



Origination:	04/1990
Effective:	08/2021
Last Review:	08/2021
Last Revised:	08/2021
Expiration:	08/2024
Owner:	Nikki Gage: Transplant Quality Mgr
Policy Manual:	Kidney Transplant
Applicability:	Henrico Doctors' Hospital

Patient Selection Criteria for Kidney Transplant

PURPOSE STATEMENT:

To establish criteria for the referral and selection of patients for kidney transplantation.

RESPONSIBLE PERSONS:

Transplant Surgeon, Transplant Nephrologist, Transplant Nurse Practitioner, Transplant Social Worker, Clinical Transplant Coordinator, Transplant Dietician, Transplant Financial Coordinator, Transplant Office Coordinator and Transplant Pharmacist.

POLICY STATEMENT:

It is the transplant program's philosophy that each patient is an individual with a unique history of health and illness, as well as personal and family characteristics which determine his life circumstances. Therefore, the evaluation focuses not only on the medical criteria, but also on the patient's understanding of the pros and cons of kidney transplant and their ability to participate in their plan of care. Patient referral and selection criteria will be used by the transplant multi-disciplinary team to determine patient suitability for kidney transplantation.

Referral Criteria:

- a. Demonstrates compliance with treatment plan and medications.
- b. Age is less than 73 years. (Patients with a living donor will be reviewed on a case by case basis.)
- c. BMI of less than 40.
- d. **No** evidence of the following barriers to transplant:
 - Uncorrectable cardiac disease
 - Uncorrectable pulmonary disease: O2 dependent
 - Chronic infection unresponsive to treatment
 - Active substance abuse
 - HIV positive
 - Active Cancer
 - Major psychiatric disorder that is unstable despite medical management.
 - Insufficient financial or social resources to support long term transplant care.

Selection Criteria:

Patients referred to the transplant program will undergo a medical and psychosocial evaluation to assist in the determination of suitability for transplantation. The patient's candidacy will be based on a relative risk assessment for the effects of kidney transplant surgery and long term effects of immunosuppression compared to dialysis therapy.

- a. Chronic disease stage 4-5 or is currently on renal replacement therapy.
- b. Age less than 76 years.
- c. Demonstrates compliance with current treatment plan and medications.
- d. No evidence of the following:
 - Disseminated malignancy
 - Intractable cardiac failure
 - Intractable respiratory failure
 - HIV positive
 - Chronic infection unresponsive to treatment
 - Extensive peripheral vascular disease
 - Morbid obesity (BMI 40 or greater)
 - Active alcohol or drug abuse
 - Major psychiatric disorder that is unstable despite medical management
 - Insufficient financial or social resources to support long-term transplant care

Prospective transplant candidates will have drug screening testing performed as a part of the routine evaluation for kidney transplant. "Abuse" will be defined as the candidate's inability to produce a negative drug screen (outside of Marijuana) as ordered by the Transplant team.

Exceptions to the kidney transplant program's established patient selection criteria will be considered on an individual basis. The multi-disciplinary team member requesting an exception to the kidney transplant program's established selection criteria will be responsible for justifying the exception request and gaining consensus of the transplant multi-disciplinary team. The exception must be approved by the Transplant Medical Director and Transplant Administrative Director. Exceptions to the kidney transplant program's selection criteria will not interfere with safe and non-discriminatory distribution of organs.

Notification of patient candidacy:

Patient suitability for transplantation will be determined by the transplant multi-disciplinary team. The patient, referring nephrologist, and dialysis center (as applicable) will be informed of the team's decision.

1. A consultation letter and a copy of the test results will be sent to the referring nephrologist and the patient's dialysis center (as applicable).
2. The patient, referring nephrologist, and dialysis center (as applicable) will be notified of the decision in writing. A copy of the notification letter will be retained in the patient's chart.

REFERENCES:

"Evaluation of Renal Transplant Candidates: Clinical Practice Guide lines." Developed by the Patient Care and Education Committee of the American Society of Transplant Professionals (ASTP), 1995; 2001.

Mid Atlantic Renal Coalition Guidelines Medicare Conditions of Participation 482.90.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Quality Council or Patient Safety Committee	Amudha Jacob: Coordinator Quality Management	08/2021
Transplant Steering Committee or Transplant Quality Committee	Nikki Gage: Transplant Quality Mgr	08/2021

Applicability

Henrico Doctors' Hospital

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