

**Scope:**

- Solid-organ transplant recipients
- Prospective transplant recipients (excludes patients with end stage renal disease who are being evaluated for transplant but are NOT followed by the transplant nephrology group [Dan Brennan, Brent Miller, Rowena Delos Santos, Thin Thin Maw, Tarek Alhamad])
- Non-transplant patients of the following surgeons: William Chapman, Christopher Anderson, Maria Doyle, Jason Wellen, Aki Ito, Keki Balsara
- Prospective donors
  - Calls from transplant teams requesting ID input to determine if a potential deceased solid organ donor is suitable should be immediately referred to the attending on service. Provide the person calling the ID attending's contact information.
- Stem cell transplant recipients
- Hematologic malignancies, including myelodysplastic syndromes
- Patients with Left-ventricular assist devices
- North Campus non-transplant/oncology patients are to be seen by the ID hospitalist service (or bone and joint, as appropriate). However, if the transplant ID service becomes busy and is having difficulty handling the patient load, additional patients may be diverted to the other ID services. This decision will be made attending to attending.
- Non-transplant patients with solid tumors on the south campus are seen by the general ID services.
- All potential "curbside" consults need to be reviewed with the attending. In general, due to the complexity of these patients, curbside consults are to be kept to a minimum.

**Schedule:**

- Monday-Friday: Initial consults seen by the ID fellow on service, and staffed with ID transplant attending. Follow-up consults seen by ID fellow, NP and attending.
- Saturday: ID fellow sees new and old active patients, and reviews labs and vitals of monitor patients to determine if any need to be seen; staffs with attending over the phone.
- Sunday: ID attending will round on old active patients, and reviews labs and vitals of monitor patients. Whether new consults need to be seen that day or wait until Monday will be determined by the attending. If seen on Sunday, may be seen by the attending or on-call fellow. If seen by on-call fellow, the patient will be staffed with the attending.
  - Days off may be interchangeable – arrangements for phone switch must be made.
- Fellows who are on-call will have a subsequent free weekend (schedules vary) – the attending will need to come in on both days – arrangements for phone switch must be made.
- When the fellow has a morning clinic, the fellow's patients will be rounded on by the NP and attending, when possible.
- When the fellow has an afternoon clinic, new patients will be seen by the attending when possible.

**Education/Teaching:**

- Guidelines and references pertaining to the diagnosis and management of transplant patients with infections are available on the shared drive (under Transplant ID folder).
- Most teaching will occur on rounds. Additional didactic sessions can be incorporated as time permits.

- Occasionally medical students, residents, and non-WUSM ID fellows (ID fellows from other programs and fellows from non-ID transplant programs) will rotate with the transplant ID service. Residents and non-ID fellows will be assigned patients they are primarily responsible for, however the ID fellow must still be familiar with all patients on service. The ID fellow will shadow and write notes seen by medical students. The patients followed by medical students, residents, and non-ID fellows will be rounded on by the ID fellow/attending on the weekend.
- ID fellows with a strong interest in transplant infectious diseases will have opportunities to round with the other transplant services during first year elective time and after the first year of fellowship.

**Initial Consults:**

- Calls are taken by the ID fellow, who then should see the patient, gather relevant data, and propose a plan. The case is then discussed with the ID attending. The ID fellow takes primary responsibility for patient care and management under supervision of the attending.
- Once a plan of action is made, this is directly communicated to the primary team. Depending on the complexity of the patient, this can be fellow to fellow/resident or attending to attending.

**Follow-up visits, active:**

- Seen by the ID fellow, NP and attending. The ID fellow takes primary responsibility for patient care and management under supervision of the attending.
- In general, physically pre-rounding on patients before team rounds is not necessary. Regardless if pre-rounding occurs, the fellow must be up to date with data available from Clin Desk and Compass prior to rounds. Pre-rounding is suggested for particularly complicated patients or patients with unexpected clinical deterioration related to the ID issues.
- The ID fellow will be responsible for rounding on patients primarily followed by medical students, residents, or other fellows on the weekend.

**Follow-up visits, monitoring:**

- Patients whose problems have been identified, and are getting proper treatment can be placed on monitoring status, per the attending's discretion.
- Monitor patients are seen by the NP independently. The attending reviews the service provided by the NP as needed.
- If a patient on monitor needs to be more actively monitored, the NP will continue to follow the patient during the week, but will be rounded on by the fellow and attending on the weekend.
- The clinical condition of monitor patients are to be evaluated through review of Clin Desk and Compass on the weekend by the fellow and attending. If there are any concerns, the patient will be seen.
- The NP will email a sign-out of the monitor patients to the fellow and attending prior to weekends and vacations.

**Documentation:**

- The electronic note templates in Compass will be used.
- All sections of the consult notes should be completed per the documentation guidelines presented during orientation.
- Physical exam, including all pertinent systems related to the reason(s) for consult, should be clearly documented, along with relevant labs, radiology and pathology.

- Diagnosis and plan should be clearly documented, including a discussion of rationale, as appropriate.
- A separate diagnosis is to be cited for all conditions managed by the transplant ID service. If there is redundancy in the treatment plans for multiple diagnoses, the treatment plan should be outlined for the first diagnosis cited, and referenced for the other diagnoses.
- Documentation should reflect the level of complexity of the case.
- A change in status, i.e. to continue following, to sign off or to monitor must be clearly stated at the end of the note.
- A consult sign-off will be added to the final note at the time of sign-off or discharge.

### **Salient Features of a Transplant ID Evaluation**

- Reason for transplant
- Type of transplant
  - Solid organ transplant: organ, living-related/unrelated
  - Stem cell transplant: autologous/allogeneic, related/unrelated, bone marrow/peripheral blood/cord
- Transplant-related complications, especially intraoperative complications (solid-organ transplant)
- Date of transplant
- Immunosuppressive therapy
- Prophylactic anti-infective therapy
- Episodes of allograft rejection/graft-versus-host-disease
- Donor and recipient serologies for CMV, HSV, VZV, EBV
- Past infectious complications
- Colonization with multi-drug resistant organisms
- Past exposures related to travel, occupation, animal, arthropods and/or hobbies
- Drug interactions
- Immunization history

### **Patient Discharge:**

- Outpatient follow-up and plan of active patients must be communicated to Lori Watkins by the ID fellow.
- Outpatient follow-up and plan of monitor patients must be communicated to Lori Watkins by the NP.

### **Outpatients with ID follow-up prior to first clinic visit:**

- Patients discharged from the hospital but prior to first ID clinic visit will be followed by the NP.
- The NP will monitor labs and help arrange home health as needed.
- Any lab abnormalities or patient complaints will be discussed with the attending who was on service when the patient was discharged from the hospital, or the attending who is most familiar with the patient's most recent episode of care.
- Any patient readmitted to the hospital will be assessed by the NP and the patient will be discussed with the attending on the ID transplant service. If there are concerns for recurrence of infection, new infection, or adverse drug events, necessitating change in anti-infectives, the primary transplant service should be contacted to indicate we should be consulted.
- The NP will notify the attending and fellow of planned vacations/absences in advance and review follow-up duties that will need to be conducted during that time.