Anesthesia Protocol for Kidney Transplantation

Vascular Access and Monitoring

- Radial arterial line
- Central Venous Access - Triple Lumen Catheter or PA catheter
- ASA standard monitors - NIBP, EKG, Pulse OX, Temperature probe

Antibiotics

- Discuss with surgeon

Immunospressants

- Confirm with transplant surgeon (prior to incision) which one of the following immunosuppressants will be used for the case:
  - OKT3 2.5mg IV using a microfilter needle
    - Give Diphenhydramine 50mg IV and Ranitidine 50mg IV prior to OKT3
    - OKT3 is rarely used with living related donor cases
  - Thymoglobin 1.5 mg/kg over 4 hours
  - Campath (Alemtuzumab) 30 mg x 1 dose over 2 to 4 hours
  - Zenapax (Daclizumab) 2 mg/kg, over 15 – 30 minutes

Intra-op Management

- Give Solu-medrol 500mg IV after induction anesthesia
- Transfuse patient when hematocrit < 25%
- Maintain systolic BP > 120 torr
- Maintain CVP ~ 4-10 or PAD ~8-15 mm Hg
- Discuss with transplant surgeon when CVP > 12 or PAD > 16
- Hydrate patient with 1-2 liters of Normal Saline
- Run Dopamine drip at 3-5mcgs/kg/min if requested by surgeon or needed to maintain systolic blood pressure > 120 torr
- Start Mannitol (0.5 -1gm/kg) infusion when venous vascular anastomosis has begun
- Give Furosemide 100-250mg IV after Mannitol is infused and before vascular clamps is released
- On cadaver transplants - start Furosemide infusion (20 mg/hr) after bolus
- If Verapamil is given by the surgeon after unclamping the artery, it may cause a fall in systemic BP