

In-patient management post transplant

In-patient management post-transplant

Prescribing - check that these are as intended:

- [Immunosuppression](#) (follow link to detailed info).
- [Infection prophylaxis](#) (follow link to detailed info).

Investigations

- Blood tests:
 - U&E, Ca+P daily
 - FBC daily
 - LFTs, glucose, CRP daily
 - Tacrolimus level - M/W/F
- MSU each Monday and at other times if clinically indicated.

Urinary catheter

- Early catheter replacement/ manipulations should be undertaken by a surgeon. Same applies after the first week if any complications suspected.
- Urinary catheter removed at day 5 unless directed by transplant surgeon.
- If a patient develops urinary retention after removal of catheter in the post-operative period it should be replaced as soon as possible. This does not need to be a surgeon if it will cause undue delay.

Delayed graft function

- Usually a Doppler ultrasound examination will be requested early on
- A routine graft biopsy is usually performed around day 5 - see [Management of Delayed Graft Function](#).

Altered graft function

- Later changes in graft function may require a graft biopsy, which will be requested by a senior member of staff. See [Management of Altered Graft Function](#).