

L-100 Management and Care of the Organ Transplant Client

Transplantation is the procedure used to transfer living tissue from human to human, animal to human or from one part of the body to another in the same individual. Organs that are commonly transplanted include kidney, heart, lung, liver, bone marrow, skin, cornea, and pancreas.

- Autograft: transplant of client's own tissue.
- Isograft: a transplant of tissue from identical twin.
- Allograft: transplant of tissue from human donor.
- Xenograft: transplant from animal tissue.

Bone marrow transplantation is a treatment option for people with certain kinds of cancer. The client is infused with donor bone marrow or marrow from an identical twin and in some cases they receive their own bone marrow that was harvested prior to receiving intensive chemotherapy.

Transplantation is done in both adults and children, and is used to treat cancer as well as many diseases that cause organ failure. Client receiving transplants are immunocompromised from the disease process and/or the transplant procedure and medications associated with the procedure

Purpose

Identify and decrease the complications associated with transplantation.

Provide a safe environment for the client who has received a transplant.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Special Considerations

The primary concern of the person who has received a transplant is the potential for **organ rejection**. This may occur within days of the transplant (acute) or from months to years after transplant (chronic). In the acute phase, the client will experience symptoms of rejection such as fever, redness, tenderness at graft site and elevated blood chemistries indicating the changes. In the chronic phase the client will experience symptoms related to the gradual deterioration of the organ.

Graft vs. Host Disease is complication of bone marrow transplantation. This occurs when the grafted tissue recognizes the host cells as foreign and begins to attack the host.

Because the host cells are immunocompromised, they cannot destroy the graft cells. This usually occurs within the first 100 days after transplant and usually affects the skin and gastrointestinal tract with symptoms of abdominal pain, nausea, diarrhea, and a generalized rash that leads to sloughing of the skin.

The transplant client being cared for in the home after transplant will be receiving immunosuppressive medications and will be susceptible to infection. The immunosuppression is not needed if the client has received their own tissue or that of a perfect match (identical twin).

Equipment/Supplies

- Gloves and protective equipment as needed to prevent client exposure.

Care and Management guidelines

Instruct family and caregivers on universal precautions and good hand washing. Do not send caregivers to home if they have respiratory infections or other communicable disease.

Observe for signs and symptoms of infection.

- Clients who are immunosuppressed will not demonstrate the same signs and symptoms. They may not have an elevated temperature and may not have localized signs of infection if their white blood counts have not returned to normal.
- Common sites for infections include respiratory, urinary tract, mouth and skin.

Be alert to changes in appetite, pain, neuro and mental status, fluid status, blood pressure and pulse.

Monitor medications carefully as many of the immunosuppressive drugs may interact with other medications the client is taking.

Observe for signs and symptoms of rejection:

- Flu-like symptoms.
- Tenderness over graft site.
- Weight gain.
- Edema.
- Fever.

Severity of symptoms is usually indicative of the progression of rejection. Rejection is reversible and treatable if caught in time. Treatments include increasing doses of immunosuppressants and/or combinations of immunosuppressive therapy. This will make the individual more susceptible to infection, cardiovascular complications, and impaired wound healing and late effects such as osteoporosis, malignancies and cataracts.

symptoms reported as well as baseline. They will have defined follow-up appointments with physicians. Changes should be reported to the primary clinic managing the transplant client.

Related Procedures

None.

Policy History

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