

Transfer of Care Report – Inpatient to Outpatient

Liver Transplant

Pt Name: _____

Discharge to: _____

DOB: _____

CMV D/R status: _____

Organ: Liver or Liver/Kidney

Induction Agent: _____

Donor Type : DCD or DBD

PV thrombectomy required: Yes No

PHS Risk Identified: Yes/No

CMV Prophylaxis: _____

Reason: _____

PJP Prophylaxis: _____

Donor Age: _____

Prograf Initiated on: _____

Date of Transplant: _____

Date of Discharge: _____

Immunosuppression Regimen:

Prograf: _____

CellCept: _____

Prednisone: _____

Infection: _____

Rejection: _____

Pharmacy: _____

Labs:

CBC, BMP, LFT's FK, Mg - _____

First 4 weeks appts made in Epic

Follow-Up appointments:

Surgeon: _____

Specialists: _____

Explant: _____

Notes: