TRANSPLANT OPTION TOOL

EVALUATE, CLASSIFY, & RE-EVALUATE PATIENTS	**The Medical Record Will Indicate That:** • The patient* has been evaluated of suitability for a transplant referral, based on individual transplant center criteria, by the interdisciplinary care team including, but not limited to, a nephrologist, a nurse, a social worker, a dietitian and the patient or patient designee. • The patient has been classified as a suitable or unsuitable candidate for transplantation. • This initial assessment must be completed within 30 calendar days of admission to the facility or within the first 13 outpatient treatments within the facility. • The ESRD Conditions for Coverage mandate a comprehensive reassessment of each patient annually (at minimum) with the revision of the Plan of Care. Both the patient assessment and Plan of Care should include reevaluation of treatment modality and transplant status.
INFORM PATIENTS & DOCUMENT DECISIONS	• Patients determined not suitable for transplant referral were informed of this determination. • Suitable patients were presented the option of referral to a transplant center for evaluation, received transplant criteria specific to the transplant center, and received information on deceased donor and living donor transplant.
DOCUMENT TRANSPLANT STATUS	**If the Patient IS a Transplant Referral Candidate:** • Patients receipt of transplant criteria (specific for each transplant center) • Patient decision to accept or decline the transplant referral • Plans for pursuing transplantation, if the patient accepts the referral • Patient refused the transplant option after further consideration **If the Patient is NOT a Transplant Referral Candidate:** • Reasons for the non-referral as a transplant candidate.
TRACK TRANSPLANT REFERRALS	**The Interdisciplinary Team Must:** • Track the results of each transplant referral. • Monitor the status of each patient on the transplant wait list. • Communicate with the transplant center regarding patient status whenever there is a change in status but at least yearly.

TRANSPLANTATION RECOMMENDATIONS:

- All facilities should establish the transplant status of patients
- All facilities should have a written protocol/policy defining delivery of transplant information to all patients, including:
  - when transplant information will be presented to new patients,
  - what education tools (brochures, video) are used,
  - who conducts follow-up education/contact with patient.
- All facilities should designate one staff member to facilitate transplant education, evaluation referrals, submission of laboratory samples, and patient status changes.
- All facilities should make available to patients the written kidney transplant inclusion and exclusion criteria for each referring transplant center.

This tool was developed by the Mid-Atlantic Renal Coalition (ESRD Network 5) Transplantation Committee; modified and shared with permission in December 2010.