NIDDK Liver Transplantation Database
MANUAL OF OPERATIONS (MOOP) DEFINITION

Purpose: To document the use of ICP (intracranial pressure) monitoring post transplantation for all patients, after any liver transplantation.

Person(s) Responsible: LTD Clinical Coordinator.

Source(s) of Information: Medical chart, test results, physician(s) taking care of patient.

General Instructions: Record the episodes of ICP monitoring occurring post transplantation for any patient. Record from time of placement of the ICP monitor to the time of removal for each 5 day period, continuing on an additional form if an episode lasts longer than 5 days. In the case of multiple episodes, record separately for each episode.

TRANSPLANT NO.

This is the number of liver transplants the patient has received to date. Do not include any other organ transplant.

Completing Form: Enter the number of liver transplants the patient has received.

I. WAS A FULMINANT FORM (FS) FILLED OUT PRE-TRANSPLANT?

If the patient was given a diagnosis of fulminant liver disease, an FS form should have been filled out pre-transplant.

Completing Form: Check whether the FS form was filled out.

II. EPISODE OF ICP MONITORING

An episode lasts from the time of placement of the ICP (intracranial pressure) monitor to the time of removal from the patient, a period which usually lasts up to 5 days, but may last longer. In this case, additional FI forms must be filled out for each 5 day period of continued ICP monitoring. If there are multiple episodes of ICP monitoring (i.e. several times on and off), each episode must be documented separately.

Completing Form: Check the appropriate category to reflect which episode and if a continuing episode of ICP monitoring is being documented.

For each day that the patient has the ICP monitor in place, complete the following:

1. Date: record as month, day and year.

2. Type: using the code on the opposite page of the form, specify the type of ICP monitor.

3. Maximum reading: record the highest reading (in mmHg) in this 24 hour period.

4. Minimum reading: record the lowest reading (in mmHg) in this 24 hour period.

5. Minimum cerebral perfusion pressure: the cerebral perfusion pressure is calculated as (mean arterial pressure) - (intracranial pressure). It reflects the cerebral blood flow and is more accurate than the ICP value alone. Record the minimum CPP value for this 24 hour period.

6. Number of treatments given: record the number of treatments given each day. For each treatment given, code the type of treatment using the code on the opposite page of the form, and specify ICP reading (in mmHg) at start and one hour after the start of treatment.

7. Monitor dysfunction: as judged by physician who determines that the monitor is not giving accurate results for one of several reasons. Check if it was determined that there was monitor dysfunction on this day, and check the appropriate cause as determined by the physician. If "other", specify under COMMENTS (Section III).

8. Was ICP monitor removed: check whether the ICP monitor was removed during this 5 day assessment period. If yes, record

    1. Date monitor removed as month, day and year.

    2. Whether a head CT was done at time of removal. If done, check whether there was edema, bleeding, herniation and/or focality. If there was focality, also specify under COMMENTS (Section III) as instructed. Results of a head CT include the following:

        1. Edema - defined as decreased size of ventricles or effacement of sulci
        2. Bleeding - defined as intracranial bleeding
        3. Herniation - CT evidence of brain stem herniation
        4. Focality - asymmetric CT findings

III. COMMENTS

Use this space for any other information that is pertinent to this five day assessment period that has not been recorded elsewhere in the form.

Completing Form: Check whether there are any comments to be made. If "yes" write in the comments that are pertinent to this evaluation period.