



We believe that kidney transplantation is the best choice of treatment for almost every child with severe chronic kidney disease (CKD) or end-stage kidney disease (ESKD). It is our goal to work toward transplantation whenever possible. Children who are referred for transplant will be accepted for evaluation at our transplant program regardless of race, ethnicity, religion, national origin, gender, or sexual orientation. Eligibility for kidney transplantation generally assumes the presence of ESKD or severe CKD with eGFR less than or equal to 20 mls/min/1.73m².

However, it is important to recognize that there are some conditions that, when present, can either permanently or temporarily prevent kidney transplant. Regardless of any of the concerns below, each child will be reviewed individually by the multidisciplinary transplant team to determine appropriateness for kidney transplantation.

Problems which may delay or prevent kidney transplantation

- Active infection
- Chronic non-healing wound
- HIV infection
- Metastatic cancer or active, untreated cancer
- Severe, uncorrectable heart disease
- Severe pulmonary hypertension
- Unstable lung disease with increasing need for supplemental oxygen
- Active substance abuse
- Lack of adequate family or social structure to support medical needs after transplantation
- Non-adherence to currently prescribed treatment or medication plan
- Inability to manage or supervise medication needs after transplantation
- Lack of adequate insurance/funding to afford medications after transplantation
 - We will work with you to try to identify appropriate medication coverage
- Presence of psychiatric disease with active symptoms or behavior patterns which will interfere with adherence to post-transplant therapy
- Refractory malnutrition
- Uncontrolled diabetes
- Obesity, body mass index (BMI) greater than 45
 - Dependent on
 - Functional ability
 - Ability to lose weight if prescribed
- Reversible renal failure