

**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 less than 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 less than 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.**

Absolute exclusion from transplant if body mass index greater than 40

Relative exclusion from transplant if body mass index greater than 95<sup>th</sup> percentile – patient will be referred to Weight and Wellness Program for evaluation

We will also recommend referral to Weight and Wellness Program for patients with BMI greater than 30

See Appendix: Protocol for Kidney Transplant in Patients with BMI greater than 95<sup>th</sup> percentile

**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 less than 500
- Phosphorus less than 7
- Potassium less than 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 assurance 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

Reviewed and approved at QAPI on 11/3/23

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

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Parent/Guardian

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Date

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Physician

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Date

## Appendix: Protocol for Kidney Transplant in Patients with BMI greater than 95<sup>th</sup>ile

### Recommendations:

We will recommend referring all patients with a BMI greater than 95<sup>th</sup>ile or 30 to Weight and Wellness for minimum of single consultation-follow up is up to the family.

All patients will receive the following counseling re: elevated BMI in kidney transplant (SmartPhrase available in epic):

Carrying extra weight is associated with multiple complications after kidney transplant:

- There is an increased chance that the new kidney will fail faster than it would in the setting of normal weight. For example, the new kidney may only last 5-10 years instead of 15-20.
- There is increased chance of surgical complications such as infections, poor wound healing and hernias
- There is increased chance of high blood pressure and need for multiple medicines to control blood pressure

Most people gain additional weight after undergoing kidney transplant because your appetite improves and because you will be taking medications that sometimes lead to weight gain.

We understand how individuals who carry extra weight may feel judged by society and the health care system. This makes it hard to have conversations with your doctor about these issues. We would like to make you aware of the Wellness Program at MMC where you can discuss strategies to help optimize your child's health. Our goal is to make sure we are doing everything we can to insure a long-lasting, healthy kidney transplant.

The Wellness Program provides the following resources:

- Learn more about healthy lifestyle changes from both doctors and dieticians
- Discuss prescription medications to aid in weight loss
- Referral to bariatric surgery program (if indicated)

The Wellness Program is available for one-time consultations or for regular follow up-whatever you and your child feel you need.

Maximum BMI to proceed with transplant is 40 (per MTP policy). For patients with a BMI greater than 40, then we will provide option of referral to Boston Children's for a second opinion.