
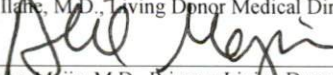
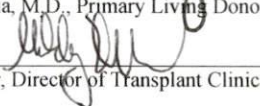
 Methodist Dallas Medical Center	Title: Living Donor Admission Protocol	Effective Date: 02/01/2013
	Section: Kidney – Living Donation	
Approved by:  Amna Iltis, M.D., Living Donor Medical Director		Revision Date(s): 01/20/2020; 05/2021; 11/2024
 Alejandro Mejia, M.D., Primary Living Donor Surgeon		
 Melody Holder, Director of Transplant Clinical Operations		
		Next review Date: 11/2027

Purpose: To describe the process for the donation phase of living donation at Methodist Dallas Medical Center

Policy: Prior to admission for surgery, the living donor will undergo a full living donor evaluation and be approved by the Living Donor Selection Committee. The living donor is under the care of a multi-disciplinary team of health care providers, including the Donor Surgeon, Nephrologist, Transplant Coordinator, and Donor Social Worker. While the Independent Living Donor Advocate does not function as a member of the transplant team, this individual remains involved in the care of the living donor throughout all phases of the donation process, paying particular attention to the rights of the donor

Procedure:

Prior to admission for donation, the living donor will undergo pre-operative testing and evaluation. This testing and evaluation will include:

- Admission H&P
- Labs:
 - CBC
 - CMP
 - PT/INR
 - PTT
 - Serum pregnancy test (on females of childbearing age who have not undergone surgical sterilization)
 - ABO Type & Screen
 - Urinalysis
 - HIV 1 & 2 Antibody as close as possible but within 28 days prior to organ recovery
 - HBsAg (Hepatitis B surface antigen) as close as possible but within 28 days prior to organ recovery
 - HBcAb (Hepatitis B core antibody – **total**) as close as possible but within 28 days prior to organ recovery
 - Hepatitis C antibody as close as possible but within 28 days prior to organ recovery
 - HCV RNA by nucleic acid test (NAT) as close as possible but within 28 days prior to organ recovery
 - EBV IgG and IgM antibodies (only if donor was previously IgG negative)
 - CMV IgG and IgM antibodies (only if donor was previously IgG negative)
 - Flow Crossmatch

- Diagnostic Testing
 - CXR PA & Lateral
 - EKG
- Meeting with Transplant Coordinator
- Meeting with Independent Living Donor Advocate

Upon admission for donation, the living donor will proceed through admitting and then to the pre-operative holding area. After examination by the anesthesiologist and the donor surgeon, surgery will proceed. Post-operatively, the living donor will be cared for in the post-anesthesia care unit and subsequently transferred to the medical-surgical unit.

During the inpatient stay, the Donor Surgeon, Transplant Nephrologist, Transplant Coordinator, Donor Social Worker and Independent Living Donor Advocate will round daily on the living donor (Monday through Friday). On weekends, however, the care will be provided by the Donor Surgeon and Transplant Nephrologist.

Reference: OPTN/UNOS policy 14.0