

## To Refer a Patient to Vanderbilt Kidney/Pancreas Transplant Program

→Please FAX following info with YOUR identifying cover sheet to: (615) 936-0697←

Patient's name: \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

DOES YOUR PATIENT HAVE DIABETES? ( ) Y ( ) N PT's AGE WHEN DM DIAGNOSED \_\_\_\_\_

IS THIS A DUAL ORGAN PATIENT? ( ) Y ( ) N – IF YES – ( ) LIVER/KIDNEY ( ) KIDNEY/PANCREAS

Referring nephrologist/physician: name/address/phone/fax \_\_\_\_\_

Dialysis Info: ( ) PD ( ) Hemo ( ) Not on dialysis Dialysis schedule: ( ) M W F ( ) T T S

Dialysis Unit name/address/phone/fax: \_\_\_\_\_

Compliance Concerns: ( ) Y ( ) N i.e. –missed treatments, drug issues, etc. (explain briefly)

( ) IS YOU PATIENT A VETERAN? ( ) Y ( ) N--If yes...Provide name of nearest VA in patient's area:

- ( ) Patient Information Fact Sheet (Demographic page)--REQUIRED
- ( ) Copy of insurance cards front and back—REQUIRED
- ( ) Dental clearance letter –for pts w/CIGNA insurance
- ( ) RECENT HISTORY AND PHYSICAL--REQUIRED
- ( ) Medication list
- ( ) Most recent laboratory results—include ABO & PPD if available--REQUIRED
- ( ) Any previous cardiac testing (EKG, stress test, echo, cath) and CXR if available
- ( ) PEDIATRIC PATIENTS ONLY--Immunization records

\* URGENT REFERRAL or you need to discuss concerns with our transplant physicians,  
CALL 24-HOURS (615) 936-0404.

\* MEDICAL ISSUE CONCERN: contact our nurse transplant coordinators at (615) 936-0695.

### SELECTION CRITERIA FOR KIDNEY OR PANCREAS TRANSPLANTATION

We believe that for most patients, kidney transplantation performed in a timely manner is the optimum treatment for end-stage renal disease. Most patients with mild or moderate renal failure (i.e. GFR >30 ml/min/1.73 m<sup>2</sup>) are not optimally evaluated at this time since they would require re-evaluation at a later date. We have no strict age limit as candidacy is based more on “physiologic” age than “chronologic” age. Other co-morbidities (severe obesity, history of cardiac or peripheral vascular disease) are evaluated on an individual basis.

Patients with ESRD secondary to Type 1 Diabetes should be considered candidates for a simultaneous cadaver kidney/pancreas transplant (SPK) or a sequential living donor kidney followed by cadaver pancreas transplant (PAK).

### CONTRAINDICATIONS TO KIDNEY OR PANCREAS TRANSPLANTATION

- BMI > 45
- Active systemic infection
- Active substance abuse
- Significant psychiatric illness likely to interfere with compliance
- Severe uncorrectable cardiac or peripheral vascular disease
- Malignancy unless free of disease (time interval depends on type of prior malignancy)
- Oxalosis (usually requires liver/kidney transplant)