

# Outpatient Management

These guidelines are not an exhaustive manual covering all aspects of outpatient care. They are a summary of information covering points of information that we hope will help staff manage patients. They are to support, not replace, experienced and considered medical opinion.

This page covers location and frequency of clinics, and lists key milestones.

## Venues in East Scotland

Clinics are held on Monday, Wednesday & Friday mornings in OPD 1 at the Royal Infirmary of Edinburgh (RIE). NHS Lothian doctors also provide outreach clinics for patients attending the Borders General Hospital & St John's Hospital. Patients from other centres in East Scotland usually receive outpatient management at their own centre.

## Suggested schedule for outpatient appointments:

- Three per week for first two weeks after discharge
- Weekly until week 8.
- Alternate weeks until week 12-16 (depending on graft function).
- Monthly until end of first six months.
- 2 - 3 monthly until end of first year.
- 3 - 6 monthly during year two and beyond if stable with satisfactory graft function.

## Clinic records and communication:

- Ensure that medications, weight and blood pressure are kept up to date in the electronic patient record (EPR).
- Create immediate entry in EPR for patients returning to clinic the same week, mindful that paper letters may not be ready in time for next visit.
- Urgent changes to medications should be communicated immediately to the patient and the GP if they are required to issue a prescription or perform monitoring. All changes to medications or doses must be updated in Patient electronic record at the time of the change.

- Copy all clinic letters to patients unless they request otherwise. Encourage patient enrolment with Renal Patient View to avoid the necessity of copying all letters.
- Think carefully about the other clinicians who also require copies of letters e.g. home renal unit if from another Health Board, other hospital clinics e.g. Diabetes, Cardiology etc.
- Note the immunosuppression regime the patient is following clearly in problem lists e.g. Standard protocol, higher risk protocol, Trial Protocol etc with desired tacrolimus trough range where relevant.

## **Key actions post-transplant:**

- Remove stent usually at 8 weeks
- Stop co-trimoxazole usually at 3 month
- Adjust Valganciclovir dose according to Cockcroft-Gault Creatinine Clearance
- Stop Valganciclovir usually at 6 months
- Order Virology at 3 Months Post SOT from the Trak order set at 3 months. This tests for HIV, Hep B, Hep C & Hep E (PCR).

## **At every visit check for:**

- Graft dysfunction: rejection, infection, obstruction, ischaemia, toxic/metabolic injury
- Infection
- Malignancy
- Metabolic Disease
- Cardiovascular disease
- Progressive graft failure requiring preparation for further dialysis/transplant

For useful information on commonly prescribed immunosuppressives, please see the [drug pages](#). This includes details of drug interactions with these agents.