

# Duke Pediatric Kidney Transplant Program



## Overview

Duke's legacy in pediatric kidney transplantation dates back to the 1970s. Our program offers comprehensive evaluation and care to pediatric patients with kidney disease—and provides personalized, innovative care in transplantation.

Our experienced pediatric nephrologists, esteemed urologists, skilled pediatric kidney transplant surgeons, and specialized nurse coordinators work with other Duke specialists to diagnose and manage kidney diseases in children, including congenital kidney disease, obstructive uropathy, neurogenic bladder, nephrotic syndrome and focal segmental glomerulosclerosis, autoimmune disease, inherited kidney disease, patients with prior transplants who have high antibody titers, and patients requiring multi-organ transplantation.

Data from SRTR demonstrate that Duke's observed patient and allograft survival rates were excellent at 100 percent for both 1-year and 3-year after transplant.

## Highlights

- Special expertise in performing kidney transplants in infants and small children
- Deceased- and living-donor kidney transplantation
- Dedicated program for adolescents to successfully transition to adult care
- Collaborative care with pediatric urology who are recognized leaders in complex bladder reconstructive surgery
- Paired Exchange Program and ABO incompatible kidney transplantation
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Immune monitoring that allows for tailoring of immunosuppression for each patient
- Screening for clinical trials to give patients access to novel therapies
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the kidney with liver, heart, small bowel and/or pancreas
- Participation in national registries for benchmarking quality

## Providers

### PEDIATRIC NEPHROLOGY

**Eileen Tsai Chambers, MD**  
*Medical Director  
Pediatric Kidney Transplant*

**Annabelle Chua, MD**

**John Foreman, MD**

**Rasheed Gbadegesin, MD**

**Shashi Nagaraj, MD**

**Lisa Patterson, NP**

**Delbert Wigfall, MD**

### PEDIATRIC UROLOGY

**Todd Purves, MD, PhD**

**Jonathan Routh, MD, MPH**

**John Wiener, MD**

### PEDIATRIC TRANSPLANT COORDINATOR

**Nicole Pranger, RN, BSN**

### PEDIATRIC SURGERY

**Allan Kirk, MD, PhD**  
*Chair, Department of Surgery*

**Debra Sudan, MD**  
*Surgical Director  
Abdominal Transplant*

**Andrew Barbas, MD**

**Todd Brennan, MD**

**Bradley Collins, MD**

**Stuart Knechtle, MD**

**Kadilyala Ravindra, MBBS**

**Aparna S. Rege, MBBS**

**Deepak Vikraman, MD**

### NUTRITIONIST

**Lesley Stanford, RD**

### SOCIAL WORKER

**Shani Foy-Watson, LCSW**

## When to Refer a Pediatric Patient

Referrals for transplant evaluation are appropriate when patients develop kidney disease complications that appear to jeopardize their ability to function normally or when patients have eGFR <30 ml/min/1.73 m<sup>2</sup>.

Signs and symptoms include failure to thrive, the development of swelling, lethargy, uncontrolled hypertension, electrolyte abnormalities, and/or decreased quality of life, as indicated by fatigue, poor school performance, behavioral changes or uremia.

Patients are typically seen in a timely, efficient manner from referral. See reverse side for patient referral form.

## Location

**Duke Children's Hospital  
& Health Center**  
3rd Floor  
2301 Erwin Road  
Durham, NC 27710

**Phone** 919-613-7777  
**Toll-free** 800-249-5864  
**Fax** 919-681-7930  
**On-call Physician** 919-684-8111  
**Pediatric Referral** 919-668-2682,  
Nicole Pranger, RN, BSN  
[dukehealth.org/transplant](http://dukehealth.org/transplant)

# Duke Pediatric Kidney Transplant

## USPS

Box 102347  
Durham, NC 27710

## FedEx/UPS

330 Trent Drive, Room  
132 Hanes House  
Durham, NC 27710

Phone 919-613-7777

Toll-free 800-249-5864

Fax 919-681-7930

## Patient Demographic Information

Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Physician Information

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Practice/Group Name: \_\_\_\_\_ Practice/Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of Person Completing This Form \_\_\_\_\_

## Primary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_  
Behavioral Health Insurance? Y N Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_

## Secondary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_

## Patient General Clinical Information

Seen at Duke University Hospital? Yes No If Yes, Date of Last Visit: \_\_\_\_\_ Duke History Number: \_\_\_\_\_  
Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_

## Clinical Information Requested to Schedule Appointment

1. Most recent clinical summary and current medications, immunization record, treatment plans, and past medical history or typed consult letter, including patient's clinical summary and pertinent medical history
2. Lab results within 60 days, including renal function panel, calcium, magnesium, phosphorus, PTH, and CBC with differential
3. Renal imaging reports (Doppler and bladder ultrasound, CT, MRI, VCUG, MAG3 or DMSA scan) within last 12 months
4. Procedural reports, including renal biopsy pathology
5. For patients with substance abuse history\*:
  - a. Summary of alcohol and/or substance abuse
  - b. Date of abstinence
- c. Date rehabilitation counseling initiated
- d. Documentation of three random screens

\* Items may be included in dictated summary or letter. Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance to NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.