

	POD # 0		POD # 1		POD # 2		POD # 3
	0~12 (Hours)		12-24 (hours)	24-36 (hours)	36-48 (hours)	48-60 (hours)	
Monitor	Telemetry for first 24 hours Daily Weight			Continue telemetry if : 1) DGF on H/D 2) K > 5.8 3) HCO3 <18 4) Postop cardiac events (A fib, MI, ...) 5) Pre-op cardiology recommendation			
Fluid	“C.C per C.C “ 0.45 NS W/WO bicarb alternate		Fixed rate fluid (consult with Tx)	Stop IVF			
Pain	Tylenol 975 mg Q8H, PRN oral oxycodone or Dilaudid			Oral pain Medications (oxycodone or dilaudid)			
Foley	Monitor HOURLY urine output for 24 hours <ul style="list-style-type: none"> Call transplant team if UO decreased by 50% or UO is less than 100cc/hr 				Remove Foley at midnight on POD # 2 (at least 48 hrs post-op)		PVR < 100ml
Diet	NPO		Clear(Carb controlled)		Carb-controlled regular diet as tolerated		
Immuno-suppression	OR: Thymo#1 (1.5mg/kg, Max 150mg) Solumedrol 500mg		Thymo#2 (only if WBC > 3K, Platelet > 75K)				
			Tac/MMF	Tac/MMF/Pred	Tac/MMF/Pred		
Prophylaxis	Cefazolin 0.5 g Q8H x 3		Zantac, Colace Started SC Heparin 5000unit Q12H when Hb stable		Bactrim SS, Valcyte (Valtrex), Nystatin, Pravastain Started		
Medications	* Resume half of home dose of B-Blocker/ Clonidine		Insulin sliding scale **Insulin/ASA/ Heparin drip	Resume pertinent home meds if indicated: BP meds, ASA, Psych meds, etc...			All Transplant medications delivered to patients' room
Consult	Transplant nephrology		DM consult if baseline type1/2 DM or BG > 150x2				
Wound/Drain	RP JP and/or SC JP		Monitor JP drains output		Remove OR dressing		JP may be removed or left in place
Education	Nursing teaching: Glucometer, txp meds, JP/Foley care if indicated				Transplant coordinator/Pharmacist medication teaching		
Activity	IS, Out of bed, weight daily		PT/OT				

Dr. Dunn uses daily prednisone as Thymo pre-medication so may need to reschedule daily prednisone if patient receiving Thymo that day

*If on B-blocker/clonidine at home and not hypotensive ** Insulin drip if BG > 400 or type 1 DM, ASA and heparin drip per Surgeon

Post-Kidney Transplant Pathway

DC planning

Transplant House (or Gift of Life House) reservation?

Output thymo, Stent removal date, Home care, Output dialysis, Follow-up appointments and plans

Post-Kidney Transplant Pathway

Medications

Immunosuppression agents

- **Tacrolimus** (Prograf)
or **Modified Cyclosporine**(Neoral), rarely **Sirolimus** (Rapamune)
- **Mycophenolate mofetil** (Cellcept)or **Enteric coated mycophenolate sodium** (Myfortic)
- rarely **Azathioprine** (Imuran)
- **Prednisone**
- Rarely **Belatacept** (Nulojix)

Prophylaxis

- **PCP: Sulfamethoxazole-trimethoprim single strength** (Bactrim SS) or **Atovaquone** (Mepron) or **Dapsone**
- **CMV: Valganciclovir** (Valcyte) or **Valacyclovir** (Valtrex)
- **Antifungal: Nystatin**
- **GI: Ranitidine** (Zantac) or **PPI**
- **Statin: Pravastatin** (Pravachol) or pre-transplant statin (**note this may vary due to drug interaction if patient on modified cyclosporine**)

Medications related to other comorbidities

- **DM** : Insulin
- **HTN**: calcium channel blocker-note diltiazem and verapamil rarely used due to drug interactions, beta-blockers, alpha adrenergic 2 agonists, ACE/ARBs avoided in early post op period.
- **Diuretics: Furosemide** (Lasix)
- **Levothyroxine** (Synthroid)
- **BPH: Tamsulosin** (Flomax)
- **Anticoagulants** : ASA, warfarin

Post-Kidney Transplant Pathway

Immunosuppression Agents

Agent	Action	Dosing	Side effect	Interaction
Thymoglobulin	Polyclonal Antibody <i>T-cell depletion</i>	1.5mg/kg/dose rounded to nearest 25mg max 150 mg 3 to 5 doses	Major: Pulmonary edema; Serum sickness Minor: HTN, Chills, Fever, Arthralgia, HA	Notes: temporarily neutropenia; thrombocytopenia * Increased risk of opportunistic infections
Tacrolimus (Prograf)	Calcineurin inhibitor <i>Inhibition of T-cell activation</i>	Q12H <i>Dose varies, goal morning trough level 8 to 12 ng/mL for first 3 months</i> 6AM/6PM (HUP)	Nephrotoxicity Neurotoxicity (AMS, tremor, PRESS) Hyperkalemia, Hyperglycemia Prolong-QT	Level ↑ Inhibition of P-450 Diltiazem, Verapamil, Ritonavir, Fluconazole, Voriconazole, Erythromycin, Clarithromycin, and possibly Azithromycin, Cimetidine Level ↓ Induction of P-450 Phenytoin, Carbamazepine, Phenobarbital, Rifampin, Rifabutin, Efavirenz, Etravirine, Nevirapine
Mycophenolate mofetil (MMF) (Cellcept)	Selective Antimetabolite <i>(lymphocytes)</i> <i>Blocking proliferation of T and B cells</i>	500mg BID <i>No routine drug monitoring performed</i> 6AM/6PM (HUP)	GI symptoms: Diarrhea, N/V, poor appetite, bloating Pancytopenia may occur, especially neutropenia and thrombocytopenia	Avoid taking MMF with antacids, Cholestyramine, sevelamer, lanthanum, oral iron, calcium and magnesium supplements, they may decrease absorption ☑ Discontinue MMF prior to plan pregnancy, risk of congenital malformations-REMS pt prescriber agreement completed while on MMF
Prednisone	Blockade of cytokine for T-cell activation	Daily	Hyperglycemia AMS	