

Advanced Transplant Providers *e-Newsletter*

The art and science of the transplantation community



ASTS Advanced Transplant Providers Committee e-Newsletter

December 2012 Issue

Welcome to the December 2012 issue of the ATP e-Newsletter, brought to you by the ASTS Advanced Transplant Providers Committee!

Happy Holidays! In this 6th issue of the ATP e-Newsletter, we will feature a new Case Study and the answers to Case Study Questions from the October 2012 issue. We will also highlight upcoming events and society updates.



'Tis the Season to be Jolly!

We are pleased to announce the third 2013 ATP Award recipient - **Haley Hoy, PhD, ACNP** from University of Alabama Huntsville, Vanderbilt Medical Center. There was an excellent response to the call for nominations this year, and the ATP Committee reviewed all the candidates. The nominations were uniformly excellent and of high quality, and the decision was not an easy one. The ASTS ATP Award was established in 2010 to recognize the individual's time and effort dedicated to advancing clinical practice through translation of scientific information, development of standards, and clinical mentoring of the Advanced Transplant Provider, with a travel prize to the ASTS 2013 State of the Art Winter Symposium.

In addition to this year's recipient, ASTS acknowledges the following individuals who were

nominated by their respective transplant centers. Thank you for your dedication and efforts to advance the field of transplantation.

Donna Kamuda, BSN, MS, Northwestern Memorial Hospital
Brenda Thrasher, FNP-C, CCTC, Carolinas Medical Center

ASTS will present this award at the [Winter Symposium](#) Recognition Awards Presentation & Ceremony scheduled for 5:30 p.m. on Saturday, February 2, 2013 in Miami.

What's HOT!

The ASTS 13th Annual State of the Art Winter Symposium, Held in Conjunction with the NATCO Symposium for Advanced Transplant Professionals, is only weeks away! To take advantage of discounted rates, [register before January 17, 2013!](#) The housing deadline is **December 29, 2012** - [make your reservation now](#) to ensure you get your room preferences. Rooms are selling out quickly! Go to [2013 WS Online Registration](#).

This year's meeting promises an excellent educational experience that includes experts in the field of transplantation! Such experts include members of the ATP Committee - **Mark Burns, Chair of the ATP Committee**, will speak at the Lunch & Learn on the topic *Taboo or Transplantation* and **Georgeine Smith** will also speak at the Lunch & Learn on the topic *Recognition and Management of Acute Delirium in the Immediate Post-Op Setting of a Liver Transplant Patient*.

New this year! NATCO and ASTS are hosting a joint session focusing on how transplant programs utilize advanced practice providers. Two transplant surgeons, a physician assistant, and a nurse practitioner will discuss staffing models in their respective transplant programs, as well as how to understand billing practices and potential pitfalls to avoid. The session will end with a lively discussion on the advanced practice provider's dream job. The following ATP Committee members will be speaking at the **ASTS and NATCO Joint Sessions on Saturday, February 2:**

- **Gwen McNatt** - Session Two: The RVU Challenge, and Billing & Revenue Challenges for APNs & PAs
- **Georgeine Smith** - Session Three: Debate-My Ideal Job in a Perfect Transplant World
- **Deonna Moore** - Poster Session on Donor Management: Is the Obesity Epidemic in the United States Driving the Lack of Growth of Live Kidney Donation?

I invite you to see and learn from your ATP committee members at these [sessions at the Winter Symposium!](#)

What Else is the ATP Committee Doing?

New Initiative

[The World Transplant Congress \(WTC\)](#) Program Planning is underway! WTC will be held at the Moscone West Convention Center in San Francisco July 26-31, 2014. The WTC's Program Committee and the International Advisory Committee has issued a **[Call for Programs with a deadline of February 1, 2013](#)**. The ATP Committee would like to be part of the WTC by submitting topics that will also benefit the ATP community. We welcome and invite you to suggest topics. Program submissions will be considered with the following criteria:

- Provide multiple opportunities for interactivity - the learner as "participant" rather than "observer"
- Be based on learning needs
- Be designed to facilitate change in physician practice
- Include opportunities for self-assessment
- Have program content that is timely and relevant to clinical practice, with an emphasis on new developments in the field or current knowledge
- Align with WTC's overall learning objectives

If you have any suggestions for a program to be considered for WTC 2014, please email mina.behari@asts.org.

Ongoing Initiatives

ASTS National Transplant Service Line

The ASTS National Transplant Service Line is a new initiative that provides a national service to help ATP providers increase multidisciplinary management of out-of-region transplant patients in acute care as a resource of contacts for transplant centers across the country.

