

**NIDDK Liver Transplantation Database  
MANUAL OF OPERATIONS AND PROCEDURES**

**FORM: CS (CHANGE OF STATUS)**

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Purpose: To document a change in:

a) a patient's eligibility status for liver transplantation; b) a patient's UNOS status. At least one of these should be different from the most recent status determined at the time of the most recent evaluation or from a previous change in status. This form should be used only for a patient's first transplant and not in the case of a retransplantation.

Person(s) Responsible: LTD Clinical Coordinator.

Source(s) of Information: Medical record, physician(s) caring for the patient.

General Instructions: This form should be completed whenever there is a change either in the patient's status for eligibility for liver transplantation or when there is a change in the UNOS status for a patient who is already on the waiting list for his/her first transplant. In the case of a change in the UNOS status, the eligibility status remains unchanged. A change in status includes the situation in which a patient is found to be unsuitable for a transplant after reaching the OR (e.g. discovery of metastatic malignancies upon being opened). It does not include the situation in which a donor liver is found to be unsuitable after the recipient has been prepared for transplant. In this case, the recipient remains on the waiting list with the same UNOS status.

Mayo recorded changes in UNOS status throughout the LTD. UNMC and UCSF recorded changes in eligibility status only after July, 1990.

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**I. CURRENT STATUS AND DATE OF CHANGE**

This is to document a change in either a) a patient's current status for eligibility for liver transplantation, or b) a patient's UNOS status, at least one of which is different from that determined at the time of the most recent evaluation or from a previous change in status. The patient's status may be one of the following:

- I.1 Medically acceptable, look for donor: a donor organ is actively being sought.
- I.2 Suitable but too well: transplant is not imminently necessary.
- I.3 Contraindications: medical, financial, or personal reasons which may delay or make transplantation impossible at this time.

Reversible contraindications may include infections, ARDS, alcoholism, financial inadequacies. The presence of an infection is a common reason to delay transplantation. Insurance company decisions are also a common delay. Occasionally a patient or parent of a patient will choose to postpone transplant for reasons such as a family wedding, graduation or other special occasion. These only represent delay, not ineligibility. Irreversible contraindications may include metastatic cancer, heart disease, etc.

Taken to OR for liver transplant, but transplant was not done: this may be the situation when a patient is found to be unsuitable for a transplant after reaching the OR, such as the discovery of metastatic malignancies upon being opened up on the operating table. This does not include the situation in which the donor liver is found to be unsuitable after the recipient has been prepared for the transplant. In this case there is no change of status.

Completing Form:

- 1. Record the date of the change in status as month/day/year.
- 2. Check one of the 3 status categories. If the "medically acceptable" category is chosen, (1.1) check the reasons as specified by the physician that contribute toward the need for the transplant. Malnutrition/failure to thrive/failed Kasai procedure, Renal failure, Coagulopathy, and Recurrent cholangitis/sepsis/abscess were added to the reasons for transplantation on February 21, 1991. Note that the reasons must be determined by the physician who evaluates this patient. (1.2) Enter the code for the major reason for transplantation, as checked on the previous list. (1.3) Enter the code for UNOS status for the patient:

On or after January 1, 1991

- 1 = At home and functioning normally
- 2 = Continuous medical care
- 3 = Continuously hospitalized
- 4 = ICU. Acute and chronic liver failure

Before January 1, 1991

- 1. At home
- 2. Hospitalized (not in the ICU)
- 3. Intensive care-bound due to liver disease state
- 4. Acute fulminant hepatic failure, (including primary graft failure), anhepatic or near anhepatic

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If the "contraindications" category is chosen, (3.1) check the reason(s) (medical, financial or personal). (3.2) check whether the contraindications are reversible, and if "no", specify the reason. (3.3) check whether the patient was taken to the OR for liver transplant, but transplant was not done. If "yes", specify reason.