Physicians within the University of Maryland Liver Transplant Program work collectively with experts within The University of Maryland Liver Center and in conjunction with referring physicians to ensure that each patient gets the right treatment with the best plan for follow-up care.

**Urgent Transfer:**
6-12 hours (Any of the below criteria)
- Acute Liver Failure or MELD>30
- Grade III/IV Encephalopathy
- Cerebral Edema
- Intracranial Hypertension
- Cerebral Edema
- Require Hemodialysis/Continuous Veno-Venous Hemofiltration
- Recurrent GI Bleed less than 48 hrs
- Emergent TIPS
- Intubation
- Pressor Requirement

**Expeditied Transfer:**
Less than 48 hours (Any of the below criteria)
- MELD 20-30
- Grade I/II Encephalopathy
- Evidence of Acute Kidney Injury
- Any GI Bleed
- Varices that require Endoscopic Therapy
- Oxygen Dependent
- Mild Hemodynamically labile

**Elective Consult/Outpatient within 1 week**
- <20
- Responsive to Lactulose/Rifaximin
- Volume Overload
- Diuretics Responsive
- Varices
- No Bleed
- Weaning Oxygen Requirement
- Stable

**INDICATION FOR TRANSFER**
- Acute Liver Failure
  - • Acetaminophen
  - • Hepatitis A, B
  - • Alcoholic Hepatitis
  - • Drug Toxicity
  - • Acute Fatty Liver of Pregnancy
  - • Wilson’s Disease
  - • Budd-Chiari Syndrome
  - • Heat Stroke
  - • HELLP (hemolysis, elevated liver enzymes, low Platelets) Syndrome
  - • Idiopathic
- Chronic Liver Failure
  - • Hepatitis C
  - • Hepatitis B
  - • Chronic Hepatitis Induced by Alcohol
  - • Non Alcoholic SteatoHepatitis
  - • Primary Biliary Cirrhosis
  - • Primary Sclerosing Cholangitis
  - • Autoimmune
  - • Alpha-1 Antitrypsin Deficiency
  - • Wilson’s Disease
  - • Hemochromatosis
- Other
  - • Familial Amyloidotic Polyneuropathy
  - • Polycystic Liver Disease
  - • Inborn Errors of Metabolism
  - • Hepatocellular Carcinoma
  - • Cholangiocarcinoma
  - • Biliary Atresia

**EXPRESSCARE**
410-328-1411

**APPOINTMENTS**
410-328-3444

**MELD**
- Acute Liver Failure or MELD>30
- Grade III/IV Encephalopathy
- Cerebral Edema
- Intracranial Hypertension
- Cerebral Edema
- Require Hemodialysis/Continuous Veno-Venous Hemofiltration
- Recurrent GI Bleed less than 48 hrs
- Emergent TIPS
- Intubation
- Pressor Requirement

**Neuro**
- Grade I/II Encephalopathy
- Evidence of Acute Kidney Injury
- Any GI Bleed
- Varices that require Endoscopic Therapy
- Oxygen Dependent
- Mild Hemodynamically labile

**Renal**
- Responsive to Lactulose/Rifaximin
- Volume Overload
- Diuretics Responsive
- Varices
- No Bleed
- Weaning Oxygen Requirement
- Stable

**GI**
- Require Hemodialysis/Continuous Veno-Venous Hemofiltration
- Evidence of Acute Kidney Injury
- Any GI Bleed
- Varices that require Endoscopic Therapy
- Oxygen Dependent
- Mild Hemodynamically labile

**Respiratory**
- Intubation
- Oxygen Dependent
- Weaning Oxygen Requirement
- Stable

**CV**
- Pressor Requirement
- Mild Hemodynamically labile
- Stable

**LIVER CENTER**
110 South Paca Street, 8th Floor
Baltimore, MD 21201

Download the app at umm.edu/LiverApp, or scan with your smartphone to learn more.