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## Policy/Plan for ACHD Patients Requiring Transplant

**Date Effective:** MM/DD/YYYY

**Type of Policy:** Please indicate if this document is hospital policy or ACHD program policy/clinical guideline.

### Purpose

Indicate why this policy is in place and the population it benefits.

### Policy Statement

State the actual policy for ACHD transplant patients. This statement can be a brief overview of the transplant policy. Please reference:

- Transplant eligibility requirements
- Transplant location (i.e. whether the procedure occurs on-site or at another facility)
- Personnel involved in the process

### Procedures

Describe the specific procedures for every phase of the transplant process such as:

- Alternate treatment plans for ACHD patients besides transplant
- Selection criteria
- Pre-requisites for transplant or for being placed on the transplant waiting list
- Evaluation process for ACHD transplant patients [i.e. what are the specific steps of evaluation and what personnel conduct the evaluation]
- Relationship between different facilities (transfer from a pediatric facility; where is the transplant performed)
- Transplant-related committees
- Follow-up and referral procedures

### References

If applicable, please list any articles or other resources utilized to develop your institution's policy on ACHD patients requiring transplant.

### Required Signatures

N/A

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### Helpful Tips

If you would like, please upload any documentation or examples of the above policy to the additional files section of F Heart Failure, Heart Transplant, Heart/Lung Transplantation. It is not a requirement. Please save the document with F3 in the title so that we know which policy/procedure the uploaded document references.