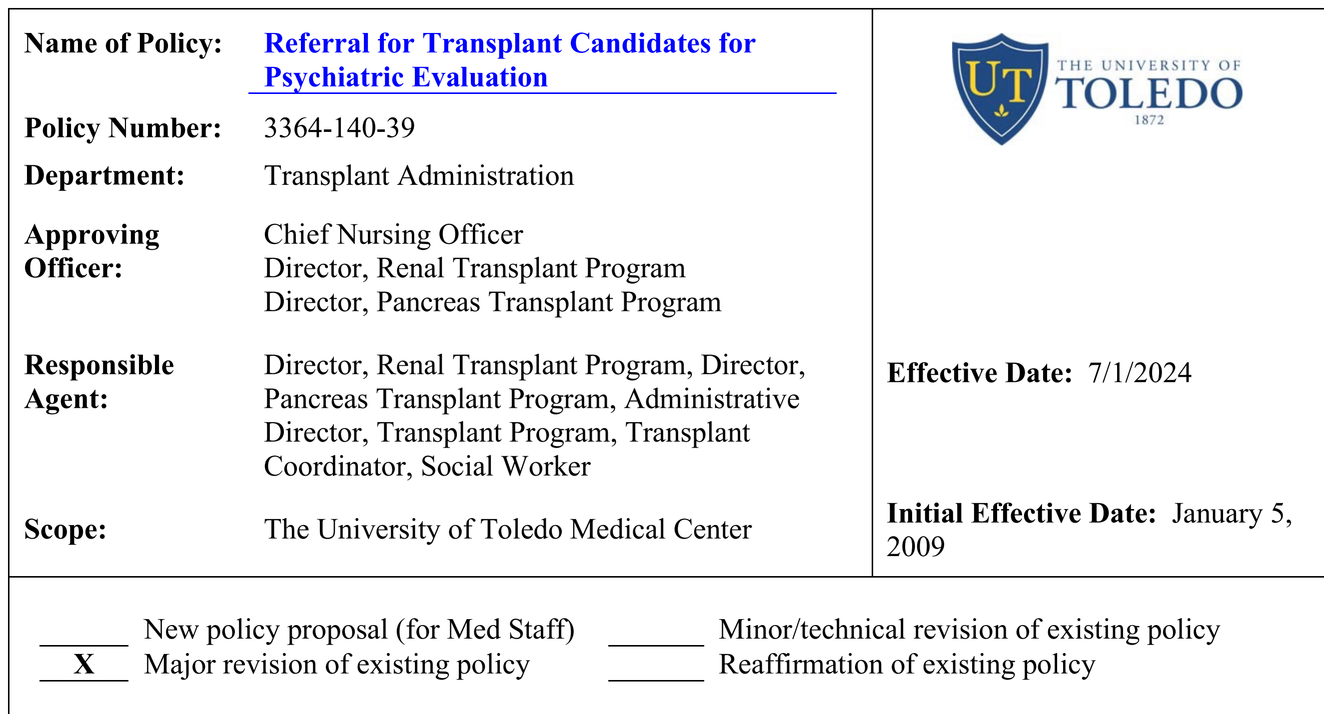

Name of Policy:	**Referral for Transplant Candidates for Psychiatric Evaluation**	THE UNIVERSITY OF TOLEDO 1872
Policy Number:	3364-140-39	
Department:	Transplant Administration	
Approving Officer:	Chief Nursing Officer Director, Renal Transplant Program Director, Pancreas Transplant Program	
Responsible Agent:	Director, Renal Transplant Program, Director, Pancreas Transplant Program, Administrative Director, Transplant Program, Transplant Coordinator, Social Worker	**Effective Date:** 7/1/2024
Scope:	The University of Toledo Medical Center	**Initial Effective Date:** January 5, 2009

_______ New policy proposal (for Med Staff) _______ Minor/technical revision of existing policy
___X___ Major revision of existing policy _______ Reaffirmation of existing policy

(A) Policy Statement

At the time of their initial evaluation appointment, all prospective transplant recipients and donors will be assessed by a social worker regarding a history of mental health problems, substance use/abuse, and alcohol intake.

(B) Purpose of Policy

To identify psychosocial issues which may have an impact on patient adherence while awaiting transplant and/or after a transplanted organ is received.

