

## SFHRenAT2

### Assess and review the patient's suitability for transplantation



#### Overview

Once transplantation has been broadly identified as a possibility for a patient within sight of needing renal replacement, assessment should be started soon enough to enable pre-emptive transplantation. For patients already dialysing, assessment should start as soon as they have expressed a desire for transplantation. This standard covers both an initial assessment and subsequent reviews.

Users of this standard will need to ensure that practice reflects up to date information and policies.

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#### Performance criteria

*You must be able to:*

- P1 begin the process of assessment at a time that allows pre-emptive or early transplantation and maintains the patient's motivation
- P2 gauge the patient's readiness and motivation to engage fully in the transplantation process using up-to-date medical, physiological and psychological indicators of likely success
- P3 revisit this judgement at intervals according to protocols and when regular reports from dialysis units suggest a need for review
- P4 establish and review the patient's up-to-date medical history and condition (e.g. the cause of their renal failure, co-morbid illness, FBP, BP, ECHO) through discussion and consulting available medical records
- P5 collect physical measurements of the patient according to local protocol (e.g. cardiac angiogram if patient has been an insulin-dependent diabetic for more than 15 years)
- P6 establish the patient's current and likely future social circumstances
- P7 identify psychological variables that might help or hinder the patient cope with a transplant (e.g. coping style, past history of taking or not taking medication, difficulty forming a working relationship with staff, regularity of dialysis prior to transplant)
- P8 collect information on the patient's modifiable and non-modifiable risk factors (e.g. cardiovascular condition, weight, co-morbid conditions)
- P9 explore the patient's hopes and expectations for the future, including their understanding and willingness to accept changes in lifestyle
- P10 discuss with the patient the options that are available (e.g. refer for treatment, therapy, counselling and lifestyle/fitness guidance)
- P11 avoid giving false hope to a patient and help them achieve realistic expectations (e.g. getting ECHO done early to determine cardiac health and functionality)
- P12 make opportunities for discussion available to the patient as and when they need
- P13 arrange next review point

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### Knowledge and understanding

*You need to know and understand:*

- K1 anatomy and physiology of the human body
- K2 anatomy and physiology of the renal system
- K3 the immune system
- K4 psychological care skills/loss counselling
- K5 principles of healthy living
- K6 how organs are selected and matched (living and deceased donors)
- K7 medical, physiological and psychological indicators of likely success and how to obtain them
- K8 where and how to commission tests and measurements
- K9 how to evaluate and weigh evidence of a patient's suitability
- K10 ways of encouraging patients to modify risk factors
- K11 how lifestyle affects health specifically in relation to transplanted patients
- K12 risks and benefits of transplantation (e.g. enhanced life prospects and lifestyle, side effects of immunosuppression, rejection, psychological issues)
- K13 objections to transplantation and how to probe underlying thinking and how to counter it
- K14 procedures and criteria associated with the National Transplant Register
- K15 the psychological pressures that transplanted patients encounter
- K16 legal requirements for transplantation (e.g. Human Organ Transplants Act 1989, The Human Organ Transplants [Unrelated Persons] Regulations, 1989)
- K17 best practice guidelines (e.g. British Transplantation Society)
- K18 evidence of beliefs about transplantation among informed and uninformed religious and cultural groups (e.g. typical mistaken beliefs that a religion opposes transplantation, religious pronouncements such as Muslim fatwa in favour of transplantation)
- K19 patient and living donor information, education and support opportunities
- K20 roles of other members of the multidisciplinary team
- K21 procedures and protocols relating to commissioning tests and assessments
- K22 how to adapt communication styles in ways which are appropriate to different people (e.g. culture, language or special needs)
- K23 the importance of establishing rapport and how to do so
- K24 how to ask questions, listen carefully and summarise back
- K25 the importance of encouraging individuals to ask questions and how to do so
- K26 the religious beliefs of different cultures
- K27 the effects of different cultures and religions on care management and effects on family dynamics
- K28 the principle of confidentiality and what information may be given to

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- whom
- K29 the importance of involving individuals in discussions, and how to do so
- K30 how to negotiate effectively with individuals, families and other professionals
- K31 the principles of evidence-based practice, and how to apply them
- K32 coaching skills

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### Additional Information

#### External links

This standard has indicative links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

Dimension: HWB6 Assessment and treatment planning

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<b>Developed by</b>	Skills for Health
<b>Version number</b>	1
<b>Date approved</b>	June 2010
<b>Indicative review date</b>	June 2012
<b>Validity</b>	Current
<b>Status</b>	Original
<b>Originating organisation</b>	Skills for Health
<b>Original URN</b>	RenAT2
<b>Relevant occupations</b>	Health, Public Services and Care; Healthcare and Related Personal Services
<b>Suite</b>	Renal
<b>Key words</b>	kidney, kidneys, donation, diabetes, donor