

Post-Transplant Continuing Care Form for Kidney Recipients

Patient Name: _____

Date of Birth: _____ Medical Record # _____

Date of Transplant: _____

Date _____

Dear Dr. _____

This form contains information about your patient's recent transplant. We have included our recommendations for laboratory monitoring and immunosuppressive drug levels. Additional details may be found in the most recent Transplant Clinic notes which will also be forwarded to you.

Please could you keep us updated with any changes in the patient's status or with any changes made to the patient's medications?

As always, thank you very much for allowing us to participate in your patient's care Please do not hesitate to call us at (____) _____ - _____ with any questions regarding the ongoing care of your patient.

<p><u>Transplant Type:</u></p> <p><input type="checkbox"/> Deceased Donor Kidney</p> <p><input type="checkbox"/> Living Related Kidney</p> <p><input type="checkbox"/> Living Unrelated Kidney</p> <p><input type="checkbox"/> Simultaneous Kidney and Pancreas</p> <p><input type="checkbox"/> Pancreas after Kidney</p> <p><input type="checkbox"/> Pancreas alone</p> <p>Expanded Criteria Donor: No ____ Yes ____</p>	<p><u>HLA:</u></p> <p>Donor: A ____ B ____ DR ____</p> <p>Recipient: A ____ B ____ DR ____</p> <p><u>CMV status:</u> Donor ____ Recipient ____</p> <p><u>EBV status:</u> Donor ____ Recipient ____</p> <p><u>Hepatitis C status:</u> Donor ____ Recipient ____</p> <p><u>Induction agent:</u> _____</p> <p><u>New Onset Diabetes:</u> No ____ Yes ____</p> <p><u>Ureteral Stent?</u> No ____ Yes ____ (Date removed: _____)</p>	<p><u>Graft Function:</u></p> <p>Delayed Graft Function: No ____ Yes ____</p> <p>Baseline Creatinine: _____</p> <p><u>Infection:</u> No ____ Yes ____</p> <p>_____</p> <p><u>Rejection Episode(s):</u> No ____ Yes ____</p> <p>_____</p>
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Maintenance Immunosuppression and Infection Prophylaxis:

Drug	Current Dose	Trough Target Month 3-6	Trough Target Month 6-12	Trough Target Month >12
<input type="checkbox"/> Tacrolimus (Prograf) <input type="checkbox"/> Cyclosporine (_____)				
<input type="checkbox"/> Sirolimus (Rapamune)				
<input type="checkbox"/> Mycophenolic Acid Derivative (CellCept, Myfortic)			Infection Prophylaxis Stop Date <input type="checkbox"/> Antiviral _____ <input type="checkbox"/> Antifungal _____ <input type="checkbox"/> Bactrim/Dapsone _____	
<input type="checkbox"/> Prednisone		N/A		

Comments: _____

Recommended Screening Laboratory Tests:

Test	Recommended Interval and Method
<input type="checkbox"/> Complete blood count with differential	
<input type="checkbox"/> Metabolic profile with serum creatinine	
<input type="checkbox"/> Liver function profile	
<input type="checkbox"/> Drug level (tacrolimus, cyclosporine, sirolimus)	
<input type="checkbox"/> Amylase and Lipase	
<input type="checkbox"/> Urinalysis	
<input type="checkbox"/> Urine Protein-creatinine ratio	
<input type="checkbox"/> Fasting lipid profile	
<input type="checkbox"/> Fasting blood sugar	
<input type="checkbox"/> Hemoglobin A1c (goal <7%)	
<input type="checkbox"/> 25-OH Vitamin D levels	
<input type="checkbox"/> Intact PTH level	
<input type="checkbox"/> CMV Quantitative PCR (plasma)	
<input type="checkbox"/> Screening for BK Virus infection	

General Recommendations for the Care of the Transplant Recipient:

1. Transplant Specific Issues
 - Continue immunosuppression indefinitely, recommend consultation with transplant center before making changes
 - Consider potential drug interactions when initiating/adjusting other agents
 - Avoid empiric use of “pulse dose steroids”
 - Please contact the transplant center with any concerns regarding:
 - Immunosuppressive agents (drug levels, side effects, drug interactions)
 - Worsening renal function (unexplained >10% increase from baseline creatinine), proteinuria, hematuria or other findings that may require biopsy or other diagnostic procedures
 - Infections or malignancy
 - Tapering of immunosuppression, need for transplant nephrectomy, consideration of retransplantation
2. Health Maintenance
 - Routine screening procedures (colonoscopy, mammogram, Pap, PSA) based on general recommendations/prior testing results
 - Immunizations - yearly influenza, Pneumovax booster every 5-years. **Do not use live vaccines.**
 - Skin cancer risk- annual dermatology screening, use of sunscreen and avoidance of overexposure to sun
3. Cardiovascular
 - Evaluate anemia in patients with hemoglobin <12 g/dL at more than 3-months post-transplant (rbc indices, reticulocyte count, iron studies, folate and B12 levels, stool occult blood)
Initiate treatment with erythropoiesis stimulating agents if clinically indicated. Avoid ESA therapy if hemoglobin levels > 13 g/dL
 - BP control to target (<130/80)
 - Dyslipidemia screening and dietary and/or pharmacologic control (Goal LDL <100 mg/dL or <70 mg/dL in patient with CAD, TGL < 150 mg/dL). Advise patients to report muscle pain or weakness, monitor LFT's and CK levels with use of lipid lowering agents)
 - Aspirin administration unless contraindicated
 - Cardiovascular screening (stress test) in symptomatic or high risk patients (DM, history of CAD)
4. Bone Disease
 - Calcium supplementation (1000 – 1500 mg/day) in non-hypercalcemic patients
 - Vitamin D supplementation, if necessary
 - Consider hip DEXA scan – baseline within 6 months after transplant then at 12 and 24 months post-transplant (especially in patients receiving maintenance steroids)
 - Consider use of bisphosphonates or alternative anti-resorptive agents in appropriate patients with osteoporosis or worsening osteopenia