

## RECIPIENT CALL CHECKLIST

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ MDMC Coordinator \_\_\_\_\_ Position on Waitlist \_\_\_\_\_  
 UNOS # \_\_\_\_\_ Match I.D. \_\_\_\_\_ Match ID SS# \_\_\_\_\_

<b>Donor Information</b>	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 _____ <b>Serologies</b> (circle): Anti HBc + / - HBV NAT + / - HBsAg + / - Anti HCV + / - HCV NAT + / - Anti HIV+ / - HIV NAT + / - Anti CMV: + / - Syphilis + / - EBV IgG + / - <b>History of Covid:</b> Yes ____ No ____ When/symptomatic? _____
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- Notify surgeon (**Dickerman 214-274-7999, Puri 469-990-6417, Mejia 972-500-3632, Kautzman 405-795-6807**)  
 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 (214-933-6699) 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 (73399) Time: \_\_\_\_:\_\_\_\_ am pm Nurse: \_\_\_\_\_
  - Fax / Email / Deliver (circle) Match Run and Organ Verification to 6 Sammons Time \_\_\_\_:\_\_\_\_ am pm
  - Notify our office staff by email (Kidney Distribution List; Pharmacist) 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