

[Official Institution Logo]



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

Helpful Tips

Please upload any documentation or examples of the above policy to the "additional files" section of your application.

Section F: Heart Failure, Heart Transplant, Heart/Lung Transplantation. These documents should be labeled with "**F3**" only in the title so that each policy/plan can be easily identified.