

Keck Medical Center

Transplant Hepatology Orientation

Rotation-Specific Details

2021-2022

SPECIAL CONSIDERATIONS

- Patients in the 7E and 7W ICU are co-managed by the transplant hepatology team with the ICU team as co-primary providers.
- Close communication with the ICU team should be maintained throughout the day regarding plan and management.
- Whenever possible, verbal signout to the ICU provider should be given for patients moving from the general floor to the ICU for critical care.
- All orders except for admission orders pertaining to transplant work-up should be entered by the ICU providers. This mandate is in place to prevent conflicting or double orders for our ICU patients.
- Separate admission notes and daily progress notes are written daily by the transplant hepatology team and the ICU team.
- Close communications should be maintained with the transplant nursing coordinator on service. He/she rounds with the team Monday through Friday (except Holidays). The transplant nursing coordinator assists with listing of transplant hepatology recipients, updating MELD-Na scores of patients on the transplant list, and also helps with discharge of pre- and post-liver transplant patients.
- During weekends, a transplant nursing coordinator on call fills the duty of the inpatient transplant nursing coordinator. This nurse does not round with the team on weekends but can be reached via the operator to assist with transplant-related coordination.
- A checklist of required testing prior to liver transplant listing is available and attached as a supplement.
- Labs to calculate MELD-Na score should be obtained daily for patients who are listed in the hospital (unless specified by the attending physician).
- Daily calcineurin inhibitor (tacrolimus or cyclosporine) and/or mTor inhibitor (sirolimus or everolimus) levels should be obtained on all post-liver transplant patients on the specific drug. Goal levels should be individualized and should be discussed with the attending physician.
- Blood drawing of calcineurin inhibitor and mTor inhibitor should be timed immediately prior to the patient's morning dose of the medication.
- If there are any issues that cannot be addressed by the attending on service, please direct any concerns to the faculty in charge of the rotation, Brian Kim (cell 917-721-1249), 24/7.

USEFUL CONTACTS

| Transplant Hepatologists | Contact |
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| Outpatient Transplant Nurse Practitioners | |
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| Transplant Social Workers | |
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SUPPLEMENT: INPATIENT PRE-LIVER TRANSPLANT ORDERS

Consults:

- Transplant Social Worker
- Transplant Surgery

Blood Tests

ABO x 2 (different blood draws)
Hepatitis A total antibody
Hepatitis B surface antigen
Hepatitis B surface antibody
Hepatitis B core total antibody
Hepatitis C antibody
HIV antibody
RPR
Iron Studies (Iron, TIBC, saturation)
Ferritin
CMV IgG
EBV IgG and IgM
Quantiferon Gold
AFP
UA

Imaging:

- CXR
- Non-contrast CT chest
- 4-phase cross-sectional imaging of the abdomen CT or MRI
- If renal impairment, start with at least abdominal US with dopplers

Cardiac Assessment:

- Transthoracic echocardiogram
- EKG
- +/- Coronary artery disease assessment based on risk factors (discuss with attending transplant hepatologist)
 - Dobutamine stress echocardiogram
 - Or left heart catheterization
- +/- Direct right sided pressure assessment (discuss with attending transplant hepatologist – usually based on TTE results)
 - Swan Ganz catheter placement in ICU
 - Or right heart catheterization