**Policy: Pre-Liver Fulminant Liver Failure Transplant Evaluation Protocol**  
  
**Statement: 1. Activation date:** 11/16/2005  
**2. Affected Department:** LiverTransplant Program  
**3. Vision Strategy:** Patient Care  
**4. Policy Statement:** The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding the management of prescribing medications and refills.   
**5. Basis**: This policy is necessary for the protection of patients, physicians and staff  
**6. Administrative Responsibility:** Section heads, physicians, practitioners, and staff are responsible for compliance with this policy.  
  
**Scope/Procedure:**  
  
**7. Procedure:**  
  
1) Call is received by liver transplant attending or medical director of the liver transplant program regarding a patient with possible fulminant liver failure. MD makes clinical decision if patient needs to be admitted/ transferred to Emory University Hospital for work-up. If MD approves admission, patient is to be placed in the 5E ICU, and the 5E ICU staff, in co-ordination with the liver transplant physicians, commence the fulminant hepatic failure pathway. At this time, the transplant physician notifies the transplant financial manager, transplant financial coordinator or administrator on-call of the need to proceed with an immediate evaluation for possible emergent transplantation.  
  
2) The fulminant hepatic failure pathway orders are activated emergently, which include extensive serum testing and imaging with MRI or ultrasound.  
  
3) Once the patient is evaluated by the liver transplant physicians, the corresponding pre-transplant coordinator/on-call coordinator is notified regarding the need for immediate in-patient evaluation/listing.  
  
4) Pre-transplant coordinator/on-call coordinator will proceed with the following: sends notification to pre-transplant team to see patient for emergent in-patient evaluation. This includes: call coordinator, liver transplant attendings, psychiatry consults for patients with a drug-overdose, social services, anesthesiology, transplant financial manager, transplant financial coordinators, and transplant administration. The pre-transplant coordinator sees patient in the 5E ICU and writes orders for pre-transplant work-up as determined by the liver transplant physicians  
  
5) If the patient is admitted on a weekend, the on-call coordinator for the liver transplant team is made aware of the patient and the patient’s need for listing. The on-call coordinator will notify the team via e-mail that the patient has been listed status 1 for transplantation.  
  
6) The transplant financial coordinator begins the pre-approval process with the patient’s insurance case manager for fulminant liver failure work-up and prior approval. During the transplant financial coordinator’s interview with the patient’s family, the transplant financial coordinator will go over the patient agreement with the patient’s family. The transplant Financial Coordinator will notify team when patient is financially cleared for transplant and listing.   
  
7) Liver transplant surgeon notifies pre-transplant coordinator/listing coordinator when patient’s serologies are checked, and if patient can be listed as a status 1 candidate for transplantation.  
  
8) Listing nurse/pre-transplant coordinator notifies transplant financial coordinator of patient’s listed status.  
  
  
Approved by: Liver Transplant Leadership Group   
  
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Approval Dates: 10/24/2005, 1/25/2011