Super-urgent/ Urgent Lung Recipient Registration

Directions for completion

- 1 This is a single copy, three-page form.
- 2 Please ensure all sections are completed in full.
- 3 Do not use this form to register non-urgent cases as all patients registered through this form will be registered as super-urgent or urgent. To register non-urgent lung patients use ODT Online or return a completed Heart/Lung Recipient Registration form (FRM4847) to ODT Hub: Information Services, NHS Blood and Transplant.
- 4 If completing by hand, please use BLOCK CAPITALS. When complete, please fax all pages of this form to ODT Hub Operations on 0117 975 7599 and then call 0117 975 7580 to confirm that the information has been sent. The original should be retained for your files.
- 5 If using the electronic version of the form please open a blank form, complete details, then click "Make Read Only" before selecting the "Submit Form" button which will automatically generate an email to odthub.operations@nhsbt.nhs.uk and odthuboperations.shiftmanagers@nhsbt.nhs.uk with the form attached. Send the email, then call 0117 975 7580 to confirm that the information has been sent. Save the original form for your record.
- 6 If the patient remains on the super-urgent or urgent list for more than one month, please complete and return the Super-urgent/Urgent Lung Recipient Monthly Update form (FRM5770) to ODT Hub: Information Services every month while the patient remains on the list.

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LUNG DISEASE

- 20 Idiopathic Pulmonary Arterial Hypertension
- 22 Cystic Fibrosis
- 23 Fibrosing Lung Disease
- 25 Alpha 1 antitrypsin deficiency
- 26 Sarcoid
- 27 Emphysema
- 28 Bronchiectasis
- 37 Bronchiolitis Obliterans

- 61 Eisenmenger's Syndrome ASD
- 62 Eisenmenger's Syndrome VSD
- 63 Eisenmenger's Syndrome PDA
- 64 Eisenmenger's Syndrome other, please specify
- 70 Other Congenital Heart/Lung Disease
- 98 Other, not already listed above, please specify
- 99 Unknown

INDICATION FOR SUPER-URGENT LUNG REGISTRATION

- 91 Category 91 Patient supported with VV-ECMO or iLA as a bridge to transplant and previously registered on the Urgent Lung Allocation Scheme or the Non-urgent Lung Allocation Scheme.
- 92 Category 92 Patient outside the criteria listed above, but for whom the patient's transplant physicians believe superurgent listing is justified. Agreement given by the CTAG (Lung) Adjudication Panel and evidence of agreement emailed to NHSBT.

INDICATION FOR URGENT LUNG REGISTRATION

A patient who is suitable for acceptance on the transplant waiting list and displays or develops any one of the following characteristics. Many transplant candidates fulfilling the criteria listed below will likely require ongoing inpatient treatment. In principle, urgent candidates *may remain ambulant* at home but will require close monitoring as deemed necessary by the local transplant team.

1. COPD Patients

- 10 Category 10 Worsening hypoxia (PaO2<7.5 kPa) and hypercapnia (PaCO2>6.5 kPa) requiring increasing oxygen demand of >10 L/min despite continuous NIV.
- 11 Category 11 pH persistently <7.30 despite optimal continuous NIV.
- 12 Category 12 Refractory right heart failure despite all pharmacological interventions to support the right ventricle.

2. CF Patients

- 21 Category 21 Worsening hypoxia (PaO2<7.5 kPa) and hypercapnia (PaCO2>6.5 kPa) requiring increasing oxygen demand of > 10L/min despite continuous NIV.
- 22 Category 22 pH persistently <7.30 despite optimal continuous NIV.
- 23 Category 23 Refractory right heart failure despite all pharmacological interventions to support the right ventricle.
- 24 Category 24 Ongoing episodes of massive haemoptysis despite bronchial embolisation.

3. IPF Patients

- 31 Category 31 Persisting hypoxia (PO2<8 kPa) despite continuous O2 at 10 L/min.
- 32 Category 32 Refractory right heart failure despite all pharmacological interventions to support the right ventricle.

4. PAH patients

- 41 Category 41 Worsening refractory right heart failure as defined by increasing fluid retention despite optimal medical management with disease modifying therapy and diuretics.
- 42 Category 42 Requirement for continuous IV inotropic support.
- 43 Category 43 Recent RHC RAP>20mmHg and CI<2.0 L/min/m² despite optimisation of therapy. RHC data need to be recent, within 3 months of request to add to urgent list.

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INDICATION FOR URGENT LUNG REGISTRATION (continued)

5. Other Adult Patients

59 - Category 59 - Adult, Other: Adult patients outside the criteria listed above, but for whom the patient's transplant physicians believe urgent listing is justified using acceptable medical criteria not included above. Documentation of the reasons justifying assigning urgent status should be detailed and agreed by the Cardiothoracic Advisory Group (CTAG) Adjudication Panel.

6. Other Paediatric Patients

69 - Category 69 - Paediatric, Other: Paediatric patients outside the criteria listed above, but for whom the patient's transplant physicians believe urgent listing is justified using acceptable medical criteria not included above. Documentation of the reasons justifying assigning urgent status should be detailed and agreed by the Chair of CTAG and a representative from each of the two paediatric centres.

