## TRANSPLANT RECIPIENT ASSESSMENT CHECKLIST

**Consultant**:

Medical His	story						
Surgical His	story						
<u>Dialysis</u> Start date:	Mod	le: HD ac	cess:				
	previous ause of gr	grafts: aft Failure	Date of previous graft/s: Is previous graft/s still in situ?: f last Red Cross report:	Side of prev	vious graft:		
Specialist reviews		Date	Comments				
Surgeon (I		Date	Comments				
POW neph							
	Local cardiologist		If clinically indicated				
POW cardiologist			If clinically indicated				
ID review			For all patients <50 referral to be written by POW nephrologist at assessment clinic				
Vaccination	ı	mmunity o	<u>lemonstrated</u>				
	Date			Date	Result after vaccination:		
Heb B			erology 1 month after vaccination				
Varicella			erology 1 month after vaccination				
MMR		1	erology 1 month after vaccination				
Influenza		Covid		Pneumoccal			
Other Issues:							
SURGICA	URGICAL ALERTS: Antiplatelet agents, can the patient receive a dual allocation						
MEDICAL	ALERTS	:					
INTERPRETER NEEDED:							

**Hospital**: St George

**Contact Details** 

Address: Contact: (h) (m)

Drug allergies: none recorded

Alerts: none recorded

**Cause of Renal Failure:** 

MRN:

Food/other allergies/intolerances: none recorded

Name: DOB:

NOK:

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 (+ vaccination if no immunity)			
Quantiferon gold (TB exposure)			Initial if positive refer to chest clinic			
Dental check			Yearly			
CARDIOVASCULAR DISEASE: Investigations to be repeated more frequently if clinically indicated						
ECG			Yearly (all)			
Echo			2 <sup>nd</sup> yearly			
Stress Echo / SESTAMIBI			2 <sup>nd</sup> yearly			
Coronary angiogram			If clinically indicated			
Carotid doppler			3 <sup>rd</sup> yearly if high risk			
Lipids (Chol, LDL, HDL, triglyceride)			6 monthly			
Smoking						
RISK FACTORS: Diabetes (high risk: family history	of diabetes	s, BMI>30, ATSI, HbA1c 5.5-7%); malignancy; cognition				
GTT & HbA1c (non-diabetic & low risk)			Initial then 3 <sup>rd</sup> yearly			
Fasting BSL (non-diabetic & low risk)			Yearly in between 3 <sup>rd</sup> yearly GTT's			
HbA1c (diabetic & high risk)			Yearly			
Chest Xray			2 <sup>nd</sup> Yearly			
Mammogram (women)			2 <sup>nd</sup> yearly if >40yrs old. Breast exam/US if <40			
Cervical screening (women)			3 <sup>rd</sup> yearly			
FOB x3 (Colonoscopy if FOB+, FH or PR bleeding)			2 <sup>nd</sup> yearly			
Renal ultrasound			3 <sup>rd</sup> 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 <sup>nd</sup> yearly			
TRANSPLANT PREPARATION						
Attended formal transplant education session			At least once			
Live donor (yes/no)						