DOSES BELOW

Suspected early graft failure or loss of graft flow

START HERE · Notify transplant surgery and ICU now
If lactate, acidosis, INR or support requirements worsen, repeat labs, treat shock and arrange urgent graft Doppler.

What do imaging and the clinical trend show?

Absent or suspicious hepatic arterial or portal flow	Escalate immediately for repeat expert imaging and a decision on urgent intervention. Agree imaging or intervention with surgery without delaying rescue.
Doppler inconclusive or flow present but graft worsening	Reassess perfusion and alternatives. Escalate for further imaging or urgent review of graft failure and retransplant options.
Hypoglycemia during evaluation	Give prescribed IV glucose when oral treatment is unsafe. Recheck glucose and titrate ongoing support.

DOSE AND ADMINISTRATION

IV glucose · adult rescue example Guideline	**Adult IV rescue example: glucose 20 g (200 mL of 10%) over 15 min. Use the prescribed formulation.** [46] [57]
Anticoagulation · after surgical decision Local order	**Anticoagulant, dose and timing per transplant surgery order after review of anatomy and bleeding risk.** [44]

Reassess and escalate · Follow glucose, lactate, INR, gases and vasopressor needs. Share trends with transplant surgery.

Clinical scope · Coordinate early with transplant surgery. Primary nonfunction requires evaluation for reversible causes. Anticoagulation and retransplant decisions follow the transplant team and local pathway.

Sources [44] AASLD / AST graft 2026 • [45] ACR transplant imaging • [46] NSW hypoglycaemia • [53] Cambridge LT ICU handover • [57] JBDS hypoglycaemia