

PedSAP 2019 Book 2 (Transplantation)

Total Available Hours: 17.5

BCPPS test deadline: 11:59 p.m. (Central) on March 16, 2020.

ACPE test deadline: 11:59 p.m. (Central) on September 15, 2022.

Transplantation I (Module 1) – Credit Hours: 6.5

Chapter: Immunosuppression in Pediatric SOT

Learning Objectives

1. Evaluate risk factors for developing rejection in pediatric recipients of a solid organ transplant (SOT).
2. Devise an appropriate induction plan for a pediatric SOT recipient considering specific organ type, immunologic risk, underlying diseases, and planned maintenance immunosuppressive regimen.
3. Design a maintenance immunosuppressive regimen plan in pediatric SOT for suitability on the basis of individual recipient characteristics.
4. Assess how current strategies used to treat SOT rejection affect cellular- and antibody-mediated immune responses.

Chapter: Pediatric Heart Transplantation

Learning Objectives

1. Evaluate pharmacotherapy based on clinical scenario in a pediatric patient with heart failure during the pre-, peri-, and posttransplant periods.
2. Design an immunosuppressive regimen for a pediatric heart transplant (HT) recipient.
3. Evaluate strategies to manage post-HT complications.
4. Justify the clinical pharmacist's role in the transitions of care process.

Transplantation II (Module 2) – Credit Hours: 5.5

Chapter: Liver and Intestinal Transplantation

Learning Objectives

1. Develop optimal pharmacotherapy for a patient with liver disease before transplantation.
2. Develop optimal pharmacotherapy, including immunosuppression and infection prophylaxis, after liver transplantation.
3. Evaluate a pharmacotherapy plan for complications that develop post-liver transplantation.
4. Develop an appropriate postoperative plan for a patient who received a combined liver-intestine transplant.
5. Devise a pharmacotherapy plan for complications that develop post-intestinal transplantation.

Chapter: Pediatric Hematopoietic Stem Cell Transplantation

Learning Objectives

1. Devise appropriate plans for preventing and monitoring the most common infections associated with hematopoietic stem cell transplantation (HSCT).
2. Design a pharmacotherapy plan for managing graft- vs. -host disease.
3. Develop a treatment plan for managing sinusoidal obstruction syndrome on the basis of current pediatric guidelines.
4. Justify the clinical pharmacist's role as part of a multidisciplinary team in improving the care of HSCT recipients.

Transplantation III (Module 3) – Credit Hours: 5.5

Chapter: Immunizations in Pediatric SOT Recipients

Learning Objectives

1. Assess guidelines for vaccination of pediatric solid organ transplant recipients and other pediatric populations with altered immunocompetence.
2. Evaluate recommended immunizations before and after a solid organ transplant as well as possible contraindications to vaccination.
3. Design immunization plans for pediatric solid organ transplant candidates and recipients.
4. Devise immunization recommendations for family members and close contacts of solid organ transplant recipients.

Chapter: Interactive Case: Management of the Organ Donor

Learning Objectives

1. Distinguish the goals of pediatric organ donor management after declaration of brain death and authorization for organ donation.
2. Describe the pathophysiology of neurologic death and how the sequelae of brain death affect medication management of the organ donor.
3. Evaluate a plan of care to maximize and meet the goals of pediatric organ donor management.
4. Design a plan of care that improves the likelihood of donation and organ recovery after determination of a patient as a potential organ donor.

Chapter: Interactive Case: Guideline Update on CMV in SOT

1. Assess the risk of cytomegalovirus (CMV) disease in pediatric solid organ transplant recipients by evaluating donor and recipient serostatus, type of organ transplanted, and primary risk factors in pediatric patients.
2. Evaluate approaches to preventing CMV disease and their place in pediatric transplant therapy.
3. Design antiviral treatment regimens for pediatric CMV disease, including preferred agent, dosing, monitoring for toxicity, treatment duration, and immunosuppressive regimen.
4. Develop an alternative treatment plan for drug-resistant CMV disease in pediatric transplantation.