

Nursing Role in AKX

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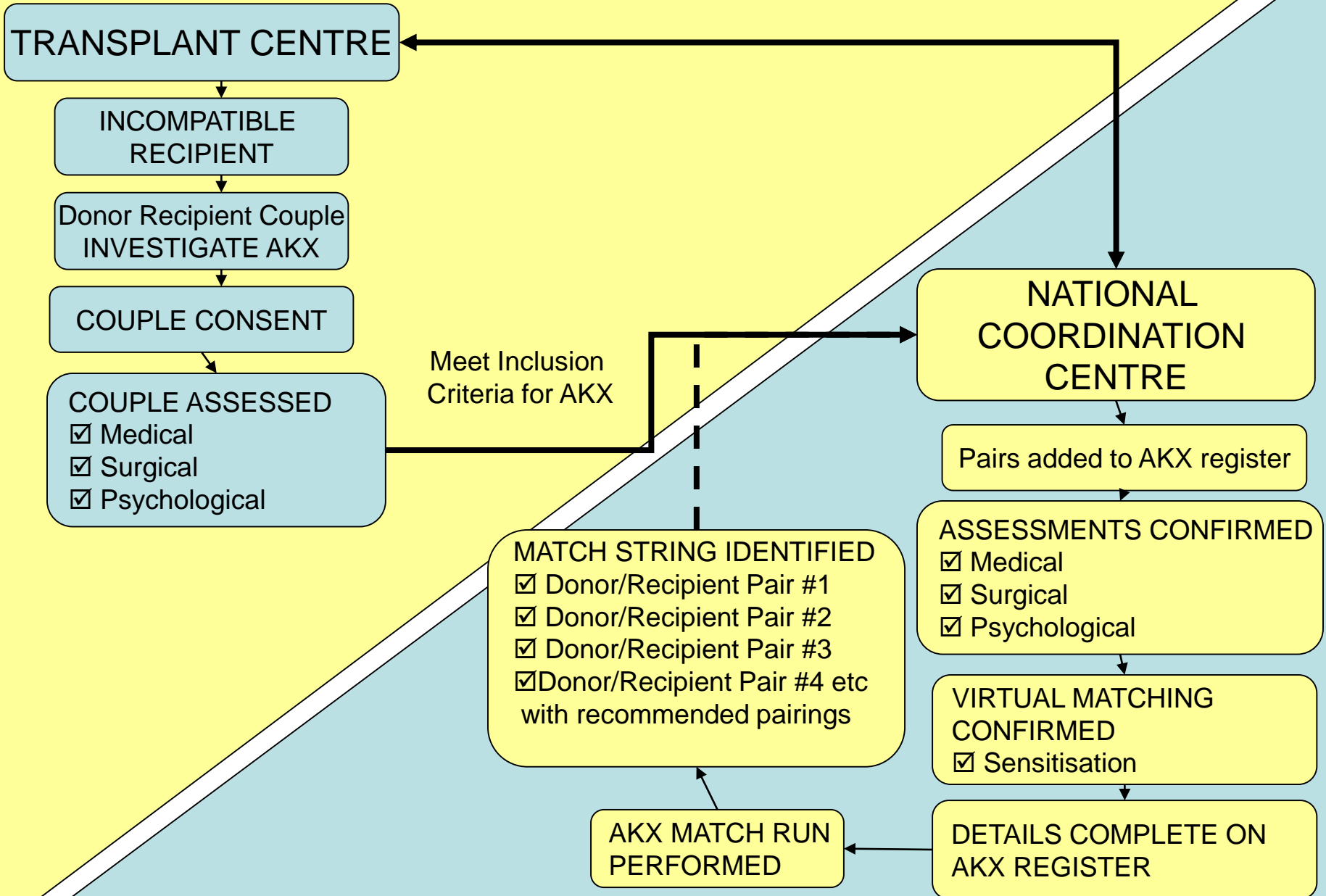
Living Donor Coordinator

ROYAL PRINCE ALFRED HOSPITAL



Health
Sydney
Local Health District

AKX Donor Recipient Evaluation



Transplant Centre

- Identify suitable pair
- Discuss with TT
- Discuss with MDT
- Discuss results with patients
- Organise Assessment and consent of patients



