

Other considerations

Rhesus

Rh -ve young female recipients with Rh +ve donor require anti D immunoglobulin at induction (can be given up to 72 hours later if overlooked initially).

Hepatitis B

1. HBsAg -, HBcAb + renal tx recipients

- Before renal transplant surgery, if time allows, check the HBsAb levels and give a booster dose if levels are <10 mIU/mL; otherwise, give a booster dose regardless of HBsAb levels unless one was given in the previous 8 weeks.
- Monitor HBsAg monthly for the first 3 months post-transplant surgery, and every 3-4 months subsequently for at least a year.

2. HBsAg -, HBcAb- renal tx recipient with HBsAg -, HBcAb + renal donor

- Before renal transplant surgery, if time allows, check the HBsAb levels and give a booster dose if levels are <10 mIU/mL; otherwise, give a booster dose regardless of HBsAb levels unless one was given in the previous 8 weeks.
- At the time of renal transplant surgery, give HBV immunoglobulin (HBIG) according to the following schedule:
 - HBIG 4,000 IU iv stat.

Measure HBsAb levels at day 7 and repeat dose if levels are <500 mIU/mL.

Monitor HBsAg monthly for the first 3 months post-transplant surgery, and every 3-4 months subsequently for at least a year.

Fasting Type I Diabetic patients

In practice, all fasting type I diabetic patients go on a sliding scale as shown below (taken from Lothian Adult Medical Emergencies Handbook). All patients need a background fluid infusion; we would suggest 20mls/hour of 10% dextrose as most patients are anuric.

BM	Insulin Infusion (units actrapid/hours = ml/hr)
>16	6

13-15.9	4
10-12.9	3
7.0-9.9	2
5.0-6.9	1
4.0-4.9	0.5
<4	0 (call Dr, sliding scale may need revision)