INTERMOUNTAIN DONOR SERVICES

1-800-833-6667

CALL IDS FOR:

- ALL DEATHS - Tissue Donation
- IMMINENT DEATHS - Organ Donation
  - Patient is progressing toward brain death
  - Considering withdrawal of life support on brain injured patient
- Situations where family brings up donation
- Coroner cases are not criteria for exclusion

CMS - CONDITIONS OF PARTICIPATION FOR HOSPITALS

Directly quoted from Subpart C: Basic Hospital Function

Condition of participation: Organ, tissue, and eye procurement (482.45).

1. Hospitals must report **ALL** deaths and imminent deaths to the OPO in a timely manner.

   a. The purpose of this condition is to allow the OPO to screen ALL hospitals deaths for the potential for organ, tissue, and eye donation. **Timeliness** is defined by the hospital. However, CMS recognizes that hospital notification of the OPO within one hour of cardiac death is the ideal for preserving the opportunity for donation of tissues and eyes. Timely notification of **imminent deaths** requires that hospital staff notify the OPO of patients who are potential organ donors before death. Certain clinical signs indicate impending neurological death and hospitals set parameters to notify their OPO within one hour of a patient meeting those criteria.

2. **The OPO determines medical suitability.** No physician or nurse or any other caregiver in the hospital is allowed to make decisions about patient medical suitability for any type of organ, tissue, or eye donation.

3. **Only an OPO staff member or a trained designated requester may approach the family of a potential donor** for consent for organ, tissue, or eye donation. This regulation recognizes that training and skill are required to guide a family through this crucial decision (*See Supportive Language Section)*.

DONATION AFTER CIRCULATORY DEATH (DCD)

Donation after Circulatory Death (DCD) Criteria
Withdrawing support from a ventilated patient?
Call IDS (800-833-6667) before withdrawing

- Brain death NOT required for organ donation
- Call IDS regardless of age or diagnosis
- Do not discuss donation with family unless they initiate topic themselves. (See Discussing Donation section for more scenarios.)
- Have following information, if known:
  1. Name, age, birthdate
  2. Admission diagnosis and complications or known comorbidities
  3. Glasgow Coma Score or absence of brainstem reflexes
  4. Height and weight
  5. Meds and fluids
  6. Vent setting and pulmonary status
  7. Most recent Cr. BUN, AST/ALT, culture results
  8. Family situation and dynamics, if known

- Coordinator will give you Registry status and eligibility
- All approaches for donation must be done by a Designated Requester—IDS staff can do this with you
- Call IDS before family "grim prognosis" conference. Please call when you are considering recommendation to withdraw or deceleration of care. DCD is difficult to do if IDS is notified too late.
- If the patient isn't eligible for donation, then IDS must still be notified after death has occurred.

When futility is undertood by the family, A FIRST MENTION MAY BE MADE.

Definitions:

- First Mention must leave the door open for information to be shared by IDS staff.
- First Mention is a passing mention of donation that must stop short of exploring the family's likely decision.
- First Mention is the first part of a phased process that only later leads to the donation discussion and decision-making.

DONATION AFTER BRAIN DEATH

TRIGGERS TO CALL IDS

- Severely neurologically injured patient on a ventilator
- Plans to withdraw support
- GCS < 5 (off sedation)
- Loss of 3 brain stem reflexes
- Refer all patients who meet clinical triggers prior to mentioning donation to the families, regardless of age or diagnosis

BRAIN DEATH CLINICAL CRITERIA

- Total irreversible neurological injury with known cause of condition
- Corrections of complicating medical condition: severe electrolyte or acid-base imbalances, endocrine disturbances, hemodynamic instability
- Exclusion of recent sedatives or neuromuscular blockage
- No drug intoxication or poisoning
- Core temperature > 36 C or 90 F

GUIDELINES FOR BRAIN DEATH EXAM

- Oculomotor reflex - no pupilary response to bright light
- Oculocephaic reflex (doll's eyes)
- Oculovestibular reflex (cold calorics) - allow 1 min observation period after each injection and 5 min delay between each ear
- Trigeminal reflex (corneal response)
- Glossopharyngeal reflex (cough/gag)
- Unresponsive to deep pain with GCS=3 (spinal reflexes in extremeties are allowed)
- Areflexic - pt may have extremity spinal cord reflexes
- Absent respiratory exam - to be confirmed by apnea test
- Optional confirmatory exam - if pt too unstable for apnea

APNEA TESTING

Prerequisites:

- Systolic BP > 90 mm HG
- Normalize $PC0_2$ (goal 40 mm Hg) and $P0_2$ (goal > 90 mm Hg)
- Draw baseline ABG

Procedure:

- Preoxygenate pt with 100% $Fi0_2$ for minimum of 5 min
- Disconnect from ventilator
- Place pt on t-piece to deliver 1.0 $Fi0_2$ or place oxygen cannula in ETT at level of carina at 6-8l/min. Oxygen cannula must be half the diameter of the ETT to allow for escape of air flow and to significantly decrease risk of barotrauma
- Observe for respirations
- Draw ABG at 10 min
- If pt becomes unstable, quickly draw gas and reconnect ventilator
- Positive apnea study if spontaneous respirations are absent, arterials $PC0_2$ is > 60 mm Hg, or there is a 20 mm Hg increase in $PC0_2$ over baseline