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Your centre code should be quoted on all pages

Super-urgent/Urgent Lung Recipient Registration

	Section 1
We have a SUPER-URGENT/URGENT Lung Recip	niont to register with you
We have a SOPEN-ORGENT/ORGENT Lung Recip	Sient to register with you
Which scheme do you wish to register this recipient on? Urgent = U Super-urgent = S	
The following patients require approval from the CTAG Adjudication Panel in order for the registration to	to be processed:
 Super-urgent registrations under category 92 Urgent adult registrations under category 59 Urgent paediatric registrations under category 69 Was approval given? (not entered onto NTxD) 	Not applicable = 1 Yes = 2
Date approval given (not entered onto NTxD)	
RECIPIENT DETAILS	Section 2
	ODT Recipient number (NHSBT to complete)
Date of birth Adult and NOT be eli	paediatric patients meeting the following criteria will igible:
Sex Male = 1 Patients Female = 2 Rh Patients	from countries outside Group 1 who received a previous lung transplant
blood group including, ABO $Pos = P$ • Patients	within 24 hours of ECMO and unstable on ECMO who have had an identifiable new ical event who remain unconscious and obtunded
with a like	ely permanent and significant neurological deficit iparesis/plegia
• Acute un • Oligurica	controlled sepsis acute renal failure requiring dialysis (including filtration)
Negative = 1 CMV (IgG) status HCV status	
Positive = 2 Not tested = 7 Unknown = 9 HbSAg status If HbSAg positive, HbCAb Negative = 1 Positive = 2	
Other virus status If other virus, please specify	
REGISTRATION DETAILS	Section 3
Code the recipient's primary disease (See codes inside cover) If code 64 or 98, please specified to the code of the code of 98 and 10 or 98.	ecify
PHYSICAL CHARACTERISTICS	
Recipient height cm	
Recipient weight kg	
Minimum Maximum	
Acceptable donor height Male donor cm cr	m For all patients, acceptable donor height
Female donor cm cr	ranges must be specified or registrations will not be accepted.

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Your centre code should be quoted on all pages

Super-urgent/Urge	nt Lung Re	cipient R	egistration							
Centre code	Transplant centre			ODT Recipient numbe (NHSBT to complete)	r					
INDICATION FOR REGISTRATION Section 4										
CATEGORY (See codes inside cover)			Note: categories 92, 59	and 69 require approval from	the CTAG A	djudicatio	n Panel			
CLINICAL STATUS AND INVEST	IGATION RESULTS									
Is the patient already on NHSBT v	waiting list?	No = 1 Yes = 2	FiO ₂	Not measured = 77			L/min			
Is the patient an inpatient in level care or higher (CCU, HDU or ITU)		No = 1 Yes = 2	PaO ₂	Not measured = 77.7		•	kPa			
IPPV		No = 1 Yes = 2	PaCO ₂	Not measured = 77.7		•	kPa			
ЕСМО		No = 1 Yes = 2	рН	Not measured = 7.77	-					
iLA		No = 1 Yes = 2	Serum creatining	Not measured = 7777			μmol/L			
NIV		No = 1 Yes = 2	White cell coun	t Not measured = 777.7		•	x10 ⁹ /L			
RAP > 20 mmHg		No = 1 Yes = 2	C-reactive prote	ein Not measured = 777			mg/L			
CI < 2 L/min/m ²		No = 1 Yes = 2	Serum bilirubin	Not measured = 777			μmol/L			
DRUG THERAPY										
Dopamine		No = 1 Yes = 2	If YES, give dos	Se Unknown = 99.9		•	μg/kg/min			
Dobutamine		No = 1 Yes = 2	If YES, give dos	Se Unknown = 99.9		•	μg/kg/min			
Epinephrine		No = 1 Yes = 2	If YES, give dos	Se Unknown = 9.99	•		μg/kg/min			
Milrinone		No = 1 Yes = 2	If YES, give dos	Se Unknown = 9.9		•	μg/kg/min			
IV Epoprostenol		No = 1 Yes = 2	If YES, give dos	Se Unknown = 99			ng/kg/min			
IV Treprostinil		No = 1 Yes = 2	If YES, give dos	Se Unknown = 99			ng/kg/min			
Diuretics No = 1 Yes = 2	YES, Please spec	cify	Give dos	se Unknown = 999			mg/24hours			
Other drug therapy										
CONFIRMATION OF ELIGIBILITY	·						Section 5			
Name of consultant confirming eligibility for the scheme	Full name - please p	orint								
Form completed by	Full name - please	print								
Contact telephone number										
' 					7					
Signature				Date		2 0	<u> </u>			



Your centre code should be quoted on all pages

Super-urge	ent/Urgen	t Lung l	Recipi	ent Re	egistr	atior	1						
Centre code		ransplant entre						ODT Recipie	ent numbe	r			
CONFIDENTIAL F	· · · · · ·						<u> </u>				•	Se	ction 6
Recipient surname	e	Please prin	t										
Recipient forenam	ne(s)	Please print											
NHS number													
Hospital number													
Country of perman	nent residence	Please prin	t										
If UK or Repub (ROI), permane	lic of Ireland ent address												
													_
													_
		Postco	de for ROI addres	56)			T	\Box					_
	White = 1 sian or Asian British = 2 slack or Black British = 3	Mixed, pleas Other, pleas	Chinese = 4 e specify = 6 e specify = 7 Jnknown = 9		If code 6 oplease sp								
FOR HUB OPERA	ATIONS USE ONL	Υ										Se	ection 7
ACTION			I	NITIALS									
Call received and	form details confi	rmed:											
Scanned with PID	and without PID:												
Page one sent:													
Fax/Email sent:													
Copy saved regist	tration in F drive:												
Passed to manage	er:												
First entry:	Name												
	Signature							Date			2	0	
Second entry:	Name												
	Signature							Date			2	0	

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