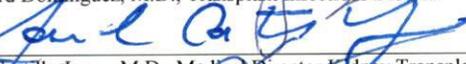


 <b>The Transplant Institute</b> <b>METHODIST DALLAS</b> <b>Methodist Dallas Medical Center</b>	<b>Title:</b> Positive Rapid Plasma Reagin Donor Protocol	<b>Effective Date:</b> 02/13/2003
	<b>Section:</b> Liver and Kidney	
<b>Approved by:</b>  Alejandra Mejia, M.D., Executive Program Director  Edward Dominguez, M.D., Transplant Infectious Disease  Jose Castillo-Lugo, M.D., Medical Director Kidney Transplant  Jeffrey Weinstein, MD, Medical Director Liver Transplant		<b>Revision Date(s):</b> 01/22/2009;10/22/2015; 07/23/2019; 03/22/2022; 05/2024 <b>Next review Date:</b> 05/2027

**Purpose:** To ensure consistent treatment of patients who receive organs from donors who have a positive RPR result on donor serology testing.

**Policy:**

1. Donors with a positive rapid plasma regain (RPR) assay will be identified during the transplant process
2. If positive, preferred therapy for recipients of those organs will be penicillin G benzathine 2.4 million units IM weekly x 3 doses
  - a. First dose should be given on post-op day 0 or 1
3. If recipient reports a penicillin allergy or other contraindication to penicillin, alternative therapy will be doxycycline 100 mg orally twice daily for 28 days OR ceftriaxone 2 g IM/IV daily for 10 to 14 days
4. An RPR assay will be collected at 3-6 months post-transplant to confirm negative serology
  - a. If positive, refer to Infectious Diseases for further treatment.

**References**

Fischer S A, Avery R K. Am J Transplant. 2009 Dec;9 Suppl 4 (Suppl 4):S7-18.