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Algorithm for Pediatric Transplant Recipients Using the KDIGO Guidelines
to Enhance Clinical Outcomes

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Problem: CKD is a serious problem in the US, and children are not immune to CKD or the consequences. Studies have shown that patients with CKD and transplants have more uncontrolled hypertension, are less likely to be on Angiotensin-converting enzyme (ACE) inhibitors, are more likely to be anemic and less likely to be on erythropoiesis-stimulating agents (ESA), and more likely to have un-treated dyslipedemia.

Purpose: We developed an algorithm using the most current KDIGO guidelines to enhance the care provided to pediatric renal transplant recipients to improve long term patient outcomes and decrease sequelae from co-morbidities. This incorporates the stages of CKD and assists the practitioner in providing consistent care for all children seen in transplant clinic.

Background: Our transplant clinic is staffed by an interdisciplinary team, including a Nephrologist, Social Worker, Transplant Coordinator, Nutritionist, PharmD, Child Life Therapist, and Family Counselor. Our Nephrologists rotate coverage of our clinic as do our transplant coordinators. With MD's and RN's changing at regular intervals, the patient is not always seen by the same team members. This can cause inconsistencies in care, as different practitioners may begin therapies at different time intervals in the care continuum.

Method: Our team has developed an algorithm for use in our renal transplant clinic. Using this algorithm will assist in a practice change to a more detailed review of all possible co-morbidities for each patient, and with all team members starting appropriate therapy for sequelae based on the appropriate CKD stage for that patient, based on each patient's needs.

Conclusion, outcome, and implication: We implemented the new algorithm fall of 2010 so at present have no concrete data. With the new algorithm each patient will be followed in a consistent manner, with all practitioners using a similar practice pattern, thus increasing the implementation of the KDIGO guidelines for every patient and improving patient outcomes. We plan to do a retrospective review of patient data to look for improvements.

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