

## TRANSPLANT WAITING LIST SUMMARY

**Hospital:** St George

**Consultant:**

**Name:**

**DOB:**

**MRN:**

**Contact Details**

Address:

Contact: (h) (m)

NOK Name:

**Allergies: None recorded**

**Alerts: None recorded**

**Cause of Renal Failure:**

**Medical History**

(Eg: Diabetes, cardiac, cerebral, PVD, chronic infections, chronic lung disease, malignancy, anticoagulants)

**Surgical History**

(Eg: CABG, abdominal surgery, surgery for PVD etc)

**Dialysis**

Start date: Mode: Access:

**Previous Transplant History:**

Date of Transplant:

Side of Transplant:

Date and cause of Graft Failure:

**Transplant Waiting List:**

**Tissue Typing: HLA A:**

**B: DR:**

Current PRA %

Peak PRA %

Date of serum:

Date of Serum:

Cross match history:

**Other Issues**

|  |
|--|
|  |
|--|

Name:

MRN:

| INVESTIGATION   | DATE | RESULT                   | Indications  |
|---|------|--------------------------|--|
| Blood group   |      |                          | Initial  |
| Urine protein creatinine ratio  |      |                          | Yearly   |
| <b>INFECTION</b>  |      |                          |  |
| HepBsAg, HepBsAb, HBcAb   |      |                          | 6 monthly  |
| Hep C Ab  |      |                          | 6 monthly  |
| HIV Ab  |      |                          | Initial  |
| CMV IgG Ab  |      |                          | 6 monthly if IgG negative, initial if positive                 |
| EBV IgG Ab  |      |                          | 6 monthly if IgG negative, initial if positive                 |
| HTLV 1&2 Ab   |      |                          | Initial  |
| HSV Type 1 & Type 2 Ab  |      |                          | 6 monthly if IgG negative, initial if positive                 |
| Varicella zoster Ab   |      |                          | Initial  |
| Mantoux test  |      |                          | Initial  |
| Dental check  |      |                          | Yearly   |
| <b>CARDIOVASCULAR DISEASE</b> 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 then case needs detailed discussion with cardiologist before acceptance |      |                          |  |
| ECG   |      |                          | Yearly (all)   |
| Echo  |      |                          | Yearly if high risk, 2 <sup>nd</sup> yearly if low risk        |
| Stress Echo / SESTAMIBI   |      |                          | 2 <sup>nd</sup> yearly if high risk                            |
| Coronary angiogram  |      |                          | If clinically indicated  |
| Carotid doppler   |      |                          | 3 <sup>rd</sup> yearly if high risk                            |
| Lipids (Chol, LDL, HDL, triglyceride)   |      |                          | 6 monthly  |
| Smoking   |      | Never / former / current |  |
| <b>DIABETES</b>   |      |                          |  |
| GTT (non-diabetic)  |      |                          | Initial then 3 <sup>rd</sup> yearly                            |
| Fasting BSL (non-diabetic)  |      |                          | Annual in between 3 <sup>rd</sup> yearly GTT's                 |
| HbA1c & fructosamine (diabetic)   |      |                          | Yearly   |
| <b>MALIGNANCY</b>   |      |                          |  |
| PSA (Men)   |      |                          | Yearly if age >50 or >40 with family history                   |
| Chest Xray  |      |                          | 2 <sup>nd</sup> Yearly   |
| Mammogram (Women)   |      |                          | 2 <sup>nd</sup> yearly if >40yrs old. Breast exam/US if <40    |
| PAP smear (Women)   |      |                          | 2 <sup>nd</sup> yearly   |
| Colonoscopy   |      |                          | Initial if age >50/family history, then 3 <sup>rd</sup> yearly |
| Renal ultrasound  |      |                          | 3 <sup>rd</sup> yearly   |
| <b>SURGICAL ASSESSMENT</b> if BMI >30 and/or waist circumference >102cm (men), >88cm (women) for surgical review annual/as requested by surgeon   |      |                          |  |
| Height/Weight/BMI/Waist circumference   |      |                          | Yearly   |
| Aorto ileo-femoral doppler  |      |                          | 2 <sup>nd</sup> yearly   |
| Surgical review   |      |                          | 2 <sup>nd</sup> yearly or as clinically required               |
| Urology rv (prior urological/prostate problems)   |      |                          | If clinically indicated  |
| <b>TRANSPLANT SUITABILITY</b>   |      |                          |  |

8/09/2014

### TRANSPLANT WAITING LIST SUMMARY

|                               |  |  |        |
|-------------------------------|--|--|--------|
| Assessed by POW physician     |  |  | Yearly |
| Attended transplant education |  |  |        |
| Live donor (yes/no)           |  |  |        |

8/09/2014

# TRANSPLANT WAITING LIST SUMMARY

## DISCHARGE PLANNING

Local GP name/number: \_\_\_\_\_

### Medications

**Date:** Attach list from Medical Director

### Social Details

Employment Details: \_\_\_\_\_

Support Network: \_\_\_\_\_

Living Arrangements: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Patient known to social worker pre transplant: YES / NO

If yes name and contact details of social worker: \_\_\_\_\_

Social work referral required post transplant: YES / NO

Other services required post transplant: YES / NO

If yes what services? \_\_\_\_\_

### Transport

Mode of transport post transplant: \_\_\_\_\_

Telephone number/name of transport: \_\_\_\_\_