

**Doctor, M.D.**  
Surgical Director

**Doctor, M.D.**  
Associate Surgical Director

**Doctor, M.D.**  
Medical Director

**Doctor, M.D.**  
Division Chief, Gastroenterology,  
Hepatology and Nutrition

**Doctor, M.D. FAASLD**  
Transplant Hepatology Fellowship  
Director

**Doctor, M.D.**  
Transplant Hepatologist

**Doctor, M.D.**  
Transplant Hepatologist

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Transplant Hepatologist

**Doctor, M.D.**  
Transplant Fellow

**Nurse, RN**  
Nurse Coordinator

**Nurse, RN**  
Nurse Coordinator

To Whom it may concern:

[Patient Name] was diagnosed with Hepatoblastoma (pediatric liver cancer), he/she underwent chemotherapy and received a complete liver transplant on [xx/xx/xxxx]. As a result, [Patient Name] has been and will remain on prescribed medication to maintain good function of his/her transplanted liver. These medications suppress his/her immune system, therefore the below precautions need to be taken to protect [Patient Name] from infection, potential serious illness and/or to not interfere with medications.

Please take care to avoid the following:

- no dragonfruit
- no pomegranate
- no uncooked meat or cold deli meat
- no grapefruit
- no herbal products
- no exposure to the following animals:
  - reptiles, including lizards, snakes and turtles
  - baby chicks and ducklings
- exotic pets, including monkeys
- no exposure to anyone with symptoms of an illness
- no antioxidants or supplements that serve to boost the immune system (i.e. elderberry syrups, non-approved immune boosting supplements)
- avoid areas of known mold exposures
- avoid non-chlorinated water (e.g. standing bodies of water, small or large lakes)
- no administration of any OTC or prescribed medications without expressed approval from primary medical team (this includes cold and cough medicine)
- no exposure to smoking or drugs of any kind
- no exposed construction areas

Due to [Patient's Name] transplant status, he/she might be unable to receive all required live vaccines. If he/she is exposed to measles, mumps, rubella or varicella at school please notify [parent name] immediately. If a classmate has recently received an MMR or varicella vaccine and has a visible rash please notify [parent name] immediately.

Given [Patient's Name] medical condition, [Patient's Name] complete medical team includes Children's Hospital of Los Angeles (CHLA) Oncologist, Liver

Transplant/GI and assigned primary Pediatrician. As such, all medical care is to be coordinated with the aforementioned team and therefore, he/she should not be taken to an Emergency room or Urgent Care for minor issues. If a life-threatening emergency occurs, please dial 911 and contact [Parent Name] immediately.

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If [Patient's Name] suffers any of the following while in your care, please call [Parent Name] immediately and/or take steps to return him/her:

- more than two incidents of vomiting in one day
- excessive hand shaking
- any mentions of painful abdomen
- diarrhea
- fever in excess of 100.4 (do not administer any medication without [parent name] consent)
- allergic reaction that appears to be uncomfortable for him (do not administer any medication without [parent name] consent)

Sincerely,

[Medical Staff Name & Signature ]

Liver Transplant Nurse Coordinator