

Thank you for referring your patient to Piedmont Transplant!

**Please complete the following questions with your patient and return with your referral.
This will help us to prioritize your referral and patient appointment.**

- | | | |
|--|--------|--|
| 1. Do you have a possible living donor? | Yes | No |
| 2. Any cuts, open sores (ulcers), or wounds anywhere on your body? | Yes | No |
| 3. Can you walk up a flight of stairs without getting short of breath or stopping? | Yes | No |
| 4. Can you walk one block without getting short of breath or having to stop? | Yes | No |
| 5. Do you ever use oxygen? | Yes | No |
| 6. Do you use a cane, walker, or wheelchair to assist in mobility? | Yes | No |
| 7. Have you been hospitalized or had recent surgery in the last 6 months? | Yes | No |
| If yes, hospitalized for: | Stroke | Heart surgery or heart catheterization |
| 8. Do you have a Caregiver? | Yes | No |

Kidney Transplant Selection Criteria

Indications

- A. Chronic kidney disease with GFR less than or equal to 20ml/min or on dialysis
- B. Mentally competent
- C. Patient desires a kidney transplant
- D. Candidates are greater than or equal to 18 years of age

Exclusion Criteria

A. Absolute Contraindications:

1. Severe chronic lung disease
2. Significant, non reversible cardiac disease
3. Unstable major psychiatric disorders
4. Inability to understand risks of transplant and care for self afterwards (informed consent) without adequate domestic support
5. Active substance abuse
6. Tobacco use in the setting of:
 - a. Diabetes mellitus
 - b. Coronary artery disease
 - c. Peripheral vascular disease
 - d. Chronic lung disease

B. Relative Contraindications:

1. Active malignancy, or incompletely treated malignancy (excluding non melanoma skin cancers)
2. HIV with co-infection with active Hepatitis B or Hepatitis C (positive viral load)
3. Active infection
4. Active immunologic disease
5. Evidence of previous substance abuse, abstinent less than 6 months
6. BMI greater than 36 (Patients with BMI 36–45: determination of eligibility will be based on additional criteria reviewed by the transplant team)
7. Noncompliance
8. Advanced liver disease (unless patient considered for combined liver/kidney transplant)
9. Financial/social support issues that make it unlikely that the patient will be able to sustain successful transplantation
10. Inability to manage a complex regimen
11. Advanced vascular disease
12. Tobacco use
13. Marijuana use
14. Debility/mobility with poor rehabilitation potential
15. Psychiatric disorder, mild to moderate
16. Dementia or severe cognitive disorder
17. Diagnosis of malignancy
18. HIV positive (if viral load undetectable, patient can be considered for transplant)
19. Probation, unresolved criminal charges or pending criminal investigations
20. Incarceration
21. Midodrine

Pancreas Transplant Selection Criteria

Candidates for combined kidney and pancreas transplant must meet both kidney and pancreas criteria.

Indications

- A. Type 1 or select Type 2 Diabetes Mellitus
- B. Patient desires a pancreas or combined kidney and pancreas (if has kidney disease)
- C. Insulin dependent

Exclusion Criteria

A. Absolute Contraindications:

1. Hepatitis C (with positive PCR)
2. Positive Hepatitis B surface antigen or positive Hepatitis B DNA PCR
3. Active substance abuse including tobacco, chewing tobacco
4. Age 60 years and greater

B. Relative Contraindications:

1. HIV positive
2. BMI greater than 30 (patients with BMI up to 36 will be considered on a case by case basis)
3. Age greater than 55 years (patients with age up to 60 years will be considered on a case-by-case basis)
4. Irreversible anticoagulant use



Real change lives here

Satellite locations

Augusta • Athens • Columbus • Macon • Savannah
888.605.5888