DOSES BELOW

Liver transplant handover from OR to ICU

START HERE · Keep support connected during transfer
Assign escort, verify airway, pumps, oxygen and monitoring, and identify the receiving clinician.

What must happen before the OR team leaves?

Unstable on arrival	Treat first with both teams present. State the immediate threat, target and next escalation.
Possible bleeding or graft flow issue	Agree who reassesses bleeding and arranges Doppler. State when to call transplant surgery immediately. Suspected early graft failure or loss of graft flow
Stable enough to hand over	Read back support, ischemia and reperfusion events, blood loss, labs, drugs and what is due next.

DOSE AND ADMINISTRATION

Ongoing infusions Local order	**Record dose and pump rate. Local example: 8 mg norepinephrine base equivalent in a final 250 mL = 32 micrograms/mL. Verify the label.** [53] [39] [16]
Scheduled drugs and next doses Local order	**Read back each actual drug, dose, route and next time. Use the approved transplant order and local policy.** [53] [17]

Reassess and escalate · The receiving clinician confirms ownership, monitoring targets and escalation triggers.

Clinical scope · Record the actual orders and who will reconcile them. Use the center’s product, dose and monitoring schedule, including the graft-imaging plan.

Sources [16] LEVOPHED (norepinephrine bitartrate) injection: US prescribing information, revised June 2023 • [17] Solu-Medrol prescribing information • [39] Academy norepinephrine preparation • [44] AASLD / AST graft 2026 • [45] ACR transplant imaging • [49] LT sodium cohort 2021 • [53] Cambridge LT ICU handover