(C) Scope

This policy applies to members of the medical staff performing transplantation procedures at the University of Toledo Medical Center, UTMC Personnel and any other persons involved in the transplantation programs of the University of Toledo.

(D) Procedure

1. Prospective transplant recipients will be interviewed about substance use. They will be interviewed regarding specific criteria correlating to the identified substance used. Any individual that responds positive to two or more of the following criteria for any substance will be referred to substance use treatment.
2. Prospective transplant recipients that are identified as high-risk will be subject to randomized toxicology screens. This is at the discretion of social worker and physician.

The following criteria includes diagnostic criteria from Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision, published 2022.

Alcohol Use

A. Alcohol Use Disorder: A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   1. Alcohol is often taken in larger amounts or over a longer period than was intended.
   2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
   3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
   4. Craving, or a strong desire or urge to use alcohol.
   5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for alcohol
    b. Alcohol (or a closely related substance, such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Cannabis Use

A. Cannabis Use Disorder: A problematic pattern of cannabis use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   1. Cannabis is often taken in larger amounts or over a longer period that was intended.
   2. There is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
   3. A great deal of time is spent in activities necessary to obtain cannabis, use cannabis, or recover from its effects.
   4. Craving, or strong desire or urge to use cannabis.
   5. Recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school or home.
   6. Continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of cannabis.
   7. Important social, occupational, or recreational activities are given up or reduced because of cannabis use.
   8. Recurrent cannabis use in situations in which it is physically hazardous.
   9. Cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by cannabis.
   10. Tolerance, as defined by either of the following:
       a. A need for markedly increased amounts of cannabis to achieve intoxication or desired effect.
       b. Markedly diminished effect with continued use of the same amount of cannabis.
   11. Withdrawal, as manifested by either of the following:
       a. The characteristic withdrawal symptoms for cannabis.
       b. Cannabis (or a closely related substance) is taken to avoid withdrawal of symptoms.
B. If an individual is using cannabis under medical supervision, they will be required to provide the following information:
       a. A copy of their medical marijuana card
       b. A statement of indications for medical marijuana use provided by prescribing physician.
C. Upon receipt of the information listed above, the individual is requested to consume cannabis through means other than oral inhalation.

Hallucinogen (Phencyclidine) Use

A. Hallucinogen (Phencyclidine) Use Disorder: A pattern of phencyclidine (or a pharmacologically similar substance) use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. Phencyclidine is often taken in larger amounts or over longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control phencyclidine use.
3. A great deal of time is spent in activities necessary to obtain phencyclidine, use the phencyclidine, or recover from its effects.
4. Craving, or strong desire or urge to use phencyclidine.
5. Recurrent phencyclidine use resulting in a failure to fulfill major role obligations at work, school, or home.

6. Continued phencyclidine use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the phencyclidine.
7. Important social, occupational, or recreational activities are given up or reduced because of phencyclidine use.
8. Recurrent phencyclidine uses in situations in which it is physically hazardous.
9. Phencyclidine use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the phencyclidine.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of the phencyclidine to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of the phencyclidine.

Inhalant Use

A. Inhalant Use Disorder: A problematic pattern of use of a hydrocarbon-based inhalant substance leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. The inhalant substance is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control use of the inhalant substance.
3. A great deal of time is spent in activities necessary to obtain the inhalant substance, use it, or recover from its effects.
4. Craving, or a strong desire or urge to use the inhalant substance.
5. Recurrent use of the inhalant substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use of the inhalant substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational are given up or reduced because of the inhalant substance.
8. Recurrent use of the inhalant substance in situations in which it is physically hazardous.
9. Use of inhalant substance is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of the inhalant substance to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of the inhalant substance.

Opioid Use

A. Opioid Use Disorder: A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
   1. Opioids are often taken in larger amounts or over a longer period than intended.
   2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
   3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
   4. Craving, or a strong desire or urge to use opioids.
   5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
   6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
   7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
   8. Recurrent opioid use in situations in which it is physically hazardous.
   9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
   10. Tolerance, as defined by either of the following:
       a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect.
       b. A markedly diminished effect with continued use of the same amount of an opioid.
       c. **Note:** This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
   11. Opioid withdrawal, as manifested by either of the following:

a. Cessation of (or reduction in) opioid use that has been heavy and prolonged (i.e. several weeks or longer).
b. Administration of an opioid antagonist after a period of opioid use.
c. Three (or more) of the following developing within minutes to several days after criterion A:
    i. Dysphoric mood
    ii. Nausea or vomiting
    iii. Muscle aches
    iv. Lacrimation or rhinorrhea
    v. Pupillary dilation, piloerection, or sweating
    vi. Diarrhea
    vii. Yawning
    viii. Fever
    ix. Insomnia
d. The signs or symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
e. The signs or symptoms are not attribuable to another medical condition and are not better explained by another mental disorder, including intoxication or withdrawal from another substance.

Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

B. Those under medical supervision will be requested to obtain a letter of clearance from their opioid provider. This need will be communicated by social worker to multi-disciplinary transplant team.

Sedative, Hypnotic, or Anxiolytic Use

A. Sedative, Hypnotic, or Anxiolytic Use Disorder: A problematic pattern of sedative, hypnotic, or anxiolytic use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
    1. Sedatives, hypnotics, or anxiolytic are often taken in larger amounts or over a longer period than was intended.
    2. There is a persistent desire or unsuccessful efforts to cut down or control sedative, hypnotic, or anxiolytic use.
    3. A great deal of time is spent in activities necessary to obtain the sedative, hypnotic or anxiolytic; use the sedative, hypnotic, or anxiolytic; or recover from its effects.
    4. Craving, or a strong desire or urge to use the sedative, hypnotic, or anxiolytic.
    5. Recurrent sedative, hypnotic, or anxiolytic use resulting in a failure to fulfill major role obligations at work, school, or home (e.g.; repeated absences from work or poor work performance related to sedative, hypnotic, or anxiolytic use; sedative-, hypnotic-, or anxiolytic -related absences, suspensions, ort expulsions from school; neglect of children or household,)
    6. Continued sedative, hypnotic, or anxiolytic use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of sedatives, hypnotic, or anxiolytics (e.g.; arguments with a spouse about consequences of intoxication; physical fights.)
    7. Important social, occupational, or recreational activities are given up or reduced because of sedative, hypnotic, or anxiolytic use.
    8. Recurrent sedative, hypnotic or anxiolytic use in situations in which it is physically hazardous (e.g.; driving an automobile or operating a machine when impaired by sedative, hypnotic, or anxiolytic use.)
    9. Sedative, hypnotic, or anxiolytic use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the sedative, hypnotic, or anxiolytic.
    10. Tolerance, as defined by either of the following:
        a. A need for markedly increased amounts of the sedative, hypnotic, or anxiolytic to achieve intoxication or desired effect.

b. A markedly diminished effect with continued use of the same sedative, hypnotic, or anxiolytic.
c. **Note:** This criterion is not considered to be met for individuals taking sedatives, hypnotics, or anxiolytics under medical supervision.

11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for sedatives, hypnotics, or anxiolytics
    b. Sedatives, hypnotics, or anxiolytics (or closely related substance, such as alcohol) are taken to relieve or avoid withdrawal symptoms.
    c. **Note:** This criterion is not considered to be met for individuals taking sedatives, hypnotics, or anxiolytics under medical supervision.

B. Those under medical supervision will be requested to obtain a letter of clearance from their provider. This need will be communicated by social worker to multi-disciplinary transplant team.

<u>Stimulant Use</u>

A. Stimulant Use Disorder: A pattern of amphetamine-type substance, cocaine, or other stimulant use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. The stimulant is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control stimulant use.
3. A great deal of time is spent in activities necessary to obtain the stimulant, use the stimulant, or recover from its effects.
4. Craving, or strong desire or urge to use the stimulant.
5. Recurrent stimulant use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued stimulant use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the stimulant.
7. Important social, occupational, or recreational activities are given up or reduced because of stimulant use.
8. Recurrent stimulant use in situations in which it is physically hazardous.
9. Stimulant use is continued despite knowledge if having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the stimulant.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of the stimulant to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of the stimulant.
    c. **Note:** This criterion is not considered to be met for those who are taking stimulant medication solely under appropriate medical supervision, such as medication for attention deficit/hyperactivity disorder or narcolepsy.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for the stimulant (refer to Criteria A and B of the criteria set for stimulant withdrawal.
    b. The stimulant (or a closely related substance) is taken to relieve or avoid withdrawal symptoms.
    c. **Note:** This criterion is not considered to be met for those who are taking stimulant medication solely under appropriate medical supervision, such as medication for attention deficit/hyperactivity disorder or narcolepsy.

