

Acute on Chronic Liver Failure (ACLF) Liver Transplantation Tier

Liver Recipient Registration (Version ACLFLTR 1.3)

Please note:

1. This process is for patients with cirrhotic chronic liver disease who are not eligible for the Super-Urgent (SU) tier. Super-Urgent recipients will continue to follow the existing SU processes.
2. Until further notice, the ACLF tier registration process will be active from 9am-5pm on working days.

Directions for Completion

1. This form should be completed for all patients who have been accepted onto the ACLF liver transplant Tier.
2. It should be completed only after an Elective Liver Recipient Registration Form (FRM4332/3) has been completed.
3. Patients being simultaneously registered for both Elective and ACLF tiers should have sections A and B completed.
4. Patients who have already been registered as Elective transplant recipients (>24 hours previously) should have sections A and C completed.
5. Once completed, the forms should be through standard processes and via email XXX at and to the ACLFLT Working Group lead (XXX).

Further Information on the Acute on Chronic Liver Failure (ACLF) Liver Transplantation Tier can be found by contacting your centres' ALFLT local lead or Professor William Bernal at XXX.

ACLF score and grade can be determined using the Online Scoring Tool at:

<https://www.efclif.com/scientific-activity/score-calculators/clif-c-aclf>.

Date of Form completion	
Time of form completion (24hrs)	
Centre Completing	
Recipient First name	
Recipient Surname	
Recipient date of birth	

Section A (All Recipients)

Entry Criteria:	Yes	No
Cirrhotic Chronic Liver Disease		
Inpatient in Critical Care Unit (ICU or HDU)		
ACLF Grade (record value)		

Exclusion Criteria	Yes	No
Age >60 years		
Previous Liver Transplantation		
Active bacterial or fungal sepsis		
CMV Viraemia		
Severe irreversible brain injury		
Overwhelming Multi-organ failure		
Gross Frailty		
Use of ECMO		
Active Malignancy		
Severe Acute Pancreatitis		
Intestinal Ischemia		

Multidisciplinary Approval	Yes	No	Name
Hepatologist			
Transplant Surgeon			
Intensivist			
Transplant Anaesthetist			

Section A continued.

Supplementary Information	Yes	No
Active Alcohol use?		
Units / week		
Previous dependency issues?		
If yes, what?		
Date admitted to Critical Care Unit:		
	Yes	No
ACLF Precipitant:		
GI Bleed		
Sepsis		
if sepsis, site and organism		
Other		
if other, what?		
Unknown		

Section B: Current Support Status (Recipients being simultaneous listed for Elective and ACLFT)

FiO ₂ (%)	
Arterial blood lactate (mMol/l)	
Mean Arterial Pressure (mmHg)	
Level of Care (1-3)	
Ventilated (Y/N)	
Renal Replacement therapy (RRT)	
HE Grade (0-4)	
Vasopressors Y/N	

Section C (Patients registered as Elective Recipients >24 Hours previously)

1 Current Laboratory Values (at time of ACLF registration)

HB	
WBC ($\times 10^9/l$)	
PLT ($\times 10^9/l$)	
Ur (mMol/l)	
Cr ($\mu\text{mol/l}$)	
Alb (g/l)	
INR	
Bili ($\mu\text{mol/l}$)	
Na (mMol/l)	
K (mMol/l)	
PO ₂ (kPa)	
FiO ₂ (%)	
Arterial blood lactate (mMol/l)	

2 Current Support Status (at time of ACLF registration)

Mean Arterial Pressure (mmHg)	
Level of Care (1-3)	
Ventilated (Y/N)	
Renal Replacement therapy (RRT)	
HE Grade (0-4)	
Vasopressors Y/N	