


<p>Name of Policy: <u>Immediate Post-Operative Follow-Up of Transplant Patients by the Renal Transplant Coordinator</u></p> <p>Policy Number: 3364-140-07</p> <p>Department: Kidney Transplant Administration (Nursing Service)</p> <p>Approving Officer: Chief Nursing Officer Director, Renal Transplant Program</p> <p>Responsible Agent: Transplant Coordinator</p> <p>Scope: The University of Toledo Medical Center</p>	 <p>THE UNIVERSITY OF TOLEDO 1872</p> <p>Effective Date: 11/1/2021</p> <p>Initial Effective Date: January 5, 1982</p>
<p><input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy</p> <p><input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy</p>	

(A) Policy Statement

The Transplant Coordinator shall see each transplant recipient each day that they are on duty, from day of transplant to day of discharge.

(B) Purpose of Policy

To provide the patient with continuity of care, to facilitate discharge planning, to provide patient education, to act as liaison with the physicians and to be available to assist the patient.

(C) Procedure

1. The Transplant Coordinator will make rounds on a regular basis, reviewing the charts, seeing the patients, and identifying patient needs.
2. The Transplant Coordinator will facilitate multidisciplinary rounds on hospitalized recipients, interacting with all members of the transplant team to enhance communication related to the plan of care and documenting rounds in the patient record.
3. The Transplant Coordinator will assist in the care and/or teaching of the patients as is indicated.
4. Prior to discharge, the Transplant Coordinator reviews all aspects of home care with the patient, and if possible, his/her family. This discussion will include:
 - a. Contact numbers of transplant program staff that should be contacted for questions.
 - b. Clinical signs and symptoms of when to call the doctor, monitoring for rejection
 - c. A plan for addressing relevant psychosocial issues (in collaboration with the Social Worker); if applicable

- d. Activity restrictions and limitations
- e. Need for coordination of other health services; if applicable
- f. Medications and administration including patients schedule for taking medications and how to obtain medications (in collaboration with the Transplant Pharmacist).
- g. Assistance required to access local medical care, equipment or support; if applicable
- h. Necessity of follow up clinic/lab visits and medication
- i. Documentation is done on the multidisciplinary patient education form/progress notes in the patient's inpatient chart.

<p>Approved by:</p> <p style="text-align: center;">_____ /s/ Kurt Kless MSN, MBS, RN, NE-C Chief Nursing Officer/CNO Date</p> <p style="text-align: center;">_____ /s/ Michael Rees, MD Director, Renal Transplant Program Date</p> <p style="text-align: center;"><i>Review/Revision Completed By: Transplant Administrator</i></p>	<p>Review/Revision Date:</p> <table style="width: 100%; border: none;"> <tr><td>11/83</td><td>1/9/2009</td></tr> <tr><td>2/86</td><td>1/12/2010</td></tr> <tr><td>10/87</td><td>11/28/12</td></tr> <tr><td>11/88</td><td>10/7/15</td></tr> <tr><td>1989</td><td>10/24/2018</td></tr> <tr><td>7/90</td><td>10/26/2021</td></tr> <tr><td>3/92</td><td></td></tr> <tr><td>4/93</td><td></td></tr> <tr><td>5/94</td><td></td></tr> <tr><td>3/95</td><td></td></tr> <tr><td>6/97</td><td></td></tr> <tr><td>10/98</td><td></td></tr> <tr><td>2/00</td><td></td></tr> <tr><td>8/02</td><td></td></tr> <tr><td>7/05</td><td></td></tr> <tr><td>2/07</td><td></td></tr> <tr><td>12/07</td><td></td></tr> </table> <p>Next Review Date: 11/1/2024</p>	11/83	1/9/2009	2/86	1/12/2010	10/87	11/28/12	11/88	10/7/15	1989	10/24/2018	7/90	10/26/2021	3/92		4/93		5/94		3/95		6/97		10/98		2/00		8/02		7/05		2/07		12/07	
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Policies Superseded by This Policy:																																			

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.