

Post-transplant follow up 0-12 weeks

Weight, BP, creatinine and CNI/SRL levels <i>every</i> appointment															
Wk	MSU-C/S	Urine ACR or PCR	Ureteric Stent removal	Fasting BSL	Random (non-fasting) BSL*	Lipids	BK & CMV DNA plus EBV DNA if D+/R-	Increased risk donors HCV viral load (VL), HIV VL, HBV VL & sAg	ABO titres if ABOi	PTH	25-OH Vit D	Consider Influenza vaccine during Flu season if not given pre-transplant	BMD if GFR >30	De novo anti-HLA DSA screen	Protocol biopsy
1				X					X						
2	X			X					X						
3				X					X						
4	X	X		X	X		X	X	X						
5															
6	X		X									X			
7															
8		X		X	X	X	X	X (HBV only)	X						
9															
10															
11															
12		X		X	X	X	X		X	X	X	X	X	X (with biops)	X
*Random BSL <i>early-mid</i> afternoon, as peak time of action of corticosteroids is 4-6 hrs following administration (morning levels may miss hyperglycaemia).															
Fasting BSL 5.5-6.9, or Random BSL 5.5-11 : Perform OGTT to confirm presence/absence of NODAT.															
Fasting BSL≥7.0 or Random BSL≥ 11.1, if consistent on different days then NODAT confirmed (OGTT not required)															

Time post transplant	Prednisone dose (oral)	Target tacrolimus trough concentration (ng/mL) for standard immune risk patients 12hours post-dose
Weeks 1-2	30mg	8-12
Weeks 3-4	25mg	
Week 5-6	20mg	8-10
Weeks 7-8	17.5mg	
Weeks 9-10	15mg	
Weeks 11-12	12.5mg	
3 months	10mg, then wean down	8-10
Months 4-12	maintenance dose to	7-8
Months 12-24	5mg over next 3-6	5-7
Months >24	months	4-6

These recommendations for prednisolone/tac targets are only applicable for standard immune risk kidney transplant recipients – NOT for kidney/pancreas or high risk kidney transplants