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| **POLICY TITLE:** Kidney and Pancreas Post-transplant: Kidney Transplant Rush Biopsy |
| **APPLICABLE FACILITIES:**[ ] EHC [ ] EDH [ ] EHH [ ] EHI [ ] EHN [ ] EJCH [ ] ELTAC [ ] ESJH[x] EUH [ ] EUHM [ ] EUHS [ ] EUOSH [ ] EWWH [ ] RJV-ERH [ ] RJV-ESOP [ ] TEC/ESA |
| **EFFECTIVE DATE:**  | **ORIGINATION DATE:** 05/19/2021 |

**SCOPE:**

Emory Transplant Nephrology and Emory Renal Pathology Services

**PURPOSE:**

This policy describes the circumstances under which a renal transplant biopsy will be processed for same day rush processing.

**POLICY STATEMENT:**

A significant proportion of renal transplant patients may require urgent renal biopsies to undergo rush processing so that preliminary results are available the same day. In addition, renal transplant recipients are biopsied for more subacute or chronic conditions in which urgent intervention is not critical (e.g., BK viremia without dysfunction, slowly increasing proteinuria, long-standing allograft biopsied to assess scarring).

* 1. It is acknowledged that rush biopsies require appropriate resources to process and analyze in a sustainable manner.
	2. These limited resources should be focused on an appropriately selected subset of cases.

**PROCEDURE:**

1. In order to ensure optimal patient care, kidney transplant biopsy specimens will be sent for rush processing in circumstances when the biopsy results are needed for immediate and urgent management of the patient, which cannot be delayed until the next day. If biopsy results will not change the immediate management of the patient, then routine overnight processing of the tissue will be ordered.
2. In general, rush processing should be reserved for kidney biopsy recipients who are experiencing an acute deterioration of renal function in whom acute cellular rejection is highly suspected, and in whom therapy with intravenous steroids or anti thymocyte globulin needs to be initiated the same day. Although this will be most common in patients who have undergone recent transplants, long term patients who have been non-adherent with immunosuppressive medication are a group who may experience significant acute rejection.
3. In some circumstances, rush biopsy results may also be needed in order to make a clinical decision to admit a patient to the hospital, or to discharge a patient from the hospital, on the same day as the biopsy procedure.
4. On weekdays, rush biopsies will be submitted to the EM lab by 1 PM to ensure same day processing and interpretation.
5. Rarely, rush biopsies may need to be done on a weekend day. This is limited to patients in whom management decisions affecting the survival of the allograft need to be made urgently.
6. Examples of patients who may be considered for rush biopsy processing:
	1. Belatacept patients who experience an abrupt rise in creatinine during or immediately after the tacrolimus wean.
	2. A long-term patient who has missed multiple doses of immune suppressive medication and who has a significant acute rise in creatinine.
	3. A fresh patient who is still in the hospital with delayed graft function who will require a rush biopsy to determine if they can be discharged on that day, or if they will be kept in the hospital for anti-rejection therapy.
	4. A clinic patient who has traveled more than 2 hours to Emory for a biopsy, and who will be admitted if the biopsy result shows rejection.

**RELATED DOCUMENTS AND LINKS:** N/A

**DEFINITIONS:** N/A

**REFERENCES AND SOURCES OF EVIDENCE:** N/A

**KEY WORDS:** kidney transplant, biopsy