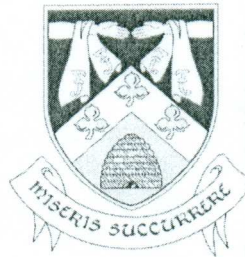



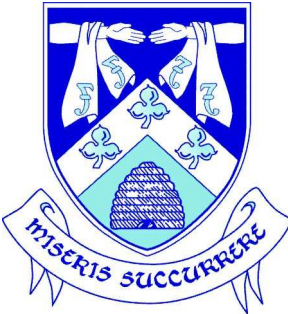
Guideline on the Screening & Management of Polyomavirus
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 Department of Nephrology and Renal Nursing



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Document Number: 26 C	Reason for change: Revision
Original Date of Approval: 2008	Originally Approved By: renal guideline committee
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SECTION 1

1.1 Rationale: The purpose of this guideline is to ensure that within the Department of Nephrology at Beaumont Hospital screening for Polyomavirus is supported by a clear protocol that enhances best practice guidelines.

1.2 Scope: This guideline applies to all staff working within the Department of Nephrology within Beaumont Hospital. It is intended as a guide towards best practice for all members of the multidisciplinary team involved.

1.3 Principles: The need for surveillance of Polyoma virus in renal transplant recipients in order to prevent loss of transplant graft due to Polyoma infection

SECTION 2

2.1 Responsibilities of medical and nursing Personnel

Members of the multidisciplinary team involved in management of patients post renal transplant should be aware that these guidelines are in place and acknowledge complications that can occur if guidelines are not acted upon.

All staff within the Department of Nephrology have an obligation to ensure patient safety at all times, each member is responsible and accountable for their own practice and must ensure their skills is up to date.

- To provide Standard Operating Procedures so that uniformed practice throughout the Department will occur.
- To Highlight the responsibilities and accountability of members of the multidisciplinary team involved in screening for Polyomavirus
- To provide guidance to determine the requirements of audit

SECTION 3

3.1 THE PROCEDURE

1. Medical & Nursing staff will be educated on the new guideline.
2. Medical staff will

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- a.** Order samples at 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 months post transplant then stop if negative. If positive continue to follow algorithm until BK negative for 6 months (Take 2 three monthly samples) and at any time a renal biopsy is indicated or immunosuppressant augmented.
 - b.** Ensure that patients with results > 5,000 cpm are followed up as per unit protocol
 - c.** At each OPD appointment/ RDC will look up latest results on PIPE & record in medical chart & passport. Polyoma flow chart will be used for levels > 5,000 cpm – see appendix 1
3. 10mls of blood in white top bottle is required using PIPE mnemonic BK REN. Samples sent to laboratory after 2pm on Fridays will be spun & frozen. A order form is not necessary if sample is labelled with printed label "BK renal"
4. NVRL will test samples for polyomavirus once a week & results will be available within 2 weeks
5. NVRL will phone results > 5,000 cpm to Renal Virology Coordinator (RVC) or in her absence relevant medical team.
6. RVC will
 - a.** Inform consultant or registrar of results > 5,000 cpm,
 - b.** Hard copy results will be forwarded by RVC to each consultant
7. Laboratory IT will generate a report of polyomavirus results completed in the previous week. Ambulatory care staff will check this list to ensure all patients > 5,000 cpm have been previously identified. Ambulatory Care staff will record levels > 5,000 cpm on the "Ambulatory Care OPD drug levels record sheet"
8. A risk management occurrence form will be completed by Ambulatory care staff should a previously unknown result >5,000 cpm be identified on the weekly list. RVC will investigate each case and report outcome to renal executive
9. Ambulatory care staff will audit guideline 3 months post implementation to review compliance and report to renal executive.

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SECTION 4

DEVELOPMENT AND CONSULTATION PROCESS –

CONSULTANT SUMMARY	
Date PPPG issued for consultation	June 2012
Number of versions produced for consultation	1 draft
Committees/meetings where PPPG was formally discussed	Dates: 20/03/2012 and 17/04/2012 by the Renal Policy Committee

Where Received	Summary of Feedback	Actions/Response

SECTION 5

REFERENCE DOCUMENTS

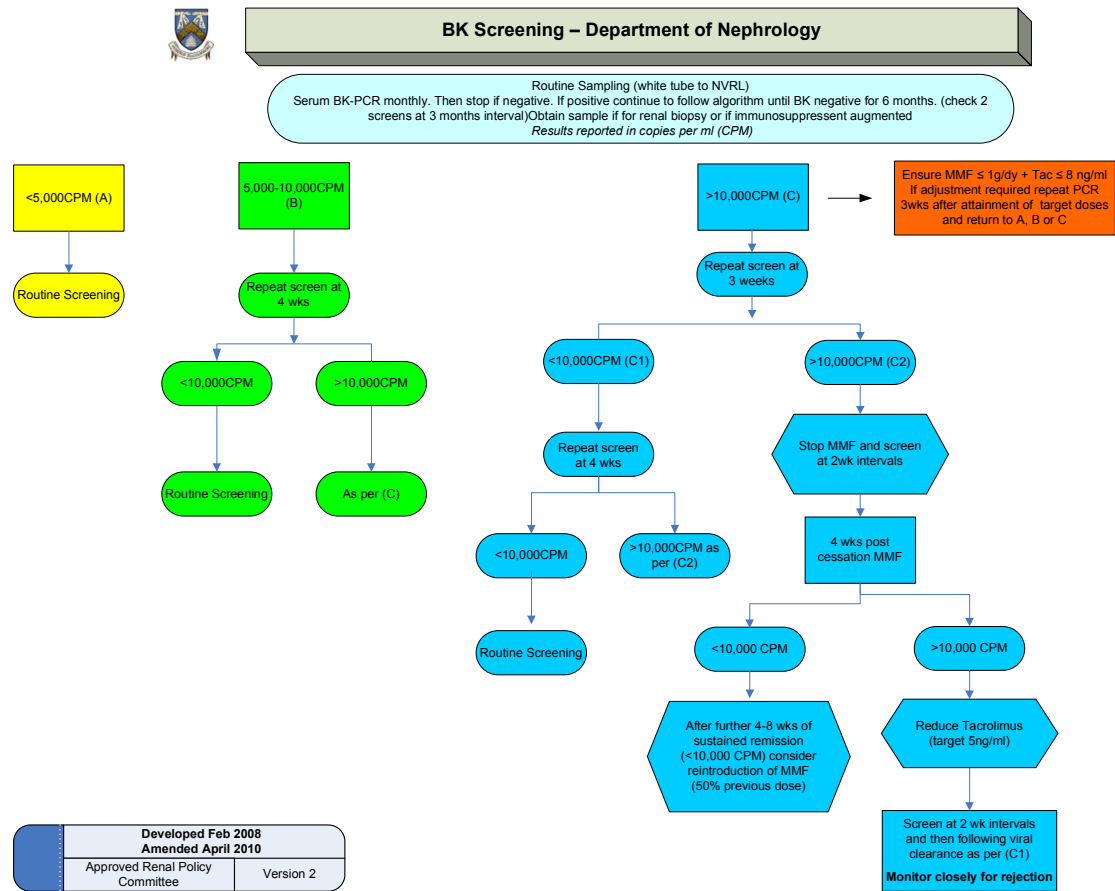
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Appendix 1.



Developed Feb 2008 Amended April 2010	
Approved Renal Policy Committee	Version 2