RECIPIENT CALL CHECKLIST

Date _____/_____/_____ MDMC Coordinator _____ Position on Waitlist _____

UNOS #_____ Match I.D. _____ Match ID SS#_____

Donor Information

Creat: Low _____ High _____ BUN: Low _____ High _____ UO Avg over prior 6 hrs. = _____ml/hour

If Pancreas offer: Amylase: Lowest _____ Highest _____ Lipase: Lowest _____ Highest _____
Glucose: Lowest _____ Highest _____ Insulin given? _____ HgbA1C_____

Serologies (circle): Anti HBc + / - HBV NAT + / - HBsAg + / - Anti HCV + / - HCV NAT + / -
Anti HIV+ / - HIV NAT + / - Anti CMV: + / - Syphilis + / - EBV IgG + / -

Positive cultures? _____ **History of Covid:** Yes ___ No__

❑ Notify surgeon **(Dickerman 214-274-7999, Puri 469-990-6417, Mejia 972-500-3632, Kautzman 405-795-6807, Gooden 816-617-1272)** Time notified: _____:_____ am pm Biopsy Required: _____ Pump Required:_____

❑ Waivers requested from OPO (import offers):_____

❑ Virtual crossmatch completed:_____:_____ am pm Tech:_____ Donor OR date/time:_____

❑ Recipient: _____ SS # _____ DOB: _____

MHD #_____

Referring Physician:_____ Phone #:_____

Dialysis Center_____ Phone#:_____

❑ Patient Identifiers (DOB and SS#) verbally confirmed with patient Date:_____ Time:_____

Phone #'s: _____ _____

ETA Patient to Methodist: _____Nephrologist on call:_____

Question:	Yes	No	N/A	Comments
Fever over past 30 days?				
Currently or recently on antibiotics?				
Recent illness/surgeries/hospitalizations				
Current sores/wounds?				
Chest pain/heart problems?				
Blood thinners? ASA/Coumadin/Plavix/Eliquis etc?				
Blood in stools/ Vomiting?				
Diabetic?				
If PD patient, recent peritonitis?				
Have you received the Covid-19 vaccine:			Brand:	Date(s):

Last dialysis:_____ Last blood transfusion: _____Last pregnancy:_____

Allergies:_____ Previous Transplant:_____ Transplant in place:_____ R or L

Access type/location: _____ OK to receive blood (K/P only): _____

Dry wt: _____ Height: _____ BMI: _____ Same as weight when listed? _____

Last food intake:_____ Make patient NPO *(if appropriate)* and send to 6Sammons. Have patient bring insurance information, driver's license, medications, and overnight bag.

- ❑ Notify HLA Lab with recipient/organ arrival time (73540) Time notified: _____:_____ am pm
  Contact: _____ Patient qualifies for no cross match protocol?_____
- ❑ Notify Nephrologist of results of interview. Remind Nephrologist to enter *Admit to Inpatient* order Time notified: _____:_____ am pm Instructions:_____
- ❑ Notify 6 Sammons charge nurse (214-933-6666) Time: _____:_____ am pm Nurse:_____
- ❑ If ***Risk Identified Donor*** - Inform charge nurse that ***Risk Identified Consent*** needs to be completed
- ❑ If ***Donor is HBcAb + , HBV NAT or HCV NAT +*** - Inform charge nurse that ***Hepatitis Consent*** needs to be completed
- ❑ Notify admitting (72233) Time: _____:_____ am pm Contact: _____
- ❑ Notify Admitting Coordinator *(in the ED - after 6 pm and weekends)* of patient pending arrival (214-933-9621) Time: _____:_____ am pm Coordinator: _____
- ❑ Notify ICU charge nurse (38112) Time: _____:_____ am pm Nurse: _____
- ❑ Fax / Email / Deliver (circle) Match Run and Organ Verification to 6 Sammons Time _____:_____ am pm
- ❑ Notify our office staff by Epic Organ Offer note Time _____:_____ am pm
- ❑ Notify O.R. charge nurse (214-933-8110) of organ delivery time and data:
  Organ type, UNOS ID#, Blood type and laterality Nurse: _____ Time _____:_____ am pm
  Projected delivery date: _____ Time: _____:_____ am pm
- ❑ If **recipient AND donor** are CMV Negative, notify Blood Bank (73600) that recipient may need CMV negative blood Time _____:_____ am pm
- ❑ Enter organ data in Epic **prior** to recipient OR: (ABO/match ID/organ laterality) Time _____:_____ am pm

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- ❑ Cross match: _____ Date: _____Time notified: _____:_____ am pm Lab Tech:_____
- ❑ Relay referring physician name/number to surgeon Date: _____Time notified: _____:_____
- ❑ Notify Central Pharmacy - to mix Thymo (72400)
- ❑ Notify dialysis center of transplant Date: _____ Time notified: _____:_____
  Staff Member Name:_____
- ❑ If transplant occurs, the Coordinator **ON-CALL must** remove the patient from the Waitlist within 24-hours of transplant.
  Confirm transplant information in Epic Date _____/_____/_____ Time: _____:_____ am pm
  Which kidney? right left en-bloc Was pancreas also transplanted? yes no