

Ontario's Adult Referral Criteria for Heart Transplantation

Version 5.0



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PATIENT REFERRAL CRITERIA

The patient referral criteria are guidelines which a Health Care Provider would utilize to refer a patient to a transplant center for assessment. The criteria identified below are the conditions for which a patient should be referred for heart transplant assessment.

- 1) **Advanced Heart Failure:** Referral for heart transplantation should be considered for patients with advanced heart failure failing optimal medical and surgical (if appropriate) therapy. Such patients would have one or more of the following:
 - Late-stage heart failure due to any cause [American Heart Association (AHA) stage D];
 - Patients who have significant cardiac dysfunction with marked symptoms of dyspnea, fatigue end-organ hypoperfusion at rest or with minimal exertion despite maximal medical therapy and/or surgical therapy;
 - Refractory symptoms requiring specialized interventions to manage symptoms or prolong life; or,
 - Pulmonary hypertension and chronic right-sided heart failure (Right Atrial Pressure [RAP] >15mmHg and a cardiac index <2.0 L*min⁻¹*m⁻²) Selected patients who have chronic right-sided heart failure with severe pulmonary vascular disease.
- 2) **Anticipated Survival:** Referral for heart transplantation should be considered for patients with poor anticipated survival without a transplant.
- 3) **Quality of Life:** Referral for heart transplantation should be considered for patients who would experience an unacceptable quality of life without a transplant.
- 4) **Arrhythmias:** Referral for heart transplantation should be considered for patients who have refractory life-threatening arrhythmias despite optimal medication, surgical, and device therapy.
- 5) **Heart Disease:** Referral for heart transplantation should be considered for patients with complex congenital heart disease with failed surgical palliation or who are not amenable to surgical palliation at acceptable risk.
- 6) **Angina:** Referral for heart transplantation should be considered for patients with refractory angina not amenable to further revascularization.

Early referral is essential, allowing for pre-transplant problems to be addressed and resolved while the disease is relatively well-compensated.

Version Control

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