



Network
 Urogenital Diseases (ERN eUROGEN)

Clinical Practice Snapshot

Pediatric Kidney Transplantation

FINAL VERSION, 220822

1.	treatme I hav	update the common data elements. (Changes might have ent/genetics/diagnosis etc.) e changed nothing e added previously unknown information o't know how to	curred in patient status/hospital or [Radio button, one selection]	
2.	Transpla a.	antation characteristics: Type of disease underlying kidney failure: (Obstructive uropathy such as VUR, neurogenic bladder and P Urologic Nephrologic Unknown	[Radio button, one selection] UV are regarded as urological disease)	
	b.	Previous therapy: Hemodialysis Peritoneal dialysis Pre-emptive Both hemo- and peritoneal dialys Unknown	[Radio button, one selection]	
	C.	History of nephrectomy of native kidneys: 0 0 1 0 2 0 Unknown	[Radio button, one selection]	
	d.	Number of previous kidney transplants received: 0 0 1 0 2 0 3 or more 0 Unknown	[Radio button, one selection]	
3.	Transpla a.	antation surgery: 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]	
	C.	Total number of HLA mismatches:	[Numeric (Integer)]	
	d.	HLA-DR mismatches: 0 1 2 Unknown	[Radio button, one selection]	
	e.	Placement: (Intra-abdominal () Retroperitoneal () Unknow	[Radio button, one selection]	
	f.	Warm ischemia time (minutes):	[Numeric (Integer)]	
	g.	Cold ischemia time (minutes):	[Numeric (Integer)]	
	h.	Post-operative drainage:	[Tick-box, multiple selection]	
		☐ Ureteral splint Duration of drainage (days)	[Numeric (Integer)]	
		☐ TUC Duration of drainage (days)	[Numeric (Integer)]	
		☐ SPC Duration of drainage (days)	[Numeric (Integer)]	
		☐ Double J catheter Duration of drainage (days)	[Numeric (Integer)]	
		☐ Other Specific. other drainage ☐ No post-operative drainage ☐ Unknown	[String]	

4.	Graft fu	nction, eGFR calculated using Schwartz formula:	
	a.	Date of discharge:	[Date, dd/mm/yy format; at/after DoB]
	b.	eGFR at discharge (in ml/min/1.73m²):	[Numeric (Integer)]
	c.	Lowest eGFR during admission after transplantation (in ml/min/1.	73m²): [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 ²):	[Numeric (Integer)]
5.	Immuno	osuppression:	
٥.	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]
	D.	specification other induction therapy.	[Still]
	c.	Discharge with immunosuppressants:	[Tick-box, multiple selection]
		□ Tracrolimus	, , , , , , , , , , , , , , , , , , , ,
		☐ Mycophenolate motefil	
		☐ Prednisone	
		☐ Azathioprine	
		□ Everolimus	
		☐ Cyclosporine	
		□ Other	
		(if other, answer question 4d)	
	d.	Specification other immunosuppressants at discharge:	[String]
	-		[50.00]
6.	Infectio	ns:	
	a.	CMV serological status donor:	[Radio button, one selection]
	b.	EBV serological status donor:	[Radio button, one selection]
	c.	CMV serological status recipient:	[Radio button, one selection]
		○+ ○- Ounknown	
	d.	EBV serological status recipient:	[Radio button, one selection]
		○+ ○- Ounknown	
	e.	EBV infection during follow-up:	[Radio button, one selection]
		yes, primo infection yes, reactivation	
	f.	EBV prophylaxis during follow-up:	[Radio button, one selection]
		○+ ○- Ounknown	
	g.	CMV infection during follow-up:	[Radio button, one selection]
		yes, primo infection yes, reactivation	
	h.	CMV prophylaxis during follow-up:	[Radio button, one selection]
		○ + ○ - O Unknown	
	i.	BKV infection during follow-up:	[Radio button, one selection]
	j.	Culture-proven urinary tract infection with fever during follow-up	:
		○+ ○- ○ Unknown	

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7	Poi	ioct	ion:
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a.	Biopsy proven rejection during follow-up:				
	○yes	○ no	○ Unknown		
	(If yes, answer question 6b)				
b.	. Date of rejection:				

[Radio button, one selection]

Date, dd/mm/yy format; at/after DoB]



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