Post-Transplant Continuing Care Form for Kidney Recipients

Patient Name: _____________________________________ _________
Date of Birth: __________________ Medical Record # _________________
Date of Transplant: __________________

Dear Dr. __________________________________

This form contains information about your patient’s recent transplant. We have included our recommendations for laboratory monitoring and immunosuppressive drug levels. Additional details may be found in the most recent Transplant Clinic notes which will also be forwarded to you.

Please could you keep us updated with any changes in the patient’s status or with any changes made to the patient’s medications?

As always, thank you very much for allowing us to participate in your patient’s care. Please do not hesitate to call us at (_____ ) _____ - ________ with any questions regarding the ongoing care of your patient.

Transplant Type:
□ Deceased Donor Kidney
□ Living Related Kidney
□ Living Unrelated Kidney
□ Simultaneous Kidney and Pancreas
□ Pancreas after Kidney
□ Pancreas alone

Expanded Criteria Donor:
No _____ Yes _____

HLA:
Donor: A _____ B _____ DR ________
Recipient: A _____ B _____ DR ________

CMV status: Donor____ Recipient____
EBV status: Donor____ Recipient____

Hepatitis C status: Donor__ Recipient____

Induction agent: ________________

New Onset Diabetes: No ____ Yes ____

Ureteral Stent? No ___ Yes ___
(Date removed:______________)

Graft Function:
Delayed Graft Function: No ____ Yes ____

Baseline Creatinine: _____________

Infection: No _____ Yes ____

Rejection Episode(s): No _____ Yes ____

Maintenance Immunosuppression and Infection Prophylaxis:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Current Dose</th>
<th>Trough Target Month 3-6</th>
<th>Trough Target Month 6-12</th>
<th>Trough Target Month &gt;12</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Tacrolimus (Prograf)</td>
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<td></td>
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<tr>
<td>□ Cyclosporine (__________________)</td>
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<tr>
<td>□ Sirolimus (Rapamune)</td>
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<tr>
<td>□ Mycophenolic Acid Derivative (CellCept, Myfortic)</td>
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<tr>
<td>□ Prednisone</td>
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</tbody>
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Infection Prophylaxis Stop Date:
□ Antiviral ________________
□ Antifungal ________________
□ Bactrim/Dapsone ________________

Comments: __________________________________________________________________________________________

This form is provided by the American Society of Transplantation and can be found at www.a-s-t.org
### Recommended Screening Laboratory Tests:

<table>
<thead>
<tr>
<th>Test</th>
<th>Recommended Interval and Method</th>
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</thead>
<tbody>
<tr>
<td>Complete blood count with differential</td>
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<tr>
<td>Metabolic profile with serum creatinine</td>
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<tr>
<td>Liver function profile</td>
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<tr>
<td>Drug level (tacrolimus, cyclosporine, sirolimus)</td>
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<tr>
<td>Amylase and Lipase</td>
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<tr>
<td>Urinalysis</td>
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<td>Urine Protein-creatinine ratio</td>
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<tr>
<td>Fasting lipid profile</td>
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<tr>
<td>Fasting blood sugar</td>
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<tr>
<td>Hemoglobin A1c (goal &lt;7%)</td>
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<tr>
<td>25-OH Vitamin D levels</td>
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<tr>
<td>Intact PTH level</td>
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<tr>
<td>CMV Quantitative PCR (plasma)</td>
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<tr>
<td>Screening for BK Virus infection</td>
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</tbody>
</table>

### General Recommendations for the Care of the Transplant Recipient:

1. **Transplant Specific Issues**
   - Continue immunosuppression indefinitely, recommend consultation with transplant center before making changes
   - Consider potential drug interactions when initiating/adjusting other agents
   - Avoid empiric use of “pulse dose steroids”
   - Please contact the transplant center with any concerns regarding:
     - Immunosuppressive agents (drug levels, side effects, drug interactions)
     - Worsening renal function (unexplained >10% increase from baseline creatinine), proteinuria, hematuria or other findings that may require biopsy or other diagnostic procedures
     - Infections or malignancy
     - Tapering of immunosuppression, need for transplant nephrectomy, consideration of retransplantation

2. **Health Maintenance**
   - Routine screening procedures (colonoscopy, mammogram, Pap, PSA) based on general recommendations/prior testing results
   - Immunizations - yearly influenza, Pneumovax booster every 5-years. **Do not use live vaccines.**
   - Skin cancer risk- annual dermatology screening, use of sunscreen and avoidance of overexposure to sun

3. **Cardiovascular**
   - Evaluate anemia in patients with hemoglobin <12 g/dL at more than 3-months post-transplant (rbc indices, reticulocyte count, iron studies, folate and B12 levels, stool occult blood)
   - Initiate treatment with erythropoiesis stimulating agents if clinically indicated. Avoid ESA therapy if hemoglobin levels > 13 g/dL
   - BP control to target (<130/80)
   - Dyslipidemia screening and dietary and/or pharmacologic control (Goal LDL <100 mg/dL or <70 mg/dL in patient with CAD, TGL < 150 mg/dL). Advise patients to report muscle pain or weakness, monitor LFT’s and CK levels with use of lipid lowering agents
   - Aspirin administration unless contraindicated
   - Cardiovascular screening (stress test) in symptomatic or high risk patients (DM, history of CAD)

4. **Bone Disease**
   - Calcium supplementation (1000 – 1500 mg/day) in non-hypercalcemic patients
   - Vitamin D supplementation, if necessary
   - Consider hip DEXA scan – baseline within 6 months after transplant then at 12 and 24 months post-transplant (especially in patients receiving maintenance steroids)
   - Consider use of bisphosphonates or alternative anti-resorptive agents in appropriate patients with osteoporosis or worsening osteopenia

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