

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 (August 2020) demonstrate that Duke's observed patient and allograft survival rates were excellent at 100 percent for 3-years 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

Angela Dvorak de Morales, NP

John Foreman, MD

Rasheed Gbadegesin, MD

Reeti Kumar, MD

Shashi Nagaraj, MD

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
*Chief, 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

NUTRITIONIST

Ella Lundquist, RD

SOCIAL WORK

Carrie King, 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 m².

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 919-668-3897

On-call Physician 919-684-8111

Pediatric Referral 919-681-2679,
Nicole Pranger, RN, BSN

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 919-668-3897

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.