Vancouver CoastalHealth
Promoting wellness. Ensuring care.

**Solid Organ Transplant Clinic**
Gordon & Leslie Diamond Health Center
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# Liver Transplant Referral Form (Outpatient)

Referral Date: (DD/MM/YYYY): _____

Referral must be submitted by specialists. Incomplete referrals will **NOT** be accepted.

| **PATIENT CONTACT INFORMATION** | | |
|---|---|---|
| *Last Name:* *First Name:* | | *Address* |
| *BirthDate (DD/MM/YYYY):* _____ ❑ *Male* ❑ *Female* | | *City:* *Province:* BC *Postal Code:* |
| *BC PHN:* *Other PHN:* | | *Home Phone:* |
| *Height* _____ *cm* *Weight* _____ *kg* | | *Cell Phone:* |
| ❑ *English Speaker* ❑ *Translator needed? If yes, specify language* _____ | | |
| **CAREGIVER/SUPPORT PERSON** | *Name:* | *Home Phone:* |
| *Relationship to Patient:* | | *Cell Phone:* |
| **REFERRING SPECIALIST** MSP #: | | **FAMILY PHYSICIAN** MSP #: |
| *Last Name* *First Name* | | *Last Name* *First Name* |

**Indication for Liver Transplant Assessment** (12 years of age and older)
❑ Cirrhosis ❑ Liver Cancer ❑ Other_____

**in the context of**
❑ HCV ❑ HBV ❑ Alcohol *AND* ≥ 6 months abstinent
❑ NASH ❑ PSC ❑ PBC ❑ AIH ❑ Other _____

**complicated by**
❑ Ascites ❑ controlled by diuretics ❑ require regular paracentesis
❑ SBP last episode (MM/YYYY) _____
❑ Variceal bleed last episode (MM/YYYY) _____
❑ Encephalopathy last episode (MM/YYYY) _____
❑ Other _____

**Cardiac Risk Factors**
❑ Hyper-tension ❑ Diabetes ❑ Hyper-lipidemia ❑ Personal History CAD ❑ Family History CAD

| | **Smoking** | **Excessive Alcohol** | **Non- therapeutic Drugs** |
|---|---|---|---|
| Current user? | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No |
| Previous user? | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No |
| Date of Last use: (DD/MM/YYYY) | _____ | _____ | _____ |
| Attended rehab or counselling in the last 2 years? | | ❑ Yes ❑ No | ❑ Yes ❑ No |

## TO BE SUBMITTED WITH REFERRAL FORM

***MANDATORY REPORTS***
- ❑ Relevant consult notes
- ❑ Blood work including CBC, INR/PTT, Lytes, urea, creatinine, LFTs, albumin within last 2 months
- ❑ Abdominal imaging within last 6 months
- ❑ Medication list including drug allergies

***CONDITION-SPECIFIC REPORTS***
- ❑ HCV: Hepatitis C genotype report
- ❑ HCC: Dynamic phase imaging either contrast enhanced MRI or 4 phase abdominal CT scan within last 3 months
- ❑ HIV positive: HIV viral load and CD4 count
- ❑ FAP: Neurology consult notes

***If available, please provide the following***
- ❑ Echocardiogram report
- ❑ Endoscopy report(s)
- ❑ Liver biopsy report
- ❑ All abdominal imaging for previous 2 years

| **Office Use Only** | | | |
|---|---|---|---|
| ❑ Referral Package Complete<br>Date _____ | | ❑ Referral Criteria Met<br>❑ Yes ○ Emergent ○ Urgent Na MELD _____ Child-Pugh _____<br>❑ No; advised referring specialist | |
| *Reviewed by* | Doctor | RN | SW |
| *Review date* | ____/____/_____ | ____/____/_____ | ____/____/_____ |
| *Appt Date* (DD/MM/YYYY) ___/___/_____ | | ❑ Arranged for Translation Services | |

## Indications

***At least one of the following:***

1. Decompensated liver disease with a minimum Na MELD score greater than 12 (based on labwork within 2 months) and/or a minimum Child-Pugh score of 9
2. Severe hepatic encephalopathy
3. Refractory ascites
4. Spontaneous bacterial peritonitis
5. Refractory variceal hemorrhage
6. Severe pruritis, refractory to medical management
7. Worsening renal function (hepatorenal syndrome) under nephrologist's care
8. Hepatocellular carcinoma (HCC)
   - Within Milan / San Francisco criteria
   - No further local regional options
9. Hepatopulmonary syndrome with positive bubble echocardiogram
10. Metabolic disorder that would be cured by liver transplant
11. Familial Amyloidoisis Polyneuropathy (FAP) with neurological symptoms

## Exclusion Criteria

1. Use of alcohol within last six months in patients with addiction history
2. Use of illicit drugs and/or excessive use of therapeutic drugs within the last six months
3. Ongoing smoker (cigarettes, e-cigarettes, marijuana) and unwilling to quit
4. Absence of 24/7 social support for recovery period after transplant
5. Unable or not committed to adhere to medical treatment
6. Refusal of **all** blood products and blood components transfusions
7. Unmanaged psychiatric disorder
   - Recent suicide attempt
   - Ongoing dementia
8. Any disease or illness with a predicted 5 year survival rate less than 50%
9. Pulmonary arterial systolic hypertension greater than 50mm Hg and pulmonary vascular resistance greater than 240 dynes in right heart catheterization
10. Right heart failure
11. Advanced cardiac disease
12. HIV viral load detectable on HAART therapy and/or CD4 count less than 200
13. Persistent extrahepatic infection despite medical management
14. BMI greater than 40 or less than 15; with serious co-morbidity risk(s)
15. Advanced debilitation with poor functional status and limited mobility
16. Chronic kidney disease on dialysis unless undergoing concurrent kidney transplant assessment
17. Na MELD greater than 40

For urgent inpatient liver transplant referrals, please discuss with
VGH Liver Transplant Gastroenterologist on call
via VGH Switchboard 604.875.4111