Externally

- Organise TT bloods specific to AKX
- Enter on to AKX registration database



Hepatitis C antibody	<input type="radio"/> +ve <input type="radio"/> -ve	<input type="text"/>	
Upload electronic copy	<input type="button" value="Upload file..."/>		
Kidney function and anatomy			
Serum creatinine $\mu\text{mol/l}$	<input type="text"/>		
Urine protein/creatinine ratio $\text{mg}/\mu\text{mol}$ (acceptable < 30$\text{mg}/\mu\text{mol}$) or	<input type="text"/>		
Proteinuria $\text{mg}/24\text{h}$ (acceptable < 300$\text{mg}/24\text{h}$)	<input type="text"/>		
Nuclear-GFR ml/min (min. 80ml/min, absolute and not per BSA)	<input type="text"/>		
Method	<input type="radio"/> 51Cr-EDTA <input type="radio"/> 99Tc-DTPA		
Split function	Left <input type="text"/> % (acceptable range 45-55%)	Right <input type="text"/> %	
CT Angiogram renal arteries	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	
CT Scans	<i>Please remove any identifiers from images</i> <input type="button" value="Upload files..."/>		
Collecting system method	<input type="radio"/> KUB at conclusion of CTA <input type="radio"/> IVP		
Kidney size	Left <input type="text"/> cm	Right <input type="text"/> cm	
No. of kidney arteries	Left <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Right <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
Branching within 15mm of Aorta	Left <input type="radio"/> Yes <input type="radio"/> No	Right <input type="radio"/> Yes <input type="radio"/> No	
No. of renal veins	Left <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Right <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
Length of main renal vein	Left <input type="text"/> cm	Right <input type="text"/> cm	
Ureter	Left <input type="radio"/> Single <input type="radio"/> Double	Right <input type="radio"/> Single <input type="radio"/> Double	
Medical review date	<input type="text"/>	Surgical review date	<input type="text"/>
Preferred kidney for donation	<input type="radio"/> Left <input type="radio"/> Right		
Comments	<input type="text"/>		

Pair Matched

- Receive and distribute the match
- Discuss match with MDT
- Accept match
- Organise surgical Xmatch
- Negotiate date (includes hospita theatre managemet)
- Organise confirmatory xmatch





Australian Government
Organ and Tissue Authority

Australian PAIRED KIDNEY EXCHANGE PROGRAMME AKX

Surgical Checklist

Please complete this form and fax to 03 9342 7352 or scan and email to emma.vanhardeveld@mh.org.au

STEP 1: Completed by the AKX Programme Coordinator and sent to the Donor Transplant Surgeon

Potential Match identified	Date: 27/02/2019 ABOi Transplant <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Date CD / report of donor CTA sent to recipient centre	28/02/2019
Donor Transplant Centre	Royal Prince Alfred Hospital NSW	Recipient Transplant Centre	Westmead Hospital NSW
Liaison surgeon	[redacted]	Liaison surgeon	[redacted]
Phone number	0413 101 684 (JL)	Phone number	0400 219 209 (HP)
Email	jelorme.laurence@sydney.edu.au	Email	[redacted]
Donor name	[redacted]	Recipient initials	IJ
Donor NOMS ID	270237696	Recipient NOMS ID	270142904
Donor DOB	08/04/1966	Recipient DOB	12/09/1989
Blood group	O	Blood group	O

STEP 2: Completed by Donor Transplant Surgeon and forwarded to NCC within 2 working days of receipt

Left or Right kidney for removal	<input type="checkbox"/> left <input type="checkbox"/> right		
Comments (Mandatory if right donor nephrectomy preferred)			
Perfusion solution	<input type="checkbox"/> UW	<input type="checkbox"/> Other (please specify)	
Heparin in perfusion fluid	<input type="checkbox"/> 10000U/L	<input type="checkbox"/> None	
Donor Surgeon Signature		Date signed	
The NCC will submit Donor surgical checklist to Recipient Transplant Surgeon to acknowledge the offer			

STEP 3: Completed by Recipient Transplant Surgeon and returned to NCC within 2 working days of receipt

Proposed organ acceptable	<input type="checkbox"/> yes <input type="checkbox"/> no
If NOT acceptable please specify why, sign and return this form immediately to the NCC	
Comments	
If exchange is acceptable please sign and return this form to the NCC	
Recipient surgeon signature	Date signed

STEP 4: Completed by the NCC and forwarded to Donor & Recipient Centres



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If xmatches acceptable

- Confirm date
- Organise review in clinic at least 2 weeks before exchange
- Book repeat bloods including NAT test 10 days before exchange
- Organise dialysis spots
- Organise preadmission clinic for pair
- Organise admission
- Check all documents and equipment and confirm with all parties the day before



Day of exchange

- Communicate with NCC
- Confirm donor present
- Communicate donor anaesthetic time
- Confirm donor asleep
- Confirm KTS
- Confirm xclamp time



Confirm perfusion fluid



Assist with packing kidney and making sure all documents and accompanying bloods are included in the bag



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Confirm courier departure



- Track incoming kidney and discuss with theatres ETA
- Receive kidney and transfer to OT
- Open kidney bag and confirm accompanying documentation, serology ABO
- Sent off accompanying bloods
- Confirm with tx surgeon if all OK and relay to NCC

