

UNIVERSITY OF VIRGINIA HEALTH SYSTEM



1100000

Clinical Pathway: **Kidney Transplant - Adult**

Diagnosis: ESRD

DRG: 302 LOS: 3-5 days

Date Initiated _____ Initials _____

PLACE LABEL HERE

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

Date:	Pre-Operative	Day of Surgery	POD #1	POD #2	POD #3 - Target Day of Discharge	POD #4	POD #5
Assessment	Nephrology Surgery Anesthesia Nursing	VS, O2 sat, peripheral pulse per PACU guidelines, then q1h x 4, then q4h Systems Assessment per MC Policy 0241 Urine Output q1h I & O q4h Daily Weight, early AM Fistula/shunt/PD catheter precautions if present Ensure Foley cath taped to leg Notify MD if T>38.50, SBP>180 or <110, DBP >100 or <50, ≥ 50% decrease in hourly UO	VS, O2 sat, peripheral pulses q4h Systems Assessment per MC Policy 0241 Urine Output q1h I & O q8h (totals) Daily Weight Fistula/shunt/PD catheter precautions if present Ensure Foley cath taped to leg Need for possible dialysis at discharge	VS, O2 sat, peripheral pulses q4h Systems Assessment UO q1h; Void q1h after Foley DC, q2h at night I & O q8h Daily Weight Fistula/shunt/PD cath precautions if present	VS, O2 sat, peripheral pulses q4h Systems Assessment UO q1h; Void q1h after Foley DC, q2h at night I & O q8h Daily Weight Fistula/shunt/PD cath precautions if present	VS, O2 sat, peripheral pulses q4h Systems Assessment Void q1h during day, q2h at night I & O q8h Daily Weight Fistula/shunt/PD cath precautions if present	VS, O2 sat, peripheral pulses q4h Systems Assessment Void q1h during day, q2h at night I & O q8h Daily Weight Fistula/shunt/PD cath precautions if present
Tests	Metabolic panel CBC, PT, PTT, Final crossmatch, T&S 2 units PRBC	CXR Priority #1 STAT upon PACU arrival: CBC, PLT, PT, PTT, Basic Metabolic Panel, Mg, Phos - Correct based on results, then no further labs until POD #1 Accucheck q6h if AM BG >200	CBC, PLT, Basic Metabolic Panel, Mg, Phos Tacrolimus level Accucheck q6h if AM BG >200	Labs per Postop Order Set Accuchecks q6h; DC if euglycemic If diabetic, consult diabetic educator	Labs per Order Set Accuchecks if patient requires insulin	Labs per Order Set Accuchecks if patient requires insulin	Labs per Order Set Accuchecks if patient requires insulin
Activities	As tolerated	Bedrest until awake and alert, then OOB to chair W/in 8H	Ambulate TID as tolerated	Ambulate TID as tolerated	Ambulate TID as tolerated	Ambulate TID as tolerated	Ambulate TID as tolerated
Medications/ Treatments	Central line placement in OR	IVF 1/2 NS w/ 25mEq NaHCO3 modify rate q1h x 12h to replace UO ml:ml (NOT to exceed 1000ml/hr) Incentive Spirometry q2h w/a Oxygen as indicated Calf-high SCDs while in bed TCDB q2h while awake Irrigate Foley catheter c/ 20ml sterile NS prn decreased UO Pain medication per orders (Fentanyl PCA) Antibiotics, steroids, induction therapy	Valganciclovir: CMV+ donor to CMV- recipient 900mg daily as indicated by renal function CMV+ to + or CMV- to CMV+ 450mg daily IS q2h while awake DC Oxygen as indicated DC SCDs when ambulating TID Operative dressing removal by MD; replace dressing prn Once diet advanced, discontinue IVF	IS q2h while awake DC Foley catheter as indicated, then patient to void q1h, q2h at night	IS q2h while awake DC Foley catheter as indicated, then patient to void q1h, q2h at night	IS q2h while awake	IS q2h while awake

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Date:	Pre-Operative	Day of Surgery	POD #1	POD #2	POD #3 - Target Day of Discharge	POD #4	POD #5
Medications/ Treatments (continued)		Immunosuppression per orders FK, MMF steroids per protocol Thymoglobulin per orders Prophylaxis per Order Set (Nystatin, Bactrim, Colace, and PUD prophylaxis)					
Nutrition	NPO after MN on OR day	NPO; advance diet as tolerated to Regular or consistent carbohydrate	Diet as tolerated	Diet as tolerated	Diet as tolerated RD to see for post-tpx education	Diet as tolerated	Diet as tolerated
Discharge Planning/ Instruction	Ensure: • patient has teaching materials • patient education plan is accessible	Ensure patient has Transplant Handbook; Review basic contents Introduce anti-rejection meds by shape, color, name Prepare patient for frequent med changes based on lab values and vital signs	Show patient Pill Identification Sheet and mark meds; place stickers on meds pt is taking Write prescribed meds IN PENCIL on Weekly Medica- tion Checklist Introduce other supportive meds by shape, color: Col- ace (stool softener), Nystatin swish and swallow (fungal prevention); Bactrim (pneu- monia prevention) Patient to walk to scale for wt. Introduce importance of daily weights and VS at home cuff, thermometer for home use Review S&S of infection and rejection	If pt contracts to take meds without an RN present, begin self- medication. (Place scheduled meds in locked red tackle box in patient's room) Update any med changes on Weekly Med Checklist Have pt identify meds by purpose, name, shape, color Review med side effects: see Transplant Handbook for details Schedule as many meds as possible for 0800 / 2000 Review S&S of infection and rejection	Update any med changes on Weekly Med Check- list If BG consistently > 200: initiate diabetic teaching and DM education plan Introduce important lab values: (ex. creat=renal bili=liver) Post-transplant nutrition education per dietician Assess need for Home Health referral Ensure pt has plan to obtain home supplies Review S&S of infection and rejection	Update any med changes on Weekly Med Checklist Review with patient: • any med changes • OTC meds - no ibuprofen • Flip Chart as needed • where Mon/Thurs labs will be done as outpt. (listed on Education Plan) • where pt will obtain home meds (listed on Education Plan) Review HH Referral for completeness	Triple-check that Transplant Handbook Med Checklist, disch instructions and today's PTP all match. If NOT, rectify before discharge. Review with patient: • need for daily VS, wt • no ibuprofen • where/how labs will be done and home meds obtained • diabetic routine prn • results of discharge test
Outcomes	Prepared for surgery	Fluid/electrolyte balance WNL Adequate pain management Intact integument Infection-free Adequate respiratory status with O2 sat > 90% Increasing understanding of post-transplant care and meds per Education Plan	Ambulates OOB to chair Return of bowel function Verbalizes any psychosocial concerns	Euglycemic Ambulates TID	Prepared for safe discharge	Prepared for safe discharge	Prepared for safe discharge

ALTERNATIVE PATHWAY OR PLAN OF CARE INITIATED FOR THIS PATIENT ON: DATE _____ INITIALS _____

Guidelines are general and cannot take into account all of the circumstances of a particular patient. Judgment regarding the propriety of using any specific procedure or guideline with a particular patient remains with that patient's physician, nurse, or other health care professional, taking into account the individual circumstances presented by the patient.

KEY: DC = discontinue; FK = Prograf ® - tacrolimus; MMF = Cellcept ® - mycophenolate mofetil; S&S = signs and symptoms; w/a = while awake