

# Duke Pediatric Kidney Transplant Program



## Overview

We offer comprehensive evaluation and care to your pediatric and adolescent patients with kidney disease. Our experienced pediatric team works with you and other Duke specialists to diagnose and manage kidney disease and related conditions in children, including, but not limited to:

- Autoimmune disease
- Congenital kidney disease
- Inherited kidney disease
- Neurogenic bladder
- Nephrotic syndrome and focal segmental glomerulosclerosis
- Obstructive uropathy
- Issues from prior transplant with high antibody titers

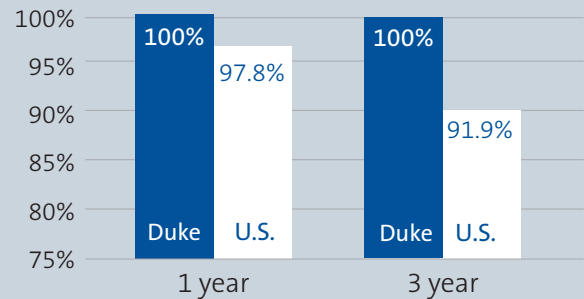
## Why Refer to Duke

We offer specialized care that is not available with other pediatric transplant programs, including:

- Expertise in congenital kidney conditions
- Paired donor kidney exchange
- ABO incompatible transplant
- Early referral options with a focus on pre-emptive transplant
- Multi-organ transplant

## Patient Survival Rates\*

Better than U.S. Average



\* Data from srtr.org as of 1/5/21 for pediatric (<18) deceased donor graft transplants.

## When to Refer to Duke

Refer your patients when they:

- Develop kidney disease complications that appear to jeopardize their ability to function normally
- Have an eGFR <30 ml/min/1.73 m<sup>2</sup>
- Signs and symptoms include:
  - Failure to thrive
  - Development of swelling, lethargy, uncontrolled hypertension, and electrolyte abnormalities
  - Decreased quality of life, as indicated by fatigue, poor school performance, behavioral changes, or uremia



## Your Patients Will Have Access To:



### Pediatric Kidney Transplant Specialists

Our pediatric surgeons have special expertise in kidney transplant and offer:

- Kidney transplants for infants, small children, and adolescents
- Collaborative care with leaders in pediatric urology for complex bladder reconstructive surgery
- Steroid-free and calcineurin-free medication regimens that offer excellent long-term kidney function and allograft survival
- Monitoring for immunosuppression that is tailored for each specific patient
- Excellent outcomes in combined multi-organ transplants: simultaneous transplantation of the kidney and the liver, lung, heart, small bowel, and/or pancreas



### Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies.

### Qualified Donors

We offer deceased and living-donor kidney transplantation and participate in national registries for benchmarking quality.



## Our Care Team Members

### Pediatric Transplant Coordinator

Nicole Pranger, RN, BSN

### Nutritionist

Ella Lundquist, RD

### Pediatric Nephrologists

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

Annabelle Chua, MD

Angela Dvorak de Morales, NP

John Foreman, MD

Rasheed Gbadegesin, MD

Reeti Kumar, MD

Shashi Nagaraj, MD

Delbert Wigfall, MD

### Pediatric Surgeons

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

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

Deepak Vikraman, MD  
*Surgical Director, Pediatric Abdominal Transplant*

Andrew Barbas, MD

Bradley Collins, MD

Stuart Knechtle, MD

Lisa McElroy, MD

Kadilyala Ravindra, MBBS

Aparna S. Rege, MBBS

### Pediatric Urologists

Todd Purves, MD, PhD

Jonathan Routh, MD, MPH

John Wiener, MD

### Social Worker

Carrie King, LCSW

## Location

### Duke Children's Hospital and Health Center

2301 Erwin Rd.  
Durham, NC 27710

Phone 919-613-7777

Fax 919-668-3897

Pediatric Referral Coordinator  
919-681-2679

On-call Physician  
919-684-8111

Find the most up-to-date list of providers at  
[DukeHealth.org/Transplant](http://DukeHealth.org/Transplant)

# Duke Pediatric Kidney Transplant Referral Form

Please fax the completed referral form to 919-668-3897 or use electronic referral through Epic / MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

USPS  
Box 102347  
Durham, NC 27710

FedEx/UPS  
330 Trent Dr.  
Room 132  
Hanes House  
Durham, NC 27710

Phone 919-613-7777  
Toll-free 800-249-5864  
Fax 919-668-3897

## Patient Demographic Information

Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian 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: \_\_\_\_\_  
Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Duke Medical Record Number: \_\_\_\_\_

## 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.