MELANCON -Clinical Pathway for Post Transplant Inpatient Management

POD 0	POD 1	POD 2	POD 3	POD 4	POD 5
➢ Thymoglobulin 1.5mg/kg & Solumedrol 500 mg IV given in OR	➢ Start Prograf for Live donor transplants (if approved by Surgeon)	➢ Daily labs (BMP, CBC, Mg, Phos & FK level if Prograf started	➢ Continue daily labs (include FK level if Prograf started)	➢ Prednisone 5 mg once	
➢ Admit to stepdown unit	➢ Solumed 100 mg IV	➢ Start Prograf for Deceased Donor transplants (if approved by surgeon)	➢ Prednisone 20 mg po once		** No further steroids after this point
➢ Stat Transplant Ultrasound (done in PACU)	➢ Thymoglobulin 1.5 mg/kg (dose 2)	➢ Solumed 100 mg IV		➢ Plan for discharge home today if meds/pillbox set & pt deemed safe	
➢ Stat CXR, portable (done in PACU)	➢ Review Mycophenolate start (likely POD1)	➢ Simulect 20 mg IV	➢ If Sulfa allergy, Consider Dapsone or Pentamidine inhalation treatment		
➢ PCA orders	➢ Daily Labs (BMP, CBC, Mg, Phos), Include LFT's today	➢ Consider Foley d/c if appropriate			
➢ Zofran 4mg IV q 8° prn	➢ Consider decreasing IVF & Urine replacements, if appropriate	➢ Check PVR 2-4 hours post Foley removal			
➢ NPO x 24hrs except meds	➢ Start other post-op meds including:	➢ Advance diet			
➢ Stat Labs: CBC, BMP, Ca, Mg, Phos, PT/INR, PTT if appropriate	1. PPI/H2antagonist (renally dosed)	➢ D/c PCA, order PO pain meds (if appropriate)			
	2. Antiviral - Acyclovir (if CMV donor & recipient - or Valcyte (renal dose T & TH) - if either donor or recip +)	➢ D/C IVF once PO intake adequate			
➢ Ancef (or appropriate ABX) x 24 hours	3. Nystatin susp QID	➢ Nutrition consult (cancel if not needed)			
➢ Start SubQ Heparin	4. Bactrim SS M/W/F, if Sulfa allergy, order Pentamidine inhalation prior to d/c.	➢ Diabetes Education (if necessary)			
➢ Fingersticks q 4hrs, if diabetic. Or q Shift if NOT diabetic	5. Folic Acid 1mg qday				
➢ VS q 15 til stable, q 30 x2, then q 1° x 24hrs	6. Kphos, start if needed				
➢ IVF D51/2 @ >/- 100ml/hr	7. Magnesium Oxide, if needed.				
➢ Urine 1:1 replacements: 1/2 NS	8. Bowel Regimen				
➢ CVP reading q 2 hours (Keep between 8-12)	• Ambulate				
➢ Foley catheter to gravity	➢ Place on floor orders (if appropriate)	*Discharge education by Inpatient coordinator ongoing throughout hospital stay to prepare patient safely for discharge home when			
➢ Bedrest x 6 hrs, then OOB to chair					
➢ SCD's					
➢ Private room - protective isolation					
				last edit 12/30/2013	

PICC alone.

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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

ACYCLOVIR CMV ⊖⊖ 400

GANCICYCLOVIR CMV ⊕ ⊖ 450

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~~ 150 ml/hr. Can remove the D5 if hyperglycemia is a persistent problem (see below)
   c. 1st 24 hours following operation: replace urine 1 ml: 1 ml with ½ NS
   d. 2nd 24 hours following operation: replace urine 2 ml: 1 ml with ½ NS
   e. Measure CVP continuously and titrate maintenance fluids and bolus ½ NS to keep the CVP between 8-12
   f. If urine output is less than ~~100~~ 30ml/hr for any time period, contact the senior surgical resident immediately
   g. If urine output is less than 30ml/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 BACTRIM DS DAILY DAPSONE IF SULFA ALLERGY 100 DAILY
   c. Valcyte and Acyclovir dosing to be determined by the transplant team based on the patient/recipient CMV status

BLOOD TRANSFUSE GOAL 150-100