



K-SOTTO
KERALA STATE ORGAN AND TISSUE
TRANSPLANT ORGANIZATION

Near Super Specialty Block, Government Medical College, Thiruvananthapuram, Kerala
+91 471 2528658, 2962748, ed.ksotto@kerala.gov.in, ed.ksotto@gmail.com, www.ksotto.kerala.gov.in

LIVER SUPER URGENT LISTING - PROFORMA FOR REPORTING

(Responses to Questions 1–15 are mandatory.

If any specific data field under the relevant category is not applicable, please indicate it as “NA.”)

Basic Information

01. Hospital Name:

02. Patient Name:

03. DOB:

04. Gender:

05. K-SOTTO Recipient Reg. No:

(If not registered please specify reason)

06. Contact number of patient relative:

07. Address:

08. Blood Group & Rh:

09. Nationality:

10. Duration of onset of current episode of illness:

- <1 week
- 1-2 weeks
- >2 weeks

11. If patient has undergone a liver transplant any time earlier, mention date or month and year of transplant as available:

12. If patient has undergone a liver donation surgery any time earlier, mention date or month and year of surgery as available:

13. Please state the category under which the patient meets the listing criteria:

14. Name of treating transplant consultant:

15. **Date & Time** of raising listing request:

Signature of the Treating Doctor/HOD

Please enter the specific information for the category under which the patient meets the super urgent liver listing criteria for review by the liver sub-committee (if any specific data field in the concerned category is unknown mention 'NA')

Etiology: Paracetamol Poisoning

Category 1:

pH:

Date and time of diagnosis (if referred from another hospital, date and time at which diagnosis was made at the referring hospital may be mentioned):

Fluid resuscitation:

- Normal saline: YES/NO
- Ringer lactate: YES/NO
- Dextrose: YES/NO
- Others if any:

Category 2:

Prothrombin time:

Serum creatinine (mg/dl):

Grade of encephalopathy:

INR:

Urine output 24hrs:

Category 3:

Fluid resuscitation:

- Normal saline: YES/NO
- Ringer lactate: YES/NO
- Dextrose: YES/NO
- Others if any:

Arterial lactate on admission (mmol/l):

Arterial lactate at 24hrs (mmol/l):

Date & Time of testing:

Date & Time of testing:

Could you exclude other causes of hyperlactemia (e.g. pancreatitis, intestinal ischemia):
YES/NO

Grade of encephalopathy:

Category 4:

Prothrombin time:

Serum creatinine (mg/dl):

Grade of encephalopathy:

Intra cranial pressure (mmHg):

FiO₂:

Inotropes:

Are there any signs suggestive of clinical sepsis: YES/NO

INR:

Urine output 24hrs:

Signature of the Treating Doctor/HOD

Etiology: Seronegative Hepatitis, Hepatitis A, Hepatitis B, Idiosyncratic Drug Reaction.

Category 5:

Etiology:
Hepatic encephalopathy: Absent/ Present
Age of the patient:
Prothrombin time:
INR:
INR (post Vitamin K repletion):
Day of onset of jaundice:
Day of onset of encephalopathy:
Serum bilirubin (mg/dl):

Etiology: Acute Viral Hepatitis: Hepatitis A, Hepatitis B

Category 6:

Etiology:
Grade of encephalopathy:
Prothrombin time: INR:
Age:
Date of onset of jaundice:
Date of onset of encephalopathy:
Serum bilirubin (mg/dl):

Etiology: Acute presentation of Wilson's disease, auto-immune hepatitis or Budd-Chiari syndrome

Category 7:

Etiology:
Prothrombin time: INR:
Grade of encephalopathy:

Etiology: Hepatic artery thrombosis

Category 8:

Date of liver transplant surgery:

Etiology: Early allograft dysfunction

Category 9:

Date of liver transplant surgery:
AST:
INR:
Arterial lactate (mmol/l):
Bile production absent: YES/NO

Signature of the Treating Doctor/HOD

Etiology: Total hepatectomy patient

Category 10:

Reason for total hepatectomy:

Etiology: Severe liver failure within 4 weeks post liver donation surgery

Category 11:

Date of liver donation surgery:

Etiology: Acute liver failure in children under 2 years of age

Category 12:

INR:

Grade of encephalopathy:

Etiology: Yellow phosphorus (Ratol poisoning)

Category 13:

Prothrombin time:

INR (post vitamin K repletion):

MELD Score:

Grade of encephalopathy:

Is the patient on plasmaphereses: YES/NO

If yes, INR (12 hours after second set of plasmaphereses):

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