

Transplant Patient Guidelines 11/03

Overview

- Patient's tend to be knowledgeable
- Assume the worst – subtle signs and sx
- Patients are always in a balance between rejection and infection

History

- What organs were transplanted
- When were they transplanted
- Where was the transplant performed
- Why was the transplant performed
- History of fevers, change or compliance with meds, chronic infections, exposures, wt. Change, rejection hx.

Labs

- CBC, Chem 7, pan culture
- CXR, EKG, LFTs Coags, NH3, UA

Treatment

- Consult mandatory
- Admission almost always

Antirejection meds

- Glucocorticoids
- Antimetabolic
 - Cellcept- GI sx, no increase in infection
 - Imuran, Rapamune
- Calcineurin inhibitors
 - Prograf (tacrolimus) nephrotoxicity, GI sx, tremor, ASHD, hyper K, hyperlipids, pleural effusions
 - Cyclosporine
 - Interactions w/ many drugs ->NSAIDS

Treatment of Rejection

- Consult
- Methylprednisolone
- Other

Infections

- Signs may be blunted or subtle
- Low grade fever, small pulmonary lesions, mild abd tenderness
- Early infections due to technical problems/ICU exposures
- 1-6 months Max immunosuppression CMV, EBV, Hepatitis, pneumocystis, listeria, aspergillus, cryptococcus, etc

CMV

- Fever, malaise, mild lymphadenopathy, leukopenia, thrombocytopenia, mild hepatitis, pneumonitis
- Tends to attack transplanted organ

Pulmonary infection

- If fever and resp sx -> aggressive search-> CT chest

CNS infection

- Acute meningitis – Listeria
- Subacute/Chronic – Crypto, TB
- Focal (Sz +focal Sx) Listeria, Toxo, N asteroids
- Fever + Headache = LP

Renal transplant

- ARF
- Lymphocoele
- UTI
- Rejection 1/3 reject in first 3 months
 - Decreased urine output
 - Increased BP
 - Increased creatinine
 - Mild Leukocytosis
 - Fever, graft swelling, pain

Liver transplant

- Rejection common fever, RUQ pain, inc LFTs
- R/O biliaryobstruction, vascular compromise, infection
- Biliary leak peritonitis, fever, pain constipation
- ALOC- meds, hepatic enceph.

Heart transplant

- Rejection –dysrhythmia, fatigue
- Denervation- no pain, no response to atropine or CSM
- Ischemia- CHF, dysrhythmia, hypotension, syncope

Lung transplant

- Highest infection risk
- Rejection, infection, drug tox