Pediatric Lung Transplant Referral Form

UFHealth
UNIVERSITY OF FLORIDA HEALTH

Phone number: 352.265.0665 | Fax: 352.265.0057

PATIENT INFORMATION			
Date:		Email:	
Name:		Phone:	Cell:
Address:			
DOB:	Gender:	Race:	Ethnicity:
Height:	Weight:	BMI:	
Interpreter needed: □ Yes □ No		Preferred Language:	
DIAGNOSIS: □ Interstitial Lung Disease (ILD) □ Cystic Fibrosis (CF) □ Pulmonary Hypertension □ Pulmonary Vascular Disease □ Bronchopulmonary Dysplasia (BPD) □ COVID-19 Complications □ Other _____		Does the patient require ventilation support? □ Yes □ No If yes, which type: □ Trach □ CPAP □ BiPAP Does the patient require supplemental oxygen: □ Yes □ No If yes, _____ LPM Any previous transplants? □ Yes □ No If yes, which organ(s): _____ Place of transplant(s): _____ Date of transplant(s): _____	

REQUESTING FACILITY	
Person initiating request:	Phone:
Requesting physician:	
Facility:	NPI#:
Phone:	Fax:
Address:	
Primary Care Physician (PCP):	
Phone:	Fax:
Address:	

REQUIRED DOCUMENTS AND REPORTS TO INCLUDE

- □ Patient demographics / face sheet
- □ Clear copy of insurance cards
- □ **Clinical summary of patient highlighting the patient's clinical course over the past 2 years-present**
- □ Birth history *(if available)*
- □ Most recent physician office notes and hospital discharge reports
- □ Most recent lab and pathology reports
- □ Most recent chest x-ray, chest CT scan, cardiac catheterization, bronchoscopy, & echocardiogram *(images uploaded via Power Share and radiology reports)*
- □ Sputum cultures & histopathology reports
- □ Most recent Pulmonary Function Tests & 6-minute walk test results
- □ Operative notes
- □ Immunization records
- □ Most recent Sleep Study results *(if available)*
- □ Genetic studies *(if available)*

*If images are not readily available please include radiology reports.

NOTE: If you do not have a Nuance Power Share account, please use our secure link: **https://www1.nuancepowershare.com** with the following generic login: ***tempphysician@shands.ufl.edu*** and your password will be: ***Password1***

Referral Guidelines

Please note: Despite these recommendations, early referral of potential candidates is ***always*** preferred.

Interstitial Lung Diseases

- Diagnosis of surfactant protein B (SP-B) deficiency
- Diagnosis of alveolar capillary dysplasia with misalignment of pulmonary veins
- Diagnosis of ABCA3 deficiency, FLNA, surfactant protein C (SP-C), or NKX2-1 with unrelenting respiratory failure

Cystic Fibrosis

- FEV1 that is < 50% predicted and rapidly declining (>20% relative decline within 12 months)
- FEV1 is < 50% predicted with markers of shortened survival (low 6-minute walk, hypoxemia, hypercarbia, pulmonary hypertension)
- FEV1 that is < 30% predicted
- 6-minute walk distance < 400m
- Development of pulmonary hypertension in the absence of a hypoxic exacerbation
    - PAP > 35 mmHg on echocardiography or
    - Mean PAP > 25 mmHg measured by right heart catheterization
- FEV1 is < 40% predicted with:
    - >2 exacerbations per year requiring intravenous (IV) antibiotics or
    - massive hemoptysis (>240mL) requiring intensive care unit admission or bronchial artery embolization or
    - Pneumothorax or
    - 1 exacerbation requiring positive pressure ventilation regardless of FEV1

Pulmonary Hypertension / Pulmonary Vascular Diseases

- Patients who remain an intermediate or high-risk category according to the European Pediatric Pulmonary Vascular Disease Network (EPPVDN) *despite* maximal PAH therapy (i.e. triple therapy)
- NYHA functional class III or IV regardless of current medical therapies
- Rapid progression of disease
- Cardiac index <2L/min/m2 and right atrial pressure >15mmHg
- Primary (congenital) pulmonary vein stenosis with bilateral involvement, involvement of 3 or more pulmonary veins, or diagnosis before 6 months of age
- Development of post-repair pulmonary vein stenosis (PR-PVS) after repair of total anomalous pulmonary venous connection (TAPVC)
- Diagnosis of pulmonary venoocclusive disease (PVOD) or pulmonary capillary hemangiomatosis (PCH)

Bronchopulmonary Dysplasia

- Continued clinical worsening despite adequate ventilatory support
- Presence of pulmonary hypertension unresponsive to oxygen therapy and/or medical therapy

Absolute Contraindications

- Malignancy in the last two years, except cutaneous-squamous and basal-cell tumors
- Substance addiction (e.g. alcohol, tobacco, or narcotics) that is active or within the last six months

Relative Contraindications

If present, please contact our team at 352-265-0665 for further discussion.

- Active colonization with *mycobacterium abscessus* (AFB smear +)
- Severe obesity defined as a body mass index (BMI) exceeding 35kg/m2
- Chronic active viral hepatitis B, hepatitis C, and/or human immunodeficiency virus
- Severe tracheomalacia, talc pleurodesis, severe thoracic scoliosis, or laryngeal incompetence
- Active collagen vascular disease
- Untreatable psychiatric condition in patient or caregivers

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