

Criteria for Immediate Extubation after Liver Transplantation

Preoperative Criteria

Minimal, if any, coexisting disease

No Cardiovascular Disease

No Portopulmonary Hypertension

No Hepatopulmonary Syndrome

Preop creatinine ≤ 1.5

Cold Ischemic Time < 10 hours

No vasopressors/inotropes, dialysis or ventilatory assist (including need for oxygen)

No encephalopathy

No Retransplant

No extended criteria donor organs (as determined by surgeon)

Intraoperative Criteria

Age ≤ 65

Single organ transplant

≤ 6 units PRBC's

Good donor liver function (decreasing lactate, normalizing TEG's, making bile)

Hemodynamic stability – no vasopressors or inotropes

PaO₂/FiO₂ ratio ≥ 200

$-4 \leq$ Base Deficit $\leq +4$

Good urine output (≥ 1 ml/kg/hr) without diuretics

Awake without use of Narcan or Flumazenil (generally no more than 10-15 ug/kg

Fentanyl and 2-4 mg Lorazepam)

No difficult airway

Total OR time ≤ 8 hours

Normal intraoperative extubation criteria

Initially, to assure enough people around just in case, this should only be done on cases finishing between 5 AM and 8 PM Monday through Friday

These patients should still go to the ICU for a period of at least 12 hours for close monitoring of respiratory status and donor liver function.