TRANSPLANT RECIPIENT ASSESSMENT CHECKLIST

Hospital: St George **Consultant**:

Name:

DOB: **MRN:**

Contact Details

Address:

Phone number:

NOK:

Drug allergies: none recorded

Food/other allergies/intolerances: none recorded

Alerts: none recorded

Would consider a blood borne virus NAT positive donor? yes/no

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:

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

Transplant Waiting List Date of last Red Cross report:

Specialist reviews	Date	Comments
Surgeon		
POW nephrologist		
Local cardiologist		If clinically indicated
POW cardiologist		If clinically indicated
Urologist		
Other specialists		Eg. haematologist, ID, anaesthetic review

Vaccinations if no immunity demonstrated							
	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		Pneumococcal		Shingrix		Covid	

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

MEDICAL ALERTS: Date of Last Blood Transfusion: Ethnicity:

Number of pregnancies: Date of last:

INTERPRETER NEEDED:

POST-TRANSPLANT TRANSPORT PLAN:

Name: MRN:			
INVESTIGATION	**DATE**	**RESULT**	**Indications**
Blood group			Initial
Coagulation Profile			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)
Syphilis serology			Initial
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			2nd yearly
Stress Echo / SESTAMIBI			2nd yearly
Coronary angiogram			If clinically indicated
Carotid doppler			3rd yearly if high risk
Lipids (Chol, LDL, HDL, triglyceride)			6 monthly
Smoking		Current/former/never: pack/day, type [incl. vapes]	
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 3rd yearly
Fasting BSL (non-diabetic & low risk)			Yearly in between 3rd yearly GTT's
HbA1c (diabetic & high risk)		mmol/mol (%)	Yearly
Chest Xray			2nd Yearly
Mammogram (women)			2nd yearly if >40yrs old. Breast exam/US if <40
Cervical screening (women)			3rd yearly
FOB x3 (Colonoscopy if FOB+, FH or PR bleeding)			2nd yearly
Renal ultrasound			3rd yearly
PSA (men)			Yearly if >50 or >40 with family history
Dermatologist/skin check			Initial then as clinically indicated
Mini Mental State Exam cognition screen		Initial then as indicated for pts >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 including IVC & Iliacs			2nd yearly
TRANSPLANT PREPARATION			
Attended formal transplant education session			At least once
Transplant coordinator first education		Email patient's consultant if >12mth and not progressing in workup	
Live donor (yes/no)			