

**Maine Medical Center  
Maine Transplant Program  
Policies and Procedures  
Inclusion/Exclusion Criteria for Kidney Transplantation of Pediatric Patients**

**Indications for transplantation:**

1. ESRD (on dialysis) or eGFR <20 mls/min.
2. Patient understanding of the risks and benefits associated with ESRD treatment options including dialysis and transplantation
3. Patient understanding of the essential nature of long-term immunosuppressive medications and the associated risks of serious complications including infection, malignancy and cardiovascular disease (further characterized in the "Kidney Recipient Consent for Surgery")

**GFR:**

Calculated eGFR <20/ml/min/1.73 meter square OR currently receiving renal replacement therapy

**Urologic abnormalities: A functioning bladder is an absolute requirement for proceeding with kidney transplant in order to not put the new kidney at risk of damage.**

Any patient with history of urologic issues must be cleared by the MMC Pediatric Urologist before actively listing for transplant.

**Nutrition: Patients are at risk for weight gain following transplant due to improvement in appetite when no longer uremic and the use of steroid immunosuppression.**

Any patient with a body mass index greater than the 95<sup>th</sup> percentile for height and age will be referred to a Wellness Program for evaluation

Absolute exclusion from transplant if body mass index greater than 37 OR greater than the 135<sup>th</sup> percentile on the extended BMI for age percentile chart

Relative exclusion from transplant, i.e. may proceed with transplant with weight management plan in place for body mass index greater than 95<sup>th</sup> percentile for height and age, but less than absolute of 37.

**Emotional wellness: Children experiencing chronic illness experience higher rates of anxiety and depression. Furthermore, kidney transplant is a significant life event which puts undue stress on the entire family unit. Steroids prescribed after transplant can intensify these problems. Patients with poorly managed anxiety, depression and other mental health issues struggle to follow the prescribed medical plan after transplant.**

All patients will be referred to the MMC Pediatric Transplant Psychiatrist for evaluation and clearance. This evaluation must be done in the company of the primary guardian(s).

Per Maine Transplant Protocol, patients with active psychiatric conditions must be stable, under the care of a psychiatrist for 6 months prior to actively listing.

**Adherence: A demonstrated history of poor adherence with prescribed medications, diet, lab draws and clinic visits prior to transplant raises concern for ongoing poor adherence with post-transplant care, putting the new organ at risk of rejection and loss, prematurely. Adherence is measured as the following:**

Adherence with medications and diet as demonstrated by labwork being within target range for at least 3 months.

- PTH <500
- Phosphorus <7
- Potassium <5.5

Documentation that prescriptions have been filled in timely manner

Obtaining labwork as recommended by Nephrologist

Attendance at all required medical appointments by patient and guardian(s) pre-transplant.

If a patient misses an appointment or labs, it is up to the patient/guardian to reschedule and attend the appointment and/or obtain the labs within a timely fashion (within a few days for monthly labs or appointments or 1-2 weeks for less frequent encounters). Failure to do so will result in putting the transplant evaluation process on hold. Patients must be fully adherent with all scheduled appointments and lab draws for a minimum of 6 months before we can proceed with actively listing a patient. If we are unable to actively list a patient due to these reasons, they may still be listed inactive on the waiting list to gain time.

**Living Situation: Reasonable reassurance from patient and guardian(s) of a safe and stable living situation post-transplant:**

Transportation to and ability to attend all follow up appointments with MMC Pediatric Nephrology after transplant

If primary guardians separated, documented plan for sharing medical information, medications, changes in medications doses, etc. following transplant

Documented plan to manage any potential infection risks identified within the home, including, but not limited to mold, animals, construction, etc

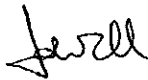
**Vaccination**

Patient must be fully vaccinated as allowed by medical status, in accordance with Maine Transplant Policy.

**Other medical comorbidities**

Other medical comorbidities will be discussed on a case by case basis with the pediatric nephrology team. Patients must also meet the inclusion/exclusion criteria of Maine Transplant

Original Date: 1/10/20



John Vella, MD, FACP, FRCP, FASN  
Director, Maine Transplant Program

1/21/2020

Date

I certify that the above was reviewed with me by the Pediatric Nephrologist.

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Parent/Guardian

Date

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Physician

Date