

# Ontario's Paediatric Referral Criteria for Heart Transplantation

Version 2.0



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# Ontario's Paediatric Referral Criteria for Heart Transplantation

Heart transplantation candidates under the age of 18 years old are considered paediatric patients.

## **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 paediatric 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.
- 2) Anticipated Survival:** Referral for heart transplantation should be considered for patients with poor anticipated survival without a transplant. These may be patients with excessive disability, unacceptably poor quality of life, or long-term morbidity in the setting of failing myocardial function, complex congenital heart disease, or after failed surgical palliation of congenital heart disease.
- 3) Arrhythmias:** Referral for heart transplantation should be considered for patients who have malignant, refractory, life-threatening arrhythmias despite optimal medication, surgical, and device management.
- 4) Cardiomyopathy:** Referral for heart transplantation should be considered for patients with cardiomyopathy in advanced stages of the disease process despite medical management (e.g. dilated, hypertrophic, or restrictive cardiomyopathy).
- 5) Congenital Heart Disease:** Referral for heart transplantation should be considered for patients with congenital heart diseases that result in progressive cyanosis, advanced heart failure (see above), or other related non-cardiac diagnoses (e.g. protein-losing enteropathy or plastic bronchitis) not amenable to interventional therapy, surgical repair or palliation.
- 6) Quality of Life:** Referral for heart transplantation should be considered for patients who, if without a transplant, would be excessively disabled, experience an unacceptably poor quality of life, or have long-term morbidity in the setting of failing myocardial function, complex congenital heart disease, or after failed surgical palliation of congenital heart disease.

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

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## **Version Control**

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