

## **Pre Op Cadaveric Renal Transplant SOP**

### **Before the kidney arrives:**

- Consultant Nephrologist will accept a suitable match after being contacted by NHB&T.
- On call Consultant Nephrologist will contact Ward 3C to let staff know kidney has been accepted and its expected time of arrival, advising of fasting times for patient.
- If patient on Haemodialysis they may require a session pre theatre, check with the Consultant.
- If on HHD they need a session check with family when last session.
- If PD patient check if they have time to complete session before coming in.
- On Call Nephrologist will contact the on call Urologist
- The urologist will then contact the on call transplant surgeon
- The Urologist will contact duty anaesthetist to let them know of deceased donor transplant and expected time of arrival
- Ward 3C nursing staff will contact the family to make them aware of a possible kidney
- During this phonecall – nurses should check if the patient has had any infections over the last 2 months or if they have had any recent blood transfusions
- Ward 3C staff should let the on call Nephrologist know of any recent infections or blood transfusions
- If the patient is on the Virtual Cross- Match (vXM) list, the Nephrologist will then contact the Consultant clinical scientist (rota and numbers on vXM sheet, this can be found on Renal Share Drive. This is to confirm a vXM is acceptable.
- Contact should be made with the Histocompatibility and Immunogenetics (H&I) lab during working hours to arrange transport of specimens. Check the Procedure for Cadaveric Kidney sheet.
- If the patient is not on the vXM list, they will require a prospective crossmatch, Ward 3C staff should contact the H&I lab during working

hours, or if it is out of hours, contact the on call tissue typing via switchboard as per Procedure for Cadaveric Kidney sheet.

- Ward 3C staff will then contact PICU (1D) that a transplant is planned
- When the arrival time of the kidney is confirmed by NHSB&T, Ward 3C will be informed.
- Please then inform the Surgeon as they may want to examine the Kidney.
- During working hours, the ward clerkess should obtain casenotes, if out of hours, Ward 3C staff should obtain then.

### **Plan**

- The patient should be fasted for at least 6 hours prior to transplant, on call nephrologist will guide the requirement for IV fluids.
- The family should make their way straight to Ward 3C
- If the patient is on Peritoneal dialysis, they should NOT have a last fill, even if they normally do. Parents should bring a sample of PD fluid with them. If during the night and PD has already commenced, it should be discussed with the consultant and may require to be stopped and a manual drain performed.
- If the patient receives Haemodialysis, they may require an extra session, this will be guided by the on call nephrologist. Heparinisation dose should also be discussed with the nephrologist.
- If the patient requires Haemodialysis, ensure the HD points are not in disinfection mode, see plan at nursing station + touchdown station to cancel the disinfection if this is required.

### **When the kidney arrives**

- The kidney should be brought to Ward 3C and should stay there.
- Ward 3C staff should inform both the paediatric surgeon of its arrival.
- If a prospective crossmatch is required, as detailed above, the donor lymph node, or spleen sample should be sent to H&I lab at Gartnaval Hospital. A clotted sample of the patients blood should also be sent

with this. See SOP Management of paediatric transplantation, available on the Renal Share Drive.

- The paperwork that accompanies the Kidney should be photocopied 2 times and each placed in an envelope, 1 – (the original) should go to theatre with the kidney, 2 – for Sister Diane King, 3- should be placed with the samples either in the fridge or to be transported.
- This should be sent by TAXI, not by courier
- If a vXM is taking place, and samples arrive after 3pm (Mon-Fri), they should be kept in the specimen fridge for collection the next working day.