Mentorship Program

This program offers a formal mentoring framework in which a de novo clinician may benefit from the peer support and experience of providers throughout the country. ASTS is here to assist any program by fostering education and supporting members and centers. For more information, click on [ASTS ATP Mentorship Program](#).

All registered attendees of the 2013 Winter Symposium will receive information regarding the programs in their attendee bags, which will be distributed at registration.



Education Corner

Case Study:



A 62-year-old male presented for deceased donor kidney transplant (DDKT). The patient has a history of ESRD stage 5, on dialysis three days a week, four-hour run and a dry weight of 82kg. The patient has no coronary symptoms or concerns. No recent hospitalizations in the past year and works part time at a grocery store stocking shelves. The patient has no allergies to food or medications. No recent travel or blood transfusions. No other family members have been ill or hospitalized.

Social history: He was raised on a farm and raised livestock and animals with his family. Has been married for 40 yrs and still maintains a small farm with his wife and children. No tobacco, ETOH, or recreational drug usage. No tattoos or body piercings.

ROS: unremarkable; PE: unremarkable, lungs clear, no cardiac concerns, pulses present in all extremities, fistula with good thrill.

Immunosuppression: Patient has a PRA of 10% and one DSA with a MFI between 3000-5000. Patient will receive Rabbit Thymoglobulin induction and continued steroids. Concern: during administration of the Rabbit Thymoglobulin the patient developed a rash, itching, hoarseness, and developed tachycardia and hypertension acutely. The medication was stopped and the symptoms were treated with intravenous fluids and intravenous Benadryl. The patient responded quickly and the symptoms resolved.

Discussion:

1. What could have caused the reaction to the Rabbit Thymoglobulin administration?
2. Was this the right induction agent for this patient?
3. Could this reaction have been prevented?
4. Should the transplant proceed or be cancelled?



NOTE: The answer to this case study will be in the next ASTS ATP e-Newsletter, or you may email one of the committee members for the answer and to give your thoughts and opinions.

ASTS Members: Give your feedback to the ASTS Committee members, and stimulate discussion among your colleagues and co-workers.

COMPARE YOUR ANSWERS! From the **October 2012 ATP e-Newsletter Case Study**. The following are the answers to Case Study questions. Compare them to yours and see how you did! If you would like to view the Case Study, please refer to the October 2012 issue.

October 2012 Case study questions:

1. What is your differential diagnosis?
2. What would be some other diagnostic work up that might be performed?
3. What are some treatment options for this patient?

In the previous case study, the patient was diagnosed with an adenovirus infection. The majority of the U.S. population has been exposed and demonstrates serologic evidence of prior adenoviral infection by adolescent age.

The first described case of hemorrhagic adenovirus cystitis after renal transplantation in an adult was in Chile. Adenovirus infections have been documented but limited epidemiologic data exists. In the renal transplant patient, the spectrum of adenovirus infection illness can range from asymptomatic viral shedding to disseminated disease leading to death. Adenovirus infections related illnesses may be primary infections or reactivation of latent disease. Adenovirus infection may also be donor derived in origin.

In any differential diagnosis algorithm of fever of unknown origin in a post transplant patient adenovirus should be a consideration. The most common manifestation is hemorrhagic cystitis. Renal biopsy findings in adenovirus infected patients might suggest non-specific lymphocyte infiltration or virus-like particles on electron microscopy, or necrotizing tubulointerstitial nephritis. The majority of symptomatic cases occur within the first year of transplant. Treatment options for adenovirus infections include Intravenous Immunoglobulin (IV Ig) therapy, decreasing the immunosuppressant dose, or cidofovir. In most cases of adenovirus infections, treatment can be expected to result in near complete recovery of allograft function and return of creatinine to near baseline.

As always, we invite your comments, suggestions and/or feedback and encourage you to get involved with the Society and the ATP Committee.

On behalf of the ATP Committee and myself, we wish you and your families a festive and healthy Holiday Season and Happy New Year!

Sincerely,



Mark W. Burns, DNP, FNP, ACNP, RNFA, E-TNS
Chair, ASTS Advanced Transplant Provider Committee



Meet your 2012-2013 ATP Committee! [Click here to view committee bios.](#)

Chair - Mark W. Burns, DNP, FNP, ACNP, RNFA, E-TNS

Co-Chair - Amanda G. Dean, NP, RNFA

Rebecca Duke, NP

Tracy Evans-Walker, RN, MSN, CNP, CCTC

Gwen McNatt, FNP

Deonna Moore, MSN, ACNP-BC

Georgeine Smith MS, MHS, PA-C

Save
The
Date!

**ASTS 13th Annual State of the Art Winter Symposium, January 31-
February 3, 2013, Miami, FL**

American Transplant Congress, May 18-22, 2013, Seattle, WA

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