**Policy: Kidney Living Donor: Evaluation Protocol**

**Statement: 1. Activation date:** 02/8/06
**2. Affected Department:** Kidney and Pancreas Transplant Program
**3. Vision Strategy:** Patient Care
**4. Policy Statement:** The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding the management of patients.
**5. Basis**: It is the policy of Emory University Hospital that any person who wishes to be a potential living donor must be at least 18 years of age, competent, willing to donate, free from coercion, medically and psychosocially suitable, fully informed of the risks and benefits as a donor, and fully informed of the risks, benefits and alternative treatments available to the recipient. The benefits to both donor and recipient should outweigh the risks associated with the donation and transplantation of a kidney.

The Emory Renal Transplant Program has two teams (each, a “Transplant Team”); one for the recipient and the other, for the living donor. The primary purpose of the living donor team is to protect and promote the well-being of the potential donor, placing the potential donor’s interest above all. The living donor team conducts the living donor evaluation process, weighing the risks and benefits of donation with the individual, reviewing test results and consultant recommendations, being available to answer questions, and makes a written, independent recommendation as to whether the donation should occur.
**6. Administrative Responsibility:** Section heads, physicians, practitioners, and staff are responsible for compliance with this policy.

**Scope/Procedure:**

**1. Procedure:**

**a.** The potential donor contacts the donor team to have his/her initial interview by a donor coordinator or the independent living donor advocate/social worker (ILDA/SW).
(i) Before the potential donor is interviewed, pull up the recipient’s record in OTTR (the recipient record is reviewed for diagnosis, treatment phase, ABO and number of donors previously interviewed.)
(ii) The donor coordinator puts an alert in the potential recipient’s record that a donor has been interviewed. (If numerous donors are interviewed, initial blood work is offered to the first 5 donors interviewed who offer the
greatest likelihood of successful donation. Once a compatible donor is identified and enters the evaluation phase of testing, no further compatibility testing will be done on donors who come forward. These potential donors will be interviewed and told that their name will be kept in a pending file and will be contacted if we need them to move forward.)
(iii) Utilizing the “Guidelines for the Medical Selection Criteria of Living Kidney Donors,” the donor coordinator determines if the potential donor can proceed in the process. Only one potential donor will enter Phase II for continued work up.
(iv) If there are any questions concerning donor candidacy, the donor coordinator contacts the designated attending transplant surgeon and transplant nephrologist and awaits their decision before proceeding or informing the potential candidate that they are not a candidate for donating a kidney.
(v) The donor coordinator will inform the patient that he/she will need to obtain and record three random blood pressures that will need to be sent to the transplant center with other completed items that they will receive.
(vi) The donor coordinator asks the potential donor candidate if he/she has health insurance. If not, the patient is informed that he/she will receive a no-insurance letter that must be notarized before moving forward in the program.

**b.** The donor coordinator or ILDA/SW e-mails the donor team informing them that the potential donor has passed the initial interview screen. The secretary for the donor team mails the patient a donor packet consisting of:

(i) Formal welcome to the program and instructions for completing paper work
(ii) Health questionnaire
(iii) No insurance letter (if applicable)
(iv) 3 Blood pressure reading instructions

(v) Consent for Altruistic Donation and Paired Donor Exchange
(vi) Donor informational brochures, interview education review and current SRTR center data

**c.** The donor coordinator will review all information upon receipt. If the patient’s information is complete and the potential donor is still a candidate for donation the donor coordinator will call the potential donor and review consent to ascertain understanding and answer any questions. The secretary will then call the patient and the potential recipient to arrange blood work to determine compatibility between the donor and the recipient

**d.** The donor coordinator will review the results of the ABO and cross match, and inform the donor of the results.

**e.** If the donor chooses to proceed with the process the the donor will enter phase II.
**f.** The donor coordinator will determine if the potential donor will require the following testing:
(i) Litholink Test – Based on a history of renal calculi
(ii) Glucose Tolerance Test or HbA1c - will be required for the following groups of patients:
1. African Americans, Hispanics, Native Americans
2. BMI > 27
3. First degree relative with diabetes
4. Pregnancy-induced diabetes
5. Mother of a child with a birth weight > 9lbs.
(iii) 24 Hour Blood Pressure Monitor may be required for the following patients:
1. Patients with a history of hypertension
2. Patients that had elevated screening blood pressures.
(iv) 24 Hour Urine Collection prior to coming to Emory for their evaluation. Tests are to be completed locally with results sent to Emory.

**g.** If the patient does not require the above testing, or has normal outcomes for all testing required the donor coordinator will inform the secretary for the donor program to schedule the patient for evaluation.

**h.** The secretary will schedule the donor for evaluation and send the donor

information including but not limited to the evaluation itinerary , a donor history document to complete to prepare for the history and physical exam and educational materials related to the evaluation and donation process.

**i.** The donor coordinator will meet with the donor candidate on Day One review the itinerary, introduce the process and provide opportunity for donor to ask questions concerning the evaluation and give consent for the evaluation to continue. The donor coordinator will order the following testing per protocol

**Donor Evaluation Day One**

□ Renal donor evaluation labs per protocol </ehc/transplantpolicies.nsf/0d95a314b7289bfa852561cd00633e87/ab244ffef7beee5a852571f5006f9f07?OpenDocument>&</ehc/transplantpolicies.nsf/0d95a314b7289bfa852561cd00633e87/ab244ffef7beee5a852571f5006f9f07?OpenDocument>
□ Vital signs, height and weight upon arrival. Blood pressures to be taken every two hours while in the Transplant
Clinic.
□ EKG on all donors. DSE per Renal Transplant Cardiology Protocol </ehc/transplantpolicies.nsf/0d95a314b7289bfa852561cd00633e87/3c9fd0a17eb0b500852571f50067aae5?OpenDocument>&</ehc/transplantpolicies.nsf/0d95a314b7289bfa852561cd00633e87/3c9fd0a17eb0b500852571f50067aae5?OpenDocument>

□ Team consult appointments:

· Mid-level provider
· Social worker
· Financial coordinator
· Nurse coordinator
· Independent Living Donor Advocate

□ CTA of the abdomen with and without contrast (To be read in the Body Section).
□ Chest X-ray: PA and lateral
□ Blood pressure readings every 2 hours while in the Transplant Clinic

**Donor Evaluation Day Two**

□ Physician Consultations:

· Transplant Surgeon
· Transplant Nephrologist

**j.** The patient will be presented at Donor Selection Conference one week after his/her evaluation by the donor coordinator. The committee decision will be one of three possible outcomes:

i. Approved – pending financial clearance

The donor coordinator will inform the recipient coordinator concerning the potential approval of the donor as soon as possible. The recipient coordinator will review the recipient chart with the recipient team to clear the recipient for surgery. Ideally, the donor and recipient reviews and clearance will occur in the same week.

§ Once financial approval has been received, and the recipient is cleared for transplantation the donor coordinator schedules the living donor transplant.

ii. Not a Candidate

§ Patient is informed that he/she is not candidate for living kidney donation.

iii. Further work-up needed.

§ Additional consults/testing or treatment needed. The transplant center will schedule any tests &/or
consults.
§ Once testing/consults are completed, the donor coordinator will present the patient at the donor committee for approval.

**j.** Patients are notified of the committee decision by the donor coordinator via telephone and the conversation is documented in the OTTR program.

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Approval Dates: 2/8/06**,** 9/20/06,3/23/2011

Revision Dates: 4/6/2011