

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

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.
Grapefruit, grapefruit juice, acai berry, pomegranate juice	These foods/beverages adversely affects calcineurin inhibitor absorption and metabolism
Raw, rare or undercooked poultry (chicken, turkey), pork, beef, seafood (fish or shellfish) or eggs	Infection risk
Unpasteurized milk, cheese, juices or cider	Infection risk
Waiting rooms where sick persons are present	Infection risk
Large crowds and people with respiratory illnesses	Infection risk
Sunlight exposure without sunblock	Patients on long term immunosuppressants are at increased risk of skin cancer