

SELECTION CRITERIA

KIDNEY TRANSPLANT RECIPIENT

Patients referred for a kidney transplant have a thorough evaluation to determine if they would be a suitable recipient. Each patient is evaluated by a team of doctors, based on their unique needs. Patients will also be evaluated by other transplant team members such as transplant nurse coordinator, social worker, and dietician. Patient selection criteria must ensure fair and non-discriminating distribution of organs. These criteria do not exclude groups of individuals based on factors such as race, ethnicity, disability, religion, national origin, gender or sexual orientation. To be a candidate for a kidney transplant you must meet the following criteria:

Patients may be considered for kidney transplant when the following conditions are present:

- End Stage Renal Disease on dialysis
- Stage 4 or 5 chronic kidney disease: approaching the need for dialysis. GFR (Glomerular Filtration rate)/Creatinine clearance <20 cc/min. No adjustment for race necessary.

Patients must meet the following criteria in order to be accepted as candidates for kidney transplant:

- Have life expectancy of 5 years
- Have adequate nutritional status and appropriate physical conditioning to tolerate the transplant
- Have reliable, consistent caregivers. This means having friends or family available right after transplant 24 hours / day who can help drive you to and from appointments, help with house care needs, assist with your medicines and medical care, and who can be there to assist you if you become ill.
- Demonstrate the ability to understand and manage or have someone help you manage the medical treatments that are needed to have a successful outcome after transplant. Since transplant is a treatment, not a cure, a patient takes medicines, has blood tests, and goes to doctor visits for the rest of their life.
- Carry adequate insurance to cover the cost of transplant and medications needed after transplant.

Patients with the following conditions may not be acceptable candidates for kidney transplantation, depending on the individual situation and comorbidities. These are also called “relative contraindications.” Relative contraindications may or may not preclude proceeding with transplantation depending on additional conditions or life factors.

- Renal disease with a significant potential for recurrence and early kidney graft loss
- Active inflammatory kidney disease
- Acute or chronic medical condition such as an active infection or open wound that requires ongoing treatment
- Body Mass Index greater than 38
- Multiple prior abdominal surgeries
- History of malignancy within the window period for recurrence surveillance
- Significant cardiac disease

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- Significant vascular disease including peripheral or cerebrovascular
- Limited mobility or inability to move and or walk, this includes the inability to participate in physical therapy as directed
- Limited care support. Patients will need to continue to identify appropriate caregivers. Kidney transplant candidates are required to identify several caregivers, including both a primary caregiver as well as one or more secondary caregivers who could assume care of the patient if the primary caregiver is unavailable or unable to provide all support needs. This includes incarceration preventing immediate access to adequate transplant medical care
- Inability to relocate to the greater Seattle area for at least 6 weeks after the transplant for ongoing specialized care, for those patients who reside away from immediate access to specialized care
- Failure of prior kidney graft from non-compliance
- Life expectancy less than 5 years

Patients who have any of the following conditions may not be considered acceptable candidates for kidney transplantation. These are also called “absolute contraindications,” which are interpreted in the context of chronic kidney disease risks. If at any stage in the evaluation an absolute contraindication is identified, further evaluation may not occur.

- Chronic active infection that cannot be treated such as a bone infection or decubitus ulcer
- Active malignancy or history of malignancy with a prohibitively high risk of cancer recurrence after transplant
- Severe pulmonary disease
- Severe blood vessel disease (peripheral, coronary, cerebral)
- Severe thrombophilia/hypercoagulability with significant risk of thrombosis (blood clot)
- Severe aorto-iliac atherosclerosis precluding successful transplant or to induce significant risk to the patient from surgery (limb loss or death)
- Severe malnutrition
- Severe debility
- Morbid obesity, defined as BMI > 40
- Advanced liver disease where a patient is not eligible for simultaneous liver transplant
- Short gut syndrome/severe malabsorption disorder
- HIV positive with CD4 counts < 200/mm3/ detectable viral load
- Anatomic issues technically precluding the transplantation including multiple prior abdominal surgeries, radiation exposure, extensive scarring
- Active substance (which could include prescription medications, illicit drugs, alcohol and Marijuana) use deemed to be harmful by team member specialists
- Refusal of evaluation, treatment and follow up for substance use history when required.
- Tobacco or nicotine product use
- History of noncompliance with high potential for noncompliance as assessed by the team member specialists
- Poorly controlled mental illness or mental illness that is refractory to treatment/medication

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- A prior refusal of blood products by a patient with a significant likelihood of requiring lifesaving blood products in the perioperative period
- Inability to personally understand and manage, or have a caregiver help to manage, the medical treatments that are needed for a successful transplant patient including inability or unwillingness to take medications, attend all follow-up visits, and complete treatment or studies as prescribed
- Inadequate insurance to cover the evaluation, pre-transplant care, transplant, and post-transplant care including medications

By signing this document you are acknowledging receipt of the information, however this does not imply that you will be accepted for transplant.

 Signature
Patient or Legal Guardian

 Printed Name

Date: _____

 Signature
Transplant Nurse Coordinator

 Printed Name

Date: _____

 Signature
Transplant Physician

 Printed Name

Date: _____

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