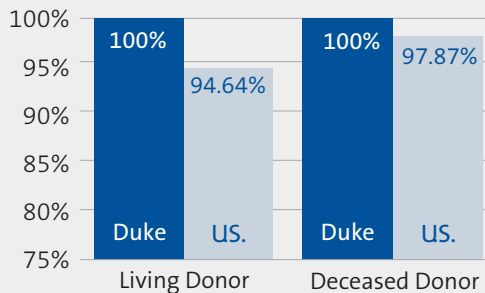


# Duke Pediatric Liver Transplant Program



## One Year Patient Survival Rates\* Better than U.S. Average



\* Data from srrtr.org as of 7/6/21 for pediatric (<18) 1-year conditional survival.

## Transplant Volumes

**4** times as many transplants than any other program in North Carolina

## Expanded Access



**Hepatology Appointments** within 1 week



**Transplant Appointments** within 2-3 weeks

## Overview

We offer comprehensive evaluation and care to your patients with liver disease.

Our experienced team works with you and other Duke specialists to diagnose and manage liver and bowel diseases in children, including, but not limited to:

- Acute and chronic liver failure
- Alagille syndrome
- Biliary atresia
- Choledochal cysts
- Cholestasis
- Intestinal failure
- Liver tumors
- Metabolic liver disease
- Nonalcoholic steatohepatitis (NASH)
- Short bowel syndrome

## When to Refer to Duke

### Pediatric Hepatology

- Concern for underlying liver disease

### Transplant Evaluation

- Liver-disease complications that appear to jeopardize your patient's ability to function normally. Signs and symptoms include:
  - Coagulopathy
  - Decreased quality of life, as indicated by fatigue, significant itching, mood changes, or encephalopathy
  - Development of ascites or varices
  - Failure to thrive
  - Hyperammonemia
  - Hypoalbuminemia / Hyperbilirubinemia
  - Spontaneous bacterial peritonitis or recurrent cholangitis
  - Variceal bleeding



## Your Patients Will Have Access To:



### Liver Transplant Specialists

Our surgeons have special expertise in performing liver transplants and offer:

- Split-liver and pediatric liver transplants
- Laparoscopic and open resection of primary and metastatic hepatic tumors
- Excellent outcomes in multi-organ transplants: simultaneous transplantation of the liver and the kidney, heart, lung, small bowel, and/or pancreas



### Clinical Trials

We screen every patient for clinical trial eligibility to give your patients access to novel therapies.

### Qualified Donors

We offer deceased and living-donor liver transplantation and participate in national registries for benchmarking quality.



## Our Care Team Members

### Pediatric Abdominal Transplant Coordinator

David Cousino, RN, BSN

### Pediatric Hepatologists

Gillian Noel, MD

*Medical Director, Pediatric Liver Transplant*

Mansi Amin, MD

Alisha Mavis, MD

### Pediatric Transplant Surgeons

Debra Sudan, MD

*Surgical Director, Abdominal Transplant Surgery*

Deepak Vikraman, MD

*Surgical Director, Pediatric Abdominal Transplant*

Andrew Barbas, MD

Stuart Knechtle, MD

Kadiyala Ravindra, MBBS

Aparna S. Rege, MBBS

## Location

Duke Children's Hospital and Health Center

2301 Erwin Rd.

Durham, NC 27710

Phone 919-613-7777

Fax 919-681-7930

On-call Physician 919-684-8111

Pediatric Referral Coordinator 919-668-2466

Find the most up-to-date list of providers at [DukeHealth.org/Transplant](http://DukeHealth.org/Transplant)

# Duke Pediatric Liver Transplant Referral Form

Please fax the completed referral form to 919-681-7930 or use electronic referral through Epic/MedLink. Once received, a scheduler will contact your patient to schedule an appointment. We appreciate your referral.

USPS  
Box 102347  
Durham, NC 27710

FedEx/UPS  
330 Trent Dr.  
Room 219  
Hanes House  
Durham, NC 27710

Phone 919-613-7777  
Fax 919-681-7930

## Patient Demographic Information

Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Phone: \_\_\_\_\_ Parent/Guardian E-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Physician Information

Referring Physician: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_  
Practice/Group Name: \_\_\_\_\_ Practice/Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of Person Completing This Form \_\_\_\_\_

## Primary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_  
Behavioral Health Insurance? Y N Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_

## Secondary Insurance Information (attach copy of both sides of card)

Company: \_\_\_\_\_ Policy ID: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Policyholder's Name: \_\_\_\_\_ Policyholder's DOB: \_\_\_\_\_  
Insurance Phone Number: \_\_\_\_\_ Referral or Pre-Cert Number: \_\_\_\_\_

## Patient General Clinical Information

Seen at Duke University Hospital? Yes No If yes, date of last visit: \_\_\_\_\_  
Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ Duke Medical Record Number: \_\_\_\_\_

## Clinical Information Requested to Schedule Appointment

1. Most recent clinical summary and current medications, treatment plans, and past medical history or typed consult letter, including patient's clinical summary and pertinent medical history
2. Lab results within 60 days including, but not limited to, total bilirubin, prothrombin time with INR, chemistry panel including sodium, creatinine, and albumin
3. Abdominal imaging reports (Doppler ultrasound, CT, MRI) within last 12 months
4. Procedural reports, including liver biopsy pathology, endoscopy, or colonoscopy most recently completed, if available
5. For patients with substance abuse history\*:
  - a. Summary of alcohol and/or substance abuse
  - b. Date of abstinence
  - c. Date rehabilitation counseling initiated
  - d. Documentation of three random screens

\* Items may be included in dictated summary or letter. Note: Patients with NC Medicaid primary insurance must meet eligibility in accordance to NC Medicaid. This must be completed by the referring MD. Please contact the referral transplant coordinator for testing requirement details.