

ARC Liver Passport

Directions for completion

1. This is a eleven-page single copy form to be completed for all livers that have undergone assessment at an ARC. This is a supplementary form and all other forms (i.e. HTA A, HTA B, RTI) should be completed as well.
2. All sections to be completed by hand.
3. Section 2 should only be completed in the event that the liver is undergoing HOPE prior to NMP.
4. Once sufficient perfusion data is collected to allow for clinical decisions to be made, upload all completed pages to DonorPath under the relevant donor number. This data will count as "Final Assessment on NMP".
 - a. If DonorPath is not available to upload to, email pages to **odthub.operations@nhsbt.nhs.uk** with "ARC Liver Passport" and the donor number in the title.
 - b. Continue to provide hourly perfusion readings after "Final Assessment on NMP", until the liver begins to be transported, or is taken off NMP at the ARC.
5. A scanned copy of each section should be retained by the ARC, and the recipient centre (if applicable), as part of the transplant records.
6. A scanned copy of the final document should be emailed through to **ARCInformationOfficers@nhsbt.nhs.uk** with "ARC Liver Passport" and the donor number in the title.

Definitions:			
*FWIT - Time from systolic BP < 50mmHg to 'start of cold perfusion' in DCD donor			
**WIT - Time from withdrawal of treatment to start of cold perfusion in DCD donor			
Governance:			
***Ensure that an Incident Reporting form is submitted in the event of any damage to the liver https://www.odt.nhs.uk/odt-structures-and-standards/clinical-governance-and-patient-safety/tell-us-about-an-incident/			
Example for split boxes on pg5			
Bicarbonate (ml) Initial	12	11	
	WH	WH	
TPN/Glucose Start/Stop	Glucose Start		Glucose Stop
Medication Given Initial	Y	WH	

ARC Liver Passport

Section 2 - HOPE

ODT Donor Number

Donor DOB (dd/mm/yyyy)

Donor hospital

HOPE SOLUTION TRACEABILITY				
Priming Solution	Type	Volume Dose	Batch No.	Expiry Date
	Machine Perfusion UW Solution			
	Perfusion Set			
	Oxygenator			

HOPE PERFUSION PARAMETERS								
	0 min	5 min	15 min	1 hr	2 hr	4 hr	6 hr	8 hr
HOPE Portal Vein Pressure (mmHg)								
HOPE Portal Vein Flow (L/min)								
HOPE HA Pressure (mmHg) - Optional								
HOPE HA Flow (L/min) - Optional								

HOPE MONITORING								
TEST	5 mins	30 mins	1 hr	2 hr	3 hr	4 hr	5 hr	6 hr
Temp °C								
O2								

HOPE COMMENTS

Was there any damage to the liver during placement on HOPE?
No = 1 Yes = 2 If yes, please specify ***

Describe any issues with the machine, or perfusion, during HOPE

Was there any damage to the liver whilst being taken off HOPE?
No = 1 Yes = 2 If yes, please specify ***

UK TRANSPLANT REGISTRY

ARC Liver Passport

ODT Donor Number

Donor DOB (dd/mm/yyyy)

Donor Hospital

NMP PERFUSION PARAMETERS								
	0 min	5 min	15 min	1 hr	2 hr	4 hr	6 hr	8 hr
NMP HA Pressure (mmHg)								
NMP HA Flow (L/min)								
NMP Portal Flow (L/min)								
NMP IVC Pressure (mmHg)								
NMP IVC Flow (L/min)								

NMP PERFUSION RESULTS															
Test	Pre	15 mins	30 mins	1 hr	90 mins	2 hr	3 hr	4 hr	6 hr	8 hr	10 hr	12 hr	14 hr	16 hr	18 hr
	Arterial Gases														
pH															
pCO2															
pO2															
HCO3															
BE															
Hb															
Sats															
Na+															
K+															
Ca2+															
Gluc															
Lact															
Bicarbonate (ml Initial)															
TPN/Glucose Start/Stop															
Medication Given (y/m Initial)															

