

Proposed tiers for 2018 Heart Allocation Scheme

Tier 1 (no zonal priority)

- a) Patients on VA-ECMO support
- b) Patients on temporary LVAD, RVAD or BIVADs
- c) Imminent risk of dying or irreversible complications, agreed by CTAG Adjudication Panel

Tier 2 (no zonal priority)

Patients requiring Level 2 or 3 care and one of the following:

- a) with temporary endovascular circulatory support devices
- b) on IABP support AND Multiple inotropes
OR
- c) Small patients <145cm supported with Berlin Heart Excor
- d) Patients agreed by the Adjudication Panel to justify Tier 2 listing

Tier 3 (zonal priority)

- a) Patients requiring level 2 care and dependent on continuous infusion of multiple inotropes
- b) Hospitalised implantable LVAD patient with refractory VT, VF, asystole, or recurrent (more than one during this admission) sustained ventricular arrhythmia causing haemodynamic compromise, ICD shocks or requiring external cardioversion despite optimal medical treatment.
- c) Hospitalised implantable LVAD patient with pump malfunction resulting in failure to deliver effective mechanical support and posing imminent risk to life.
- d) Patient with implantable LVAD pump thrombosis defined as below:
A rise in LDH level \geq x3 upper limit of normal (ULN) occurring after the first 72hrs from implant and associated with two or more of the following:
 - Sustained (>24hrs) Power Elevation of \geq 2W from baseline
 - Clinical evidence of significant haemolysis (haemoglobinuria, hyperbilirubinaemia, haemoglobin drop of \geq 2g/dl)
 - Inability to LV offload (positive RAMP study)
 - New HF symptoms or signs
- e) Hospitalised patients with refractory arrhythmia (>1 hospital admission over last 3 months with haemodynamic instability or associated with kidney or liver dysfunction)
- f) CHD patients with no option for conventional escalation of therapy – Inpatients unsuitable for inotropes and/or VAD with one of the following:
 - Bilirubin and transaminases >2x ULN
 - eGFR <50ml/min/1.73m², or 20% reduction from baseline
 - requirement for dialysis/CVVH for fluid or electrolyte management
 - recurrent admissions (>3 in last 3 months) with episodes of right sided HF or protein losing enteropathy requiring ascites drainage
 - plastic bronchitis patients
- g) Patients agreed by the Adjudication Panel to justify Tier 3 listing

Tier 4 (zonal priority)

- a) Patient dependent on single intravenous inotrope
- b) TAH patient on support for \geq 6 months
- c) Implantable BiVAD patient on support for \geq 6 months
- d) Implantable LVAD, TAH or BIVAD patient with device infection requiring daily intravenous antimicrobial treatment
- e) Patients agreed by the Adjudication Panel to justify Tier 4 listing

Tier 5 (zonal priority)

- a) Implantable BiVAD patient
- b) TAH patient
- c) Patients agreed by the Adjudication Panel to justify Tier 5 listing

Tier 6 (zonal priority)

Heart transplant eligible patients not listed in Tiers 1-5