B. Those under medical supervision will be requested to obtain a letter of clearance from their provider. This need will be communicated by social worker to multi-disciplinary transplant team.

<u>Other (or unknown) Substance Use</u>

A. Other (or unknown) Substance Use Disorder: A problematic pattern of use of an intoxicating substance not able to be classified within the alcohol; caffeine; cannabis; hallucinogen (phencyclidine and others); inhalant; opioid; sedative, hypnotic, anxiolytic; stimulant; or tobacco categories and leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:
1. The substance is often taken in larger amounts over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control use of the substance.

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
4. Craving, or a strong urge to use the substance.
5. Recurrent use of the substance resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued use of the substance despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of its use.
7. Important social, occupational, or recreational activities are given up or reduced because of use of the substance.
8. Recurrent use of the substance in situations in which it is physically hazardous.
9. Use of the substance is continued despite knowledge of having a persistent or recurrent physical or physiological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
    a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
    b. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
    a. The characteristic withdrawal syndrome for other (or unknown) substance (refer to criteria A and B of the criteria sets for other [or known] substance withdrawal)
    b. The substance (or closely related substance) is taken to relieve or withdrawal symptoms.

<u>Tobacco Use</u>

A. Prospective transplant candidates are required to abstain from use of tobacco and nicotine products for 60 days. This includes cessation products including but not limited to nicotine patches, lozenges, nasal spray, and gum. Vape pens, electronic cigarettes, and smokeless tobacco are also prohibited.
    a. Upon cessation of tobacco or nicotine products, the prospective candidate may continue to participate in their transplant workup.

<u>Mental Health</u>

A. Individuals will be referred to a psychiatrist or psychologist for further assessment and treatment recommendations if they:

- have received inpatient psychiatric treatment within the last 12 months
- have attempted suicide within the last 12 months
- demonstrate evidence of dementia
- were non-adherent with their treatment regimen following a previous transplant/dialysis regimen
- have experienced functional limitations or difficulty in their ADL's on a continuing or intermittent basis during the last 12 months due to a mental disorder

B. They will be asked to notify the social worker when an appointment has been scheduled.
C. The initial consultation will be reimbursed by the Kidney Acquisition Fund for those patients being evaluated for kidney or kidney/pancreas transplant.
D. A written report will then be requested from the psychologist or psychiatrist following this appointment assessing the individual's ability to commit to a complex medical regimen.
E. Notification will be sent to their referring physician.
F. If therapy or medications are recommended, a report from the mental health practitioner attesting to the individual's adherence with and stability on this regimen will be obtained.
G. If the individual is receiving outpatient mental health treatment, it is the discretion of the assessing MSW to determine need for assessment by psychiatrist or psychologist.

- A clearance letter will be requested from their outpatient mental health provider attesting to the individual's adherence with and stability on this regimen.
- If further treatment is recommended by the patient's outpatient mental health provider, the patient will need to complete the treatment before consideration for listing.

H. These individuals can then proceed with the rest of their work-up pending MSW and/or committee approval.
I. Any individuals who are non-adherent with these treatment recommendations will not be eligible for transplant or to be donors.

J. Individuals who relapse while awaiting transplant will be immediately made inactive or removed from the list. They will be asked to again participate in a treatment program or referred to another transplant center for re-evaluation.
K. Individuals who have a second relapse while awaiting transplant will not be eligible for relisting.

<table>
<tr><td>Approved by:

/s/______________________________ ________
Kurt Kless MSN, MBA, RN, NE-BC Date
Chief Nursing Officer

/s/______________________________ ________
Michael Rees, MD Date
Director, Renal Transplant Program

_/s/______________________________ ________
Kunal Yadav, MD, FACS Date
Director, Pancreas Transplant Program

Review/Revision Completed By:
Transplant Program
Hospital Administration</td><td>Review/Revision Date:
1/12/2010
8/31/2012
5/26/2015
5/1/2018
3/1/2021
3/25/2024

Next Review Date: 7/1/2027</td></tr>
<tr><td colspan="2">Policies Superseded by This Policy: Prior Referral for Renal Transplant Candidates for Psychiatric Evaluation that was departmental only.</td></tr>
</table>