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NMP BIOCHEMISTRY									
TEST		15 mins	1 hr		2 hr		4 hr		Before taking off perfusion
BIOCHEMISTRY	Bili								
	ALP								
	ALT								
	AST								
	Urea								
	Creat								
	Hb								
	Alb								
D-Dimer									
TEST			1 hr		2 hr		4 hr		
PICCOLO (GEN CHEM 13)	ALB								
	ALP								
	ALT								
	BUN								
	AST								
	GGT								
	BILI								
NMP BILE TESTS									
TEST		1 hr	2 hr	3 hr	4 hr	6 hr	8 hr	10 hr	END
BILE GASES	pH								
	HCO3								
	GLUC								
	LACT								
Bile Flow	Amount of bile production								
Bile Quality	Colour / blood staining								
									Total Bile:

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TIMEPOINTS - PERFUSATE MICROBIOLOGY CULTURES TAKEN

Pre-Machine Perfusion at (24hr) :

At 1 hour of NMP at (24hr) :

At end of NMP at (24hr) :

Confirmation that microbiology samples have been processed at the ARC No = 1 Yes = 2 If no, why?

BIOPSIES TAKEN

What lobe was the biopsy taken from? Left = 1
Right = 2

Pre-Machine Perfusion at (24hr) :

Post-Machine Perfusion (if applicable) at (24hr) :

Confirmation that biopsy has been sent to be processed at transplant centre No = 1 Yes = 2 If no, why?

Additional biopsy taken for diagnostic purposes e.g. suspicious lesion, steatosis assessment (if applicable) at (24hr) :

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Section 4 - Final NMP Assessment

ODT Donor Number

Donor DOB (dd/mm/yyyy)

Donor Hospital

FINAL NMP ASSESSMENT

Was the liver deemed suitable for transplant?
 No = 1
 Yes = 2

If no, why?

Was the liver accepted by a Transplant Centre prior to perfusion?
 No = 1
 Yes = 2

If yes, please provide the name of the Recipient Centre Clinician discussing the perfusion results with the ARC Clinician, and give details of discussion

Name:

Discussion notes:

If not previously accepted by a Transplant Centre, was the liver re-offered via Fast-Track?
 No = 1
 Yes = 2

If no, why?

Was the liver accepted for transplant?
 No = 1
 Yes = 2

If yes, who?

If not accepted for transplant, what was the final outcome of the liver?
 Used for research = 1
 Disposed of = 2
 Other = 3

If other, please specify

If not accepted for transplant, what was the outcome of donor vessels?
 used in benchwork for donor liver = 1
 local storage under ARC vessel storage HTA licence = 2
 disposed of in accordance with HTA guidelines = 3

Were there any issues with the perfusion device?
 No = 1
 Yes = 2

If yes, describe any issues with the machine, or perfusion, during NMP ***

Was there any damage to the liver during NMP at the ARC?
 No = 1
 Yes = 2

If yes, please specify ***

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ODT Donor Number

Donor DOB (dd/mm/yyyy)

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TIMINGS (USE 24 HOUR CLOCK)

Date/time of final assessment on NMP at (24hr) :

Date/time of clinician-to-clinician call to discuss results at (24hr) :

Date/time into organ transport box (if applicable) at (24hr) :

ARC PERSONNEL

HOPE device setup

NMP device setup

Organ bench work and cannulation

Responsible ARC Consultant

Contact number for ARC clinician to discuss perfusion results

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Section 5 - Logistics

ODT Donor Number

Donor DOB (dd/mm/yyyy)

Donor Hospital

TRANSPORT DATA

Name of person escorting liver from the ARC Occupation of escort

Date/time of NMP device loaded into transport vehicle at (24hr) :

Date/time departure from the ARC at (24hr) :

Date/time of driver change (if applicable) at (24hr) :

Date/time of vehicle change (if applicable) at (24hr) :

Date/time of arrival at Transplant Centre at (24hr) :

Date/time of handover to Transplant Centre at (24hr) :

Date/time escort returned to ARC at (24hr) :

ARC Liver Transport Checklist (FRM8143) checklist is completed and uploaded to TransplantPath No = 1 Yes = 2

ADVERSE EVENTS

Were there any adverse events during transit? No = 1 Yes = 2

If yes, please specify ***

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Section 5 - Logistics

ODT Donor Number

Donor DOB (dd/mm/yyyy)

Donor Hospital

TIMINGS OF ALARMS (USE 24 HOUR CLOCK)

Total number of alarms

Date/time of alarm 1 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 2 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 3 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 4 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 5 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 6 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 7 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 8 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 9 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

Date/time of alarm 10 (if applicable) **2 0** at (24hr) :

Alarm type and action taken:

List date/time of any subsequent alarms not captured above: