

MELANCON -Clinical Pathway for Post Transplant Inpatient Management

POD 0	POD 1	POD 2	POD 3	POD 4	POD 5
<ul style="list-style-type: none"> <li>▶ Thymoglobulin 1.5mg/kg &amp; Solumedrol 500 mg IV given in OR</li> <li>▶ Admit to stepdown unit</li> <li>▶ Stat Transplant Ultrasound (done in PACU)</li> <li>▶ Stat CXR, portable (done in PACU)</li> <li>▶ PCA orders</li> <li>▶ Zofran 4mg IV q 8° prn</li> <li>▶ NPO x 24hrs except meds</li> <li>▶ Stat Labs: CBC, BMP, Ca, Mg, Phos, PT/INR, PTT if appropriate</li> <li>▶ Ancef (or appropriate ABX) x 24 hours</li> <li>▶ Start SubQ Heparin</li> <li>▶ Fingersticks q 4hrs, if diabetic. Or q Shift if NOT diabetic</li> <li>▶ VS q 15 til stable, q 30 x2, then q 1° x 24hrs</li> <li>▶ IVF D51/2 @ +/- 100ml/hr</li> <li>▶ Urine 1:1 replacements: 1/2 NS</li> <li>▶ CVP reading q 2 hours (Keep between 8-12)</li> <li>▶ Foley catheter to gravity</li> <li>▶ Bedrest x 6 hrs, then OOB to chair</li> <li>▶ SCD's</li> <li>▶ Private room - protective isolation</li> </ul>	<ul style="list-style-type: none"> <li>▶ Start Prograf for Live donor transplants (if approved by Surgeon)</li> <li>▶ Solumed 100 mg IV</li> <li>▶ Thymoglobulin 1.5 mg/kg (dose 2)</li> <li>▶ Review Mycophenolate start (likely POD1)</li> <li>▶ Daily Labs (BMP, CBC, Mg, Phos), Include LFTs today</li> <li>▶ Consider decreasing IVF &amp; Urine replacements, if appropriate</li> <li>▶ Start other post-op meds including:                             <ol style="list-style-type: none"> <li>1. PPI/H2 antagonist (renally dosed)</li> <li>2. Antiviral - Acyclovir (if CMV donor &amp; recipient - or Valcyte (renal dose T &amp; TH) - if either donor or recip +)</li> <li>3. Nystatin susp QID</li> <li>4. Bactrim SS M/W/F, if Sulfa allergy, order Pentamidine inhalation prior to d/c.</li> <li>5. Folic Acid 1mg qday</li> <li>6. Kphos, start if needed</li> <li>7. Magnesium Oxide, if needed.</li> <li>8. Bowel Regimen</li> </ol> </li> <li>• Ambulate</li> <li>▶ Place on floor orders (if appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>▶ Daily labs (BMP, CBC, Mg, Phos &amp; FK level if Prograf started</li> <li>▶ Start Prograf for Deceased Donor transplants (if approved by surgeon)</li> <li>▶ Solumed 100 mg IV</li> <li>▶ Simulect 20 mg IV</li> <li>▶ Consider Foley d/c if appropriate</li> <li>▶ Check PVR 2-4 hours post Foley removal</li> <li>▶ Advance diet</li> <li>▶ D/c PCA, order PO pain meds (if appropriate)</li> <li>▶ D/C IVF once PO intake adequate</li> <li>▶ Nutrition consult (cancel if not needed)</li> <li>▶ Diabetes Education (if necessary)</li> <li>*Discharge education by Inpatient coordinator ongoing throughout hospital stay to prepare patient safely for discharge home when</li> </ul>	<ul style="list-style-type: none"> <li>▶ Continue daily labs (include FK level if Prograf started)</li> <li>▶ Prednisone 20 mg po once</li> <li>If Sulfa allergy, Consider Dapsone or Pentamidine inhalation treatment</li> </ul>	<ul style="list-style-type: none"> <li>▶ Prednisone 5 mg once</li> <li>▶ Plan for discharge home today if meds/pillbox set &amp; pt deemed safe</li> </ul>	<ul style="list-style-type: none"> <li>** No further steroids after this point</li> </ul>

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# KIDNEY TRANSPLANT POST-OP PROTOCOL

Dr. KEITH MELANCON - 410-718-8668

SUSAN HOMMEL (transplant coordinator) -

703-901-5226 OR 202-491-5996

reclosure CMV @ @  
480  
reclosure CMV @ @  
480

1. In the PACU, the pt is to get a renal ultrasound to assess for blood flow to the graft

2. Fluid management:

a. The pt will receive Lasix 100 mg and Mannitol 24 gm intraop. This is done by anesthesia at the time of transplant.

b. Maintenance IVF: D51/2NS at 100 ml/hr. Can remove the D5 if hyperglycemia is a persistent problem (see below)

c. 1<sup>st</sup> 24 hours following operation: replace urine 1 ml: 1 ml with 1/2 NS

d. 2<sup>nd</sup> 24 hours following operation: replace urine 2 ml: 1 ml with 1/2 NS

e. Measure CVP continuously and titrate maintenance fluids and bolus 1/2 NS to keep the CVP between 8-12

f. If urine output is less than 100 ml/hr for any time period, contact the senior surgical resident immediately

g. If urine output is less than 30 ml/hr for any time period, contact Dr. Melancon directly at the phone number above. If he cannot be reached, contact Dr. Jagadeesan (transplant nephrology) at 706-951-6452

3. Electrolyte management:

a. CBC and BMP q 12 hours.

b. Standard electrolyte repletion practice based on creatinine and renal function

4. Blood sugar management: Q4 hour finger stick measurement.

a. If glucose is greater than 200 on more than 3 checks, start an insulin drip

5. Immunosuppression

a. Pt to receive 100 mg of Solumedrol on POD 1

b. All immunosuppression orders will be entered into Cerner as an order by the transplant team ONLY

c. Thymoglobulin must be administered via central line

6. Mobility: Bedrest x 6 hours then OOB daily

7. Antibiotic regimen

a. Nystatin S&S qid

b. Bactrim SS bid on M-W-F

c. Valcyte and Acyclovir dosing to be determined by the transplant team based on the patient/recipient CMV status