OPTIMAL OBJECTIVE TESTING FOR BRAIN DEATH IF CLINICAL CRITERIA NOT MET

CONFIRMATORY TESTING CRITERIA:

1. Technetium 99m brain scan
2. Conventional angiography of the brain
3. EEG

ORGAN DONOR MANAGEMENT GOALS (PRESERVING DONATION POTENTIAL)

BENCHMARKS	PARAMETERS
MAP	60-100 mmHg
CVP	4-10 mmHg
Vasopressure use	= 1 and low dose
ABG	pH: 7.3 – 7.45
PaO_2:$F1O_2$ (P:F)	> 300 on PEEP = 5
Serum Na	135 – 160 mEq/L
Blood glucose	< 150 mg/dL
Hemoglobin (Hb)	> 10 mg/dL
Urine output (avg. over 4 hrs)	1-3cc/kg/hr

The recovery of vital organs (heart, lungs, liver, kidneys, pancreas, and small bowel) requires that a potential organ donor must have an intact pulse and blood pressure at referral, along with effective perfusion and oxygenation. These requirements are essential in keeping each organ viable for the gift of life.

"yes" Utah

DECISIONS/CHANGE IN CONDITION

DECISION TO DISCONTINUE ARTIFICIAL SUPPORT

- Update IDS when discussion begins about removing artificial support (patient may be potential organ donor).
- IDS coordinator will determine organ donation eligibility BEFORE family care conference.
- For seamless transition to end-of-life care, IDS should be at hospital at time of family care conference.
- IDS will offer option of organ donation AFTER family makes decision to remove artificial support.
- No mention of donation occurs if family opts to continue with aggressive care.
- Update IDS if family eventually decides to remove artificial support so repeat evaluation can occur.

DETERIORATION TO BRAIN DEATH

- Good communication between M.D., medical staff, and IDS is imperative, especially status changes (i.e., loss of brain stem reflex).
- Obtain orders to maintain hemodynamic stability.
- Update IDS of physician plan for neurological assessment. IDS is always available as a resource. At hospital's discretion, IDS is available to be on site, behind the scene.
- IDS to "huddle" with healthcare team to determine family readiness for end-of-life discussions, including donation and to establish a plan.

Donation is an end-of-life decision. It is important NOT to mention donation prior to brain death determination because:

- Pre-death mention of donation can lead to distrust.
- Surveys indicate families need time to process brain death diagnosis before they can move on to consider donation.
- Donation is not a "yes" or "no" question. A full discussion of end-of-life goals must occur.

WHAT IF THE FAMILY BRINGS UP DONATION?

Tell them: "My commitment is to care for your loved one. I will contact an expert in that field and ask them to speak with you."

Discussing Donation with Families - Five Scenarios that Trigger a Conversation about Donation:

- If patient has been pronounced brain dead and this has been explained to the family and the family demonstrates an understanding that death has occurred.
- If the patient suffers pulmonary or hemodynamic instability, this could also compromise their donation ability, a conversation about donation might need to be initiated.
- If the family mentions donation or expresses an interest in talking about it.
- If the family indicates they want to limit or decelerate therapy or withdraw support, a conversation about donation might need to be initiated to preserve the opportunity either through brain death or Donation after Circulatory Death.
- If any hospital staff mentions donation or initiates organ donation discussion (NOT OPTIMAL PRACTICE).

IDS and hospital staff huddle, then approach family together.

SUPPORTIVE LANGUAGE

INTRODUCTORY STATEMENT

- "Despite our best efforts, it appears that his condition has deteriorated. The physician is coming to the hospital to evaluate your loved one and update you."
- "His neurological condition has changed. The physician will determine if there is any sign of life within his brain."

FIRST MENTION

- "It looks as though your family may have an opportunity that not many families have—to consider the option of donation."

IF THE FAMILY REACTS POSITIVELY AND ASKS FOR MORE INFORMATION

- "I will find out when the coordinator from IDS can meet with you. They are very experienced in supporting and helping families when making these decisions."
- "One of the end-of-life decisions to be made later concerns the possibility of organ and tissue donation. Someone will talk with you about it.

IF THE FAMILY REACTS NEGATIVELY TO THE MENTION OF DONATION

- "I would like to suggest that you don't make your decision until you have all the information."
- "There are many ways the coordinator can support you and help you through this time. I have worked with IDS before; you will not be pressured in any way."
- "I know it is upsetting to be thinking about this, but many families tell us they are comforted that something good came out of their tragedy."
- "I recommend that you talk with the coordinator from IDS—they can answer all your questions."

IF PATIENT NOT ON DONOR REGISTRY

"IDS staff can help you with your questions, but the decision is ultimately yours."

DONATE LIFE®

CRITICAL ELEMENTS OF BRAIN DEATH & CATASTROPHIC BRAIN INJURY

Reference Card

Please call the IDS Donor Hotline
1-800-833-6667
for referrals, questions, and/or to report changes in a patient's condition

Intermountain Donor Services

Provided by:
Intermountain Donor Services
230 South 500 East, #290
Salt Lake City, Utah 84102
801-521-1755
1-800-833-6667
www.idslife.org

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