



# Clinical Practice Snapshot

## Pediatric Kidney Transplantation

**FINAL VERSION, 211120**

### 1. Transplantation characteristics:

- a. Type of disease underlying kidney failure: [Radio button, one selection]  
*(Obstructive uropathy such as VUR, neurogenic bladder and PUV are regarded as urological disease)*  
 Urologic     Nephrologic     Unknown
- b. Previous therapy: [Radio button, one selection]  
 Hemodialysis     Peritoneal dialysis  
 Pre-emptive     Both hemo- and peritoneal dialysis  
 Unknown
- c. History of nephrectomy of native kidneys: [Radio button, one selection]  
 0     1     2     Unknown
- d. Number of previous kidney transplants received: [Radio button, one selection]  
 0     1     2     3 or more     Unknown

### 2. Transplantation surgery:

- a. Date of most recent transplantation: [Date, dd/mm/yy format; at/after Date of birth]
- b. Type of most recent transplantation: [Radio button, one selection]  
 Donation after circulatory death (DCD)  
 Donation after brainstem death (DBD)  
 Living unrelated donor  
 Living related donor  
 Unknown
- c. Total number of HLA mismatches: [Numeric (Integer)]
- d. HLA-DR mismatches: [Radio button, one selection]  
 0     1     2     Unknown
- e. Placement: [Radio button, one selection]  
 Intra-abdominal     Retroperitoneal     Unknown
- f. Warm ischemia time (minutes): [Numeric (Integer)]
- g. Cold ischemia time (minutes): [Numeric (Integer)]
- h. Post-operative drainage: [Tick-box, multiple selection]
- |   |                             |                      |                     |
|---|-----------------------------|----------------------|---------------------|
| <input type="checkbox"/> Ureteral splint            | Duration of drainage (days) | <input type="text"/> | [Numeric (Integer)] |
| <input type="checkbox"/> TUC                        | Duration of drainage (days) | <input type="text"/> | [Numeric (Integer)] |
| <input type="checkbox"/> SPC                        | Duration of drainage (days) | <input type="text"/> | [Numeric (Integer)] |
| <input type="checkbox"/> Double J catheter          | Duration of drainage (days) | <input type="text"/> | [Numeric (Integer)] |
| <input type="checkbox"/> Other                      | Specific. other drainage    | <input type="text"/> | [String]            |
| <input type="checkbox"/> No post-operative drainage |                             |                      |                     |
| <input type="checkbox"/> Unknown                    |                             |                      |                     |

### 3. Graft function, eGFR calculated using Schwartz formula:

- a. Date of discharge: [Date, dd/mm/yy format; at/after DoB]
- b. eGFR at discharge (in ml/min/1.73m<sup>2</sup>): [Numeric (Integer)]

- c. Lowest eGFR during admission after transplantation (in ml/min/1.73m<sup>2</sup>): [Numeric (Integer)]
- d. Date of last follow-up contact: [Date, dd/mm/yy format; at/after DoB]
- e. eGFR at last follow-up (in ml/min/1.73m<sup>2</sup>): [Numeric (Integer)]

4. Immunosuppression:

- a. Induction therapy: [Tick-box, multiple selection]  
 Basiliximab  
 Daclizumab  
 ATG/ALG  
 Alemtuzumab (Campath)  
 Other  
 No induction therapy  
 Unknown  
*(if other, answer question 4b)*
- b. Specification other induction therapy: [String]
- c. Discharge with immunosuppressants: [Tick-box, multiple selection]  
 Tacrolimus  
 Mycophenolate mofetil  
 Prednisone  
 Azathioprine  
 Everolimus  
 Cyclosporine  
 Other  
*(if other, answer question 4d)*
- d. Specification other immunosuppressants at discharge: [String]

5. Infections:

- a. CMV serological status donor: [Radio button, one selection]  
 +     -     Unknown
- b. EBV serological status donor: [Radio button, one selection]  
 +     -     Unknown
- c. CMV serological status recipient: [Radio button, one selection]  
 +     -     Unknown
- d. EBV serological status recipient: [Radio button, one selection]  
 +     -     Unknown
- e. EBV infection during follow-up: [Radio button, one selection]  
 yes, primo infection     yes, reactivation  
 yes, both     No     Unknown
- f. EBV prophylaxis during follow-up: [Radio button, one selection]  
 +     -     Unknown
- g. CMV infection during follow-up: [Radio button, one selection]  
 yes, primo infection     yes, reactivation  
 yes, both     No     Unknown
- h. CMV prophylaxis during follow-up: [Radio button, one selection]  
 +     -     Unknown
- i. BKV infection during follow-up: [Radio button, one selection]  
 yes, primo infection     yes, reactivation  
 yes, both     No     Unknown
- j. Culture-proven urinary tract infection with fever during follow-up:  
 +     -     Unknown

6. Rejection:

- a. Biopsy proven rejection during follow-up: [Radio button, one selection]  
 yes     no     Unknown  
*(If yes, answer question 6b)*
- b. Date of rejection: [Date, dd/mm/yy format; at/after DoB]



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