

Post-Transplant Liver Annual Evaluation Protocol

- _____ Basic Metabolic Panel
- _____ Hepatic Function Panel
- _____ CBC
- _____ Magnesium
- _____ Tacrolimus (Prograf) level
- _____ Cyclosporine (Neoral) level
- _____ Sirolimus (Rapamune) level
- _____ Everolimus (Zortress) level
- _____ Lipid profile
- _____ Uric Acid
- _____ Pt/INR
- _____ Vitamin A
- _____ Vitamin D
- _____ TSH
- _____ HgbA1c (diabetic patients)
- _____ HCV RNA quantitative (all HCV RNA positive patients)
- _____ UA with reflex to culture
- _____ Urine Creatinine / Protein ratio
- _____ Liver biopsy (on all HCV RNA positive patients)
- _____ Ultrasound of the abdomen with Doppler evaluation of hepatic vessels

DOB: _____

OLTx: _____

- _____ Clinic Visit with Hepatologist: Date Time
- _____ Annual Dictated Problem List
- _____ Colonoscopy
- _____ Post CMV protocol: CMV PCR
- _____ HBV DNA by nucleic acid test (NAT) (collect POD 335-395)

- _____ **Post-Transplant Liver Hepatitis B Protocol**
- _____ Hep BsAb Quantitative
- _____ HBV DNA Quantitative
- _____ Hep BsAg Quantitative

_____ **Post HCC Surveillance Protocol per RETREAT score** (*calculated by Hepatologist with review of explant*)

RETREAT Score	Surveillance Protocol
0 points	No surveillance
1-3 points	Abd CT/MRI w contrast; chest CT w/o contrast and AFP every 6 months X 2 years
4 points	Abd CT/MRI w contrast; chest CT w/o contrast and AFP every 6 months X 5 years
≥ 5 points	Abd CT/MRI w contrast; chest CT w/o contrast and AFP every 3-4 months X 2 years; then every 6 mo for year 3-5