Important Tips for Primary Care Providers Caring for the Renal Transplant Patient

Call Pediatric Nephrology on call or at HDVCH Direct 616-391-2345 if the pediatric transplant patient has:

- Axillary Temp >100.5
- Nausea/vomiting/diarrhea symptoms lasting >4 hours
- Cold symptoms (without fever) not improving and/or lasting >3 days
- Productive cough
- Decreased oral intake and not meeting fluid goals for >24 hours
- Enlarged lymph nodes (this could be anywhere including, but not limited to, neck, axilla, and inguinal regions)
- Unintentional weight loss
- Gross hematuria
- Proteinuria any degree
- Pain over graft
- Reported decreased urine output
- Suspected non-compliance

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AVOID REASON

Macrolide antibiotics
- This class of medications decreases calcineurin inhibitor levels (Prograf/Tacrolimus & Cyclosporine/Neoral/Gengraf/Sandimmune)

NSAIDS (ibuprofen, aspirin, Naprosyn)
- Decreases GFR

CT contrast (Omnipaque)
- Contrast induced nephropathy. If emergent, may administer but will require involvement of Nephrologist for hydration pre and post scan.

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- Patients on long term immunosuppressants are at increased risk of skin cancer

Spectrum Health
Helen DeVos children's hospital