on the active waiting list.
   a. If at any time the nephrologist, coordinator, or surgeon considers the patient a poor candidate for renal transplant, the coordinator will present the patient's information to the transplant committee. The committee will then decide whether or not to complete the work-up.

7. The patients unsuitable for renal transplantation are:
   a. Diagnosis and treatment for cancer in last 12 months other than localized skin (basal cell or squamous cell) or incidental cancers deemed to be of low metastatic potential.
   b. Incurable cancer.
   c. Poor surgical risk based on cardiopulmonary status.
   d. History of noncompliance in other treatment modalities.
   e. Chronic active hepatitis.

Approved by: /s/ Kurt Kless MSN, MBA, RN, NE-BC Chief Nursing Officer/CNO — Date /s/ Michael Rees, MD Director, Renal Transplant Program — Date *Review/Revision Completed By:* *Transplant Program* *Hospital Administration*	**Review/Revision Date:** 7/29/91 4/93 5/95 6/97 11/98 2/00 8/02 7/05 2/07 9/07 12/2007 12/3/2008 1/12/2010 8/31/2012 5/26/15 5/1/16 4/1/2019 3/24/2021 10/26/2021 3/14/2022 **Next Review Date:** 3/1/2025
Policies Superseded by This Policy: Prior Selection of Candidates for Renal Transplantation that was departmental only.	