

## **BAYSTATE MEDICAL CENTER**

### **RENAL TRANSPLANT RECIPIENT SELECTION CRITERIA**

1. Age
  - a. must be 4 years old or greater
2. Consent
  - a. recipient or authorized representative must be able to give legal consent for treatment
  - b. recipient or authorized representative must be capable of understanding the information presented during the evaluation process to make a voluntary decision
  - c. recipient or authorized representative must receive appropriate informed consent
3. Medical Evaluation
  - a. recipient must have acceptable results from medical evaluation:
    - i. history and physical examination (BMI <34 and abd. girth < 35in. (female) < 40 in. (male).
    - ii. laboratory evaluation\*
    - iii. EKG
    - iv. chest x-ray
    - v. nephrologist evaluation
    - vi. transplant surgeon evaluation
    - vii. additional testing as requested by physician (i., v. & vi.)
    - viii. dental evaluation
    - ix. PAP smear & mammography (as indicated)
    - x. Prostate Specific Antigen and prostate exam (age  $\geq$  40))
    - xi. fecal occult blood test (age 40-50; colonoscopy if  $\geq$  50)
4. Psychosocial Evaluation
  - a. recipient must have acceptable results from psychosocial evaluation:
    - i. social worker evaluation
    - ii. financial counselor evaluation
    - iii. psychiatrist evaluation (as indicated)
5. Transplant Patient Review Committee
  - a. recipient must be presented and receive recommendation from TPRC to:
    - i. be approved to move forward into work-up phase

- ii. must meet specified goals (smoking cessation; weight loss) before moving into work-up phase.
- iii. Not a transplant candidate at this time

\* Minimum laboratory evaluation:

1. CBC
2. INR/PTT
3. electrolytes
4. BUN/creatinine
5. assessment of GFR
6. albumin
7. fasting blood glucose
8. liver tests
9. bone profile
10. blood lipids
11. uric acid
12. hepatitis B and C
13. HIV
14. CMV
15. EBV
16. RPR
17. HSV
18. VZV
19. PPD skin test
20. PTH
21. urine culture (if appropriate)

<b>Approved by:</b>	<b>Date:</b>
<b>Update / Revision Approved by:</b>	<b>Date:</b>