



NIDDK

Liver Transplantation Database

**DONOR LIVER RECOVERY FORM**

01/30/1991

DONOR ID \_\_\_\_\_

COMPLETION LOG

Data Collector ID \_\_\_\_\_  
Center Initials

DATE

Data Collection \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Data Entry \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Sysid \_\_\_\_\_

Verification \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cleaned \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Transfer \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YY

TRANSPLANT NO. \_\_\_\_\_

FORM KEYS

Patient ID \_\_\_\_\_

Transplant No. \_\_\_\_\_

**DONOR LIVER RECOVERY FORM**  
 NIDDK Liver Transplantation Database

RECIPIENT ID \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS:** To be completed by a member of the recovery team during or soon after the hepatectomy; or by the clinical coordinator after the hepatectomy.

DATE \_\_\_\_\_ LOCAL LTD CENTER TIME \_\_\_\_\_

I.1. Hepatectomy start time (incision) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ :\_\_\_\_\_

I.2. Hepatectomy cross clamp/flush time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ :\_\_\_\_\_

MM DD YY hr min

**II. FLUSH**

1. TYPES (check all that apply)	1. PORTAL VEIN	2. AORTA	3. PRESERVATION SOLUTION	4. TOTAL VOLUME (cc)
1.1 UW Solution (Viaspan)	___	___	___	___
1.2 Lactated Ringers	___	___	___	___
1.3 Other _____ specify (30 char)	___	___	___	___

2. Were MEDICATIONS added to flush? Yes\_\_\_ No\_\_\_ Unk\_\_\_

IF YES, check all that apply

	PORTAL VEIN	AORTA
2.1 Calciparine	___	___
2.2 D50	___	___
2.3 Heparin	___	___
2.4 Mannitol	___	___
2.5 Solumedrol (Dexamethasone/Decadron)	___	___
2.6 Insulin	___	___
2.7 Penicillin	___	___
2.8 Other _____	___	___
2.9 Other _____ specify (30 char)	___	___

**III.** 1. Blood pressure at time of incision \_\_\_\_\_/\_\_\_\_\_ mm Hg

2. Blood pressure at cross clamp \_\_\_\_\_/\_\_\_\_\_ mm Hg

3. Lowest blood pressure \_\_\_\_\_/\_\_\_\_\_ mm Hg  
 (sustained for at least 30 mins) systolic diastolic



