Kidney Transplant Recipient Selection Criteria & Evaluation Process

Purpose:
To define patient selection criteria, evaluation process, and pre-transplant waiting period management for transplant candidates.

Definitions:
Transplant Team:
- Multi-disciplinary team composed of Program Director, Transplant Nephrologists, Transplants Surgeons, Transplant Program Manager, RN Transplant Coordinators, Transplant Office Assistants, Transplant Social Workers, Transplant Dietitian, Transplant Pharmacist, Transplant Data Manager, Transplant Differentiated Practice Nurse (from hospital level 17), and Transplant Financial Coordinators.
- Selection Committee, that includes Program Director, Transplant Surgeons, Transplant Nephrologists, RN Transplant Coordinators, Transplant Social Workers, and Transplant Financial Coordinators, meets once a week to review and discuss patients evaluated for transplantation, and to discuss transplant related policies, procedures and processes. Determines appropriate candidacy for transplantation.

Text:
The following guidelines are used to determine appropriate suitability for Kidney only transplantation

Indications for renal transplantation
1. Advanced chronic kidney disease

Inclusion criteria for renal transplantation
1. Reasonable expectation of improved quality of life and longevity
2. Adequate comprehension of transplant process and risks by the recipient or legal representative/guardian
3. Identification of a principal caregiver and social support to insure adherence with post-operative care. Expectations for caregiving support are greater for the more medically complex patient
4. Adequate insurance and financial plan to pay for post-transplant expenses including medical costs, immunosuppressive medication, and lodging/travel

Relative contraindications for renal transplantation:
1. Medical/Surgical
   a. Active infection
   b. BMI >40
   c. Malignancy within last 2 years
   d. Significant pulmonary or cardiac disease
   e. Active peptic ulcer disease, diverticulitis, cholecystitis, or hepatic disease
f. Severe vascular disease

2. Psychological/Social
   a. Current incarceration or under supervision mandated by the judicial/legal system
   b. Current recreational drug or alcohol abuse
   c. Current smoking or tobacco use
   d. Ongoing pattern of non-adherence to prescribed medical therapy
   e. Psychosocial problems that preclude adequate post-operative care management

Caveats:
1. No listing of criteria can account for the variability of the patient population.
2. Selection criteria exceptions will be considered with presentation to the multidisciplinary Kidney Pancreas Case Review Selection Conference.
3. In other cases, a patient may fall within minimally acceptable parameters of the above criteria. However, the Case Review Selection team may decline the patient for listing due to multiple high-risk factors that concurrently make him/her not likely to succeed with transplantation.

Evaluation Process:
1. Referral for transplant evaluation received.
2. Verify transplant benefits and eligibility.
4. Initiate evaluation process.
5. Review evaluation results including verification of candidate’s blood type
6. Present patient for selection to Kidney Pancreas Case Review and Selection Conference.
   a. If approved for transplantation, list on the UNOS waiting list and/or start working living donor candidates.
      1. Perform 2 RNTC verification of blood type.
      2. Deliver blood type result source document to lab and filed to ensure access at time of organ offer.
      3. Notify the patient, referring physician and, if applicable, dialysis unit of patient activation.
   b. If the patient is determined to be an unsuitable candidate for transplantation, the patient, their Nephrologist and, if applicable, their dialysis unit is notified. The patient continues to be managed by their Nephrologist throughout the evaluation process.
6. Obtain and maintain current payor authorization for renal transplantation.
7. Ongoing review of the patient’s suitability by the Kidney Pancreas Case Review and Selection Conference
8. Maintain up-to-date and accurate patient management records for each patient who receives an evaluation for placement on the waiting list and is admitted for transplantation.