


<b>Name of Policy:</b> <u>Post Discharge Follow Up of Transplant Patients by the Transplant Coordinator</u> <b>Policy Number:</b> 3364-140-08 <b>Department:</b> Kidney Transplant Administration (Nursing Service) <b>Approving Officer:</b> Associate Vice President/ Associate Executive Director Director, Renal Transplant Program Administrative Director, Renal Transplant Program <b>Responsible Agent:</b> Transplant Coordinator <b>Scope:</b> The University of Toledo Medical Center	 THE UNIVERSITY OF <b>TOLEDO</b> 1872
<b>Effective Date:</b> January 12, 2010 Initial Effective Date: January 6, 1982	
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

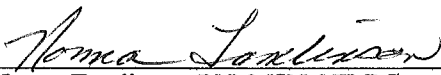
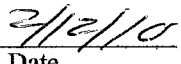

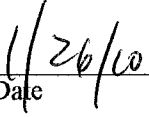


The Transplant Coordinator will see the renal transplant patients along with the Transplant Surgeons and Physicians at the time of follow up visits.

**(B) Purpose of Policy**

To provide the patient with continuity of care and to assist the physician in assessment of the patient's status.

**(C) Procedure**

1. The Transplant Coordinator sees the patients when they return to Renal Transplant Clinic.
2. The Transplant Coordinator assesses the needs of the patients, provides ongoing patient education and coordinates referrals as necessary.
3. The Transplant Coordinator documents her encounter in the Medical Record and when appropriate corresponds in writing with the referring nephrologist.

<b>Approved by:</b>  _____ Norma Tomlinson, RN, MSN, NE-BC Associate Vice President Associate Executive Director	 _____ Date	<b>Review/Revision Date:</b> 1983 12/2007 2/86 1/9/2009 10/87 1/12/2010 1/88 1989 7/90 3/92 4/93 5/94 3/95 6/97 10/98 2/00 8/02 7/05 2/07
 _____ Michael Rees, MD Director, Renal Transplant Program	 _____ Date	
 _____ Steven Selman, MD Administrative Director, Renal Transplant Program	 _____ Date	
<i>Review/Revision Completed By:</i> <i>Transplant Coordinator</i>		<b>Next Review Date:</b> 1/12/2013
<b>Policies Superseded by This Policy:</b>		