Vancouver CoastalHealth

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 liver specialist or primary care provider if no liver specialist following.

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED.

PATIENT CONTACT INFORMATION		
Last Name: *First Name:*		*Address*
BirthDate (DD/MM/YYYY): _____ ❑ *Male* ❑ *Female*		*City:* *Province:* *Postal Code:*
BC PHN: *Other PHN:*		*Home Phone:* *Cell Phone:*
Height _____*cm* *Weight* _____*kg*		*Email:*
❑ *English Speaker* ❑ *Other Language:* _____		❑ *Translator needed* Ethnicity:_____
Does Patient Self-Identify as Indigenous? ❑ *Yes* ❑ *No* ❑ *Patient prefers not to answer* *If yes:* ❑ *First Nations* ❑ *Inuit* ❑ *Metis*		
CAREGIVER/SUPPORT PERSON	*Name:*	*Home Phone:*
Relationship to Patient:		*Cell Phone:*

REFERRING SPECIALIST MSP#:	
Last name: *First Name:*	
Phone: *Fax:*	
Family Physician or Nurse Practitioner: MSP#:	
Last Name: *First Name:*	
Phone: *Fax:*	

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

in the context of
❑ HCV ❑ HBV ❑ Alcohol & Abstinence Demonstration
❑ MASH ❑ 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

❑ **If YES, please provide us with supporting documents**

TO BE SUBMITTED WITH REFERRAL FORM

MANDATORY REPORTS

❑ Relevant consult notes that include Medication list and Allergies
❑ Bloodwork within last 2 months including CBC, INR/PTT, Lytes, urea, creatinine, LFTs, Albumin. AFP, CEA, Ca 19-9
❑ FIT or colonoscopy (over 50 yrs old) as per BC CSP
❑ Abdominal imaging within 6 months including Contrast CT Abdo, MRI and/or Abdo Ultrasound if contraindicated due to low GFR
❑ CXR
❑ ECHO (TTE) ❑ ECG
❑ MIBI (for Diabetic and/or > 60 years old and/or previous or current smoker)
❑ CT chest non contrast (previous or current smoker)
❑ Gastroscopy in the last year if history of portal hypertension

CONDITION-SPECIFIC REPORTS

❑ Hepatopulmonary syndrome:
  ❑ Arterial blood gas at room air
  ❑ Echo bubble study
❑ 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

If available, please provide the following

❑ Colonoscopy report and pathology
❑ Liver biopsy report

Office Use Only			
❑ Referral Package Complete Date _____		❑ Referral Criteria Met ❑ Yes ❍Emergent ❍Urgent MELD 3.0_____ Child-Pugh_____ ❑ No; advised referring specialist Prior Dialysis or CVVHD: Yes____ No____	
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 MELD 3.0 score equal to, or greater than 12 (based on labwork within 2 months) and/or a Child-Pugh score equal to or greater than 8
2. Recurrent, refractory, or persistent hepatic encephalopathy
3. Refractory ascites
4. Spontaneous bacterial peritonitis
5. Recurrent variceal hemorrhage
6. Severe cholestatic pruritis, refractory to medical management
7. Worsening renal function (hepatorenal syndrome) under nephrologist's care
8. Hepatocellular carcinoma within TTV criteria Total Tumor Volume ≤ 145 cm^3 and AFP < 1000 ug/L
9. Hepatopulmonary syndrome with positive bubble echocardiogram requiring oxygen therapy.
10. Metabolic disorder that would be cured by liver transplant
11. Familial Amyloidoisis Polyneuropathy (FAP) with neurological symptoms
12. PBC, AIH, or other cholestatic or autoimmune liver diseases with Bilirubin > 50 and non-responsive to medical treatment
13. Non-HCC oncology-Related (after liver tumor board recommendation)
    a. Intrahepatic Cholangiocarcinoma
    b. Colorectal cancer metastases
    c. Metastatic neuroendocrine tumors
    d. Hepatic Hemangioendothelioma
    e. High risk hepatic adenomas

Exclusion Criteria

1. Non-compliance with medical management
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
   - Severe cognitive impairment or Ongoing dementia
8. Any disease or illness with a predicted 5 year survival rate less than 50%
9. Mean Pulmonary arterial pressure greater than 45 mmHg, Pulmonary vascular resistance greater than 5 WU in right heart catheterization
10. Right heart failure of LVEF % < 45 or Advanced cardiac disease
11. HIV viral load detectable on HAART therapy and/or CD4 count less than 200
12. Persistent extrahepatic infection despite medical management
13. BMI greater than 40 or less than 15; with serious co-morbidity risk(s)
14. Advanced debilitation with poor functional status and limited mobility
15. Chronic kidney disease on dialysis unless undergoing concurrent kidney transplant assessment

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