

## Clinical Decision Support Tool Liver Transplant Provider Survey

As a valued member of the Indiana University Health Liver Transplant Team, we are seeking your assistance with developing a clinical decision tool to aid non-transplant providers with making timely and appropriate referrals for liver transplant evaluation.

Please rate each indication, contraindication, and consideration on its appropriateness for inclusion in this clinical decision support tool. **For items that you score less than 3 please also include an explanation in the provided field.**

Please note this is a clinical decision support tool and is not meant to account for clinical nuance. The goal is to provide broad evidenced-based guidelines about when to refer a patient for liver transplantation that air on the side of inclusion. Also note there will be an option to refer patients for a General Hepatology consult included in the clinical decision support tool. Patients who have relative contraindications to liver transplant (i.e. BMI over 45) can be referred there first for further treatment and evaluation.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

### Indications

1. Refer all patients with a Child Pugh Score (CPS) of 8 or more.
2. Refer all patients with a Model for End Stage Liver Disease Sodium Score (MELD-NA) of 20 or more.
3. Refer all non-metastatic HCC for LT evaluation.
4. Refer all patients with refractory ascites (ascites recurs shortly after paracentesis despite sodium restriction and diuretic therapy, managed by a gastroenterologist).
5. Refer all patients with ongoing hepatic encephalopathy despite lactulose use with 5 bowel movements per day and rifaximin therapy.

### Contraindications

6. Do not refer patients with active non-hepatic cancer.
7. Do not refer patients with ejection fractions (EF) less than 40%.
8. Do not refer patients with a dry weight BMI over 45.

9. Do not refer patients who are not capable of self-care or bed-bound.
10. Do not refer patients with active non-marijuana illegal substance use.
11. Do not refer patients with uncontrolled psychiatric disease.
12. Do not refer patients actively continuing to drink alcohol against previous medical advice.

### **Considerations**

13. Do not refer patients with oxygen dependent COPD as determined by a pulmonologist.
14. Do not refer if there is uncontrolled HIV (viral load over 500 or CD4 count less than 100).
15. Refer to General Hepatology Cirrhosis Clinic for further triage, treatment, and evaluation of need and feasibility of living donor liver transplantation:
  - a. Child Pugh Score is B7-8
  - b. MELD score 15-20
  - c. Actively drinking, has indications for liver transplantation, but willing to stop and seek treatment.
  - d. Dry weight BMI over 45, but had indications for liver transplantation, and willing to be seen in medical weight loss clinic.