

TRANSPLANT RECIPIENT ASSESSMENT CHECKLIST

Hospital: St George

Consultant:

Name:

DOB: **MRN:**

Contact Details

Address:

Contact: (h) (m)

NOK Name:

Drug allergies: none recorded

Food/other allergies/intolerances: none recorded

Alerts: none recorded

Cause of Renal Failure:

Medical History

Surgical History

Dialysis

Start date: Mode: HD access:

Previous Transplant History:

Number of previous grafts: Date of previous graft/s: Side of previous graft/s:

Date and cause of graft Failure: Is previous graft/s still in situ?:

Transplant Waiting List:

Date of last Red Cross report:

<u>Specialist reviews</u>	Date	Comments
Surgeon (Lemech)		
POW nephrologist		
Local cardiologist		If clinically indicated
POW cardiologist		If clinically indicated
ID review		For all patients – referral to be written by POW nephrologist at assessment clinic

<u>Vaccinations if no immunity demonstrated</u>				
	Date		Date	Result after vaccination:
Heb B		Repeat serology 1 month after vaccination		
Varicella		Repeat serology 1 month after vaccination		
MMR		Repeat serology 1 month after vaccination		
Influenza		Pneumoccal		N/A

Other Issues:

SURGICAL ALERTS: Antiplatelet agents, can the patient receive a dual allocation ...

MEDICAL ALERTS:

INTERPRETER NEEDED:

Name: MRN:			
INVESTIGATION	DATE	RESULT	Indications
Blood group			Initial
INFECTION & VACCINATION			
HepBsAg, HepBsAb, HBcAb			6 monthly (+ vaccination if no immunity)
Hep C Ab			6 monthly
HIV Ab			Initial
CMV IgG Ab			Initial
EBV IgG Ab			Initial
HTLV 1&2 Ab			Initial
HSV Type 1 & Type 2 Ab			Initial
Strongyloides serology			Initial
Varicella zoster Ab			Initial (+ vaccination if no immunity)
Measles, mumps, rubella IgG			Initial
Quantiferon gold (TB exposure)			Initial if positive refer to chest clinic
Dental check			Yearly
CARDIOVASCULAR DISEASE Low risk: Age <50yr, non-smoker, no atrial fibrillation, no diabetes, <2years on dialysis. High risk: Age >50yr, smoker, diabetes, atrial fibrillation, prior cardiac event, >2 years on dialysis. If LVEF <50% or positive stress test case needs detailed discussion with cardiologist before acceptance			
ECG			Yearly (all)
Echo			Yearly if high risk, 2 nd yearly if low risk
Stress Echo / SESTAMIBI			2 nd yearly if high risk
Coronary angiogram			If clinically indicated
Carotid doppler			3 rd yearly if high risk
Lipids (Chol, LDL, HDL, triglyceride)			6 monthly
Smoking		Never / former / current	
RISK FACTORS: Diabetes (high risk: family history of diabetes, BMI>30, ATSI, HbA1c 5.5-7%); malignancy; cognition			
GTT & HbA1c (non-diabetic & low risk)			Initial then 3 rd yearly
Fasting BSL (non-diabetic & low risk)			Yearly in between 3 rd yearly GTT's
HbA1c (diabetic & high risk)			Yearly
Chest Xray			2 nd Yearly
Mammogram (women)			2 nd yearly if >40yrs old. Breast exam/US if <40
Cervical screening (women)			5 th yearly (from 2019)
FOB x3 (Colonoscopy if FOB+, FH or PR bleeding)			2 nd yearly
Renal ultrasound			3 rd yearly
PSA (men)			Yearly if age >50 or >40 with family history
Dermatologist/skin check			Initial then as clinically indicated
Urologist			If clinically indicated
Mini Mental State Exam cognition screen			>70 years if score <27 refer for formal screening
SURGICAL ASSESSMENT Formal review with surgeon every 2 years, or ANNUAL if BMI >30 and/or waist circumference >102cm (men), >88cm (women) or more if requested by surgeon			
Height/Weight/BMI/Waist circumference			Yearly
Aorto ileo-femoral doppler			2 nd yearly
TRANSPLANT PREPARATION			
Attended formal transplant education session			At least once
Live donor (yes/no)			

