

LIVER FAILURE TRANSFER ALGORITHM



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)	Expedited Transfer: Less than 48 hours (Any of the below criteria)	Elective Consult/ Outpatient within 1 week
MELD	Acute Liver Failure or MELD>30	MELD 20-30	<20
Neuro	Grade III/ IV Encephalopathy Cerebral Edema Intracranial Hypertension Cerebral	Grade I/ II Encephalopathy	Responsive to Lactulose/ Rifaximin
Renal	Require Hemodialysis/ Continuous Veno-Venous Hemofiltration	Evidence of Acute Kidney Injury	Volume Overload Diuretics Responsive
GI	Recurrent GI Bleed less than 48 hrs Emergent TIPS	Any GI Bleed Varices that require Endoscopic Therapy	Varices No Bleed
Respiratory	Intubation	Oxygen Dependent	Weaning Oxygen Requirement
CV	Pressor Requirement	Mild Hemodynamically labile	Stable
EXPRESSCARE 410-328-1411			APPOINTMENTS 410-328-3444

INDICATION FOR TRANSFER	Acute Liver Failure	Chronic Liver Failure	Other
	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Familial Amyloidotic Polyneuropathy • Polycystic Liver Disease • Inborn Errors of Metabolism • Hepatocellular Carcinoma • Cholangiocarcinoma • Biliary Atresia



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