Graft rejection episodes are important causes of hospitalization in post-kidney transplant patients. The aim of this study is to analyze the incidence of re-hospitalization due to rejection episodes in post-kidney transplant patients in Brazil. A retrospective database study of the Brazilian Public Health System was conducted. The study period was from January 2004 to July 2009. A total of 996 patients were eligible for the analysis, 57.6% were male recipients and 49.6% of transplant procedures were from living donors. During the study period, 2168 hospitalizations occurred in 663 patients (62.0%), with a total cost of US$ 1,586,956. Most frequent causes of re-hospitalization were post-transplant surgical and clinical complications (40.1%) and graft rejection episodes (32.4%), accounting together for 76.9% (US$ 1,207,406) of total expenses. Hospital services (ICU/Ward days, operation room, equipments, etc) represent the most significant portion of costs (43.1%), followed by medications, laboratory tests and results, and other medical care served as the data source. Data were available for three hospitals, two academic medical centers and a community teaching hospital. Patients were eligible for inclusion if they had a diagnosis of CKD based on ICD-9 code and received at least two doses of ESA within three months. The analysis timeframe was November 2007 to April 2008. RESULTS: During the 6-month period, 344 eligible patients were identified. Of these, 54% achieved target hemoglobin levels within three months of therapy initiation. Approximately 4% did not have hemoglobin measured within three months. In the remaining patients, the hemoglobin level was less than 10 g/dL or more than 12 g/dL in 17% and 26% of patients, respectively. In 15% of patients neither ferritin nor TSAT were measured. Among those with a ferritin < 100 ng/mL, 9% did not receive iron supplementation. TSAT was recorded only in one patient. CONCLUSIONS: Approximately half of the patients achieved target hemoglobin levels, highlighting the difficulty in maintaining target hemoglobin. These data suggest that adherence to this guideline can be improved in hemoglobin and iron monitoring and with iron supplementation.