

## Checklist for Transfer of Cirrhotic Patients being Evaluated for Liver Transplant to VGH CTU

Any patient transferred to VGH for liver transplant workup must be sent with a transfer package that includes important information to ensure a safe transfer and minimize the duplication of work. This document includes a checklist to ensure all necessary documentation reaches VGH in an organized package and a discharge summary template. Please ensure important results and dates are provided as listed below. **Do NOT include documents not explicitly requested below. Unnecessary documents significantly increases the work of the receiving physicians and risks obscuring important information.**

### I. Checklist

- Dictated consult notes and transfer summary (See below for transfer summary template)
- Assessment by addictions medicine or psychiatry (Alcoholic Liver Disease)
- Assessment from social work Re: psychosocial assessment (All patients)
- Current MAR - **ONLY previous 3 days**
- Lab Work (**ONLY admission and week leading up to transfer**)
  - Electrolytes
  - Renal Function (BUN/Cr)
  - INR
  - Albumin
  - Bilirubin
  - Liver enzymes
  - CBC
  - Cultures with sensitivities (blood, peritoneal fluid, other)
- Imaging (Please provide original reports in transfer package)
  - Liver US
  - CT scans
  - Echo and MIBI
- Do NOT include daily notes or nursing notes**

### II. Transfer summary template:

Please use the following as a guide for information that is required in the dictated transfer summary. Use the following as a template for the transfer summary.

#### 1. Patient identification statement

- Name and age

- Date of current admission
- Reason for admission
- Child-Pugh / MELD score

## 2. History of liver disease

- Date of original diagnosis
- Cause of liver disease if known
  - Date of last alcoholic drink if applicable
  - Work-up has been sent - results
    - Hepatitis serology
    - Tylenol levels
    - ANA
    - ASMA
    - AMA
    - Ferritin, Transferrin saturation
    - Ceruloplasmin
    - Anti TTG
    - Ultrasound doppler assessment
- Known to liver transplant service? If so when were they last seen?
- History of known complications of liver disease
  - ascites - SBP - treated with diuretics - previous paracentesis
  - hepatic encephalopathy - prev hospitalization - treated with lactulose - treated with Rifaximin
  - Varices/UGIB - previous EGD - previous banding
  - hepato-renal syndrome - previous treatment with midodrine and octreotide
  - HCC - Date of last screening US - Biopsy result
  - Portal, Mesenteric, or post sinusoidal thrombosis - previous anticoagulation?
  - Biliary Obstruction - previous ERCP / stenting?

## 3. Medications

- Active meds
  - include comments on recent changes and discontinuation
- Comment specifically on the following medications if not active (why they are not prescribed)
  - Diuretics
  - Beta blocker

- Lactulose
- Anticoagulation (if an indication exists)
- Midodrine, Octreotide and Albumin (if an indication exists)

#### 4. Current hospitalization

- Primary reason for hospitalization - provide narrative
  - What is the overall trajectory
- Summary of issues during hospitalization
- Summary of liver issues
  - Important labs
    - Peak bilirubin and date and recent trend
    - Peak AST/ALT and recent trend
    - Peak Cr and recent trend
  - Ascites: Y/N
    - Date of last paracentesis/drain in situ? - complication?
    - Recent changes to diuretic regimen
    - Recent or current abx for SBP prophylaxis or treatment?
      - Start date
    - Plan for ongoing management
  - Hepatic Encephalopathy: Y/N
    - Date of onset:
    - Most recent GCS
    - On lactulose/rifaximin?
    - Plan for ongoing management
  - Varices / UGIB: Y/N
    - EGD on this hospitalization - date - important findings
    - Varices present? - banded? - date
    - non-selective beta-blocker - was this discontinued - if so why?
    - Transfusions required?
      - Date of last transfusion
    - Plan for ongoing management
  - Renal Function / HRS: Y/N
    - Trend of renal function
    - Precipitant
    - Is the patient on octreotide/midodrine and/or scheduled albumin infusions?

- Date of last albumin infusion
- Plan for ongoing management
- Portal, Mesenteric, or post sinusoidal thrombosis: Y/N
  - Imaging on this visit or previous
  - On anticoagulation - if not why?
- Biliary obstruction: Y/N
  - ERCP on this visit
  - Stenting or PTC drain on this visit
- Summary of current opinions and recommendations by consultants
- Summary of additional issues
  - Issues requiring ongoing management
  - Immediate plans for issues upon transfer

#### 5. Comorbidities

- Additional past medical history with important investigations