# MAID Inpatient Checklist: Specialist – Organ and Tissue Donation (SOTD)s

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| **Pre-Approach Planning** | | |
| ☐ | If MAID provision is planned at a HD hospital, inform the designated Hospital Development Coordinator (HDC). | HDC can assist in planning logistics with key stakeholders. |
| ☐ | Contact the most responsible MD/NP or MAID Coordinator to develop an approach plan.<br><br>*If SOTD approaching patient requires the support of a SOTD experienced with MAID, SOTD is to self-identify this request with MOC.* | Things to consider:<br>• If the patient has not completed the signed request for MAID, or has not received their first approval the SOTD should only have a general conversation about donation<br>• Timing of MAID provision<br>• Patient's planned location for the provision<br>• How the patient communicates<br>• If the patient is no longer competent but has a signed waiver to proceed with MAID, consult MOC.<br>• The patient and/or family should not incur any costs to facilitate donation (i.e. patient transfer for testing) |
| ☐ | Pre-approach huddle (health care team) | Consider including: Most responsible MD/NP, MAID Coordinator, Unit Manager and/or Charge RN (inpatient), and appropriate members of the interdisciplinary team e.g., Social work, Chaplain, HDP, Ops Lead, etc. |
| ☐ | Complete CSF-9-236 Coronavirus (COVID-19) First-Person Donor Screening Tool | Completed prior to meeting in person |
| **Consent Process** | | |
| ☐ | Complete First-Person Consent to Donate Organs and/or Tissues CSF-9-187<br><br>*Note: The family/SDM or a second SOTD can sign as a witness at the bottom of the First-Person Consent if the patient cannot sign* | Notify PRC-TL and the following post consent: MRP, MAID provider, MAID coordinator, RTC, and MOC if appropriate.<br><br>Identify patient's preferences re confidentiality about MAID and identify if there are any individuals TGLN should not speak to about their MAID decision or their decision to donate organs and/or tissues. Document this in iTransplant.<br><br>The following three points of identity must be recorded on consent form: DOB, correct name, Health Card Number. |

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| ☐ | Ensure consent discussion includes location, all tests, procedures and key suitability concerns below<br><br>• Lungs - hx smoking? Asthma? COPD?<br>• Kidney/pancreas - CAD? MI? vascular disease? DM? Kidney related disease/issues - dialysis, stones, etc.<br>• Liver - ETOH? Liver disease - fibrotic? steatosis? (if known)<br>• Cancer hx?<br>• Previous biopsy?<br>• Known +ve serology? | • Bloodwork<br>• Chest X-ray<br>• Urine for culture, R+M, ACR<br>• COVID-19 NPS x 2 (within 5 days pre-provision & within 24 hrs of provision)<br>• Physical Assessment<br>• Abdominal U/S<br>• Heparin<br>• Arterial Line<br>• Additional testing if requested by transplant programs would be explained and agreed upon by the patient<br>• MAID provision location in hospital |
| ☐ | Medical-Social History questionnaire | • Patient may need a break between completing the consent and medical social history questionnaire depending on their energy level.<br>• A family member can do Medical-Social History Questionnaire if patient is not able to complete<br>• The completion of the medical-social history questionnaire is required within 10 days of the provision to ensure the information is accurate. |
| ☐ | Discuss arterial line insertion with patient and MAID provider and identify the individual responsible for inserting arterial line before MAID procedure | Arterial line insertion is the preferred method for death determination. If there is difficulty obtaining an arterial line (multiple failed attempts), then stop attempts and call DSP for discussion of an alternative method for death determination.<br><br>ECG is now the only acceptable alternative to an arterial line for death determination. The DSP must be consulted for approval of use of an ECG in place of the arterial line.<br>If electrocardiographic monitoring is used, it is not required throughout the MAID provision. The leads can be attached without the monitor turned on, with monitoring initiated immediately following respiratory arrest (Refer to *CPI-9-223 Donation Following Medical Assistance in Dying*). |
| ☐ | Scan consent form into iTransplant | Original can be given to MAID provider, MAID coordinator, or kept in hospital chart so that it is |

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| | | available on the day of MAID provision for the transplant surgeons. |
| ☐ | TGLN Huddle | Consider including CSC-TL, CSC, MOC, HD, MAID Champion, and any SOTDs who will be involved in case. |
| Suitability Testing/Allocation | | |
| ☐ | Obtain:<br>• Height & weight<br>• Group & screen (including subtype)<br>• Baseline blood work:<br>• CBC, APTT, INR Electrolytes, HbA1c, Calcium, Magnesium, Phosphate Creatinine, BUN, Glucose Total Protein, Albumin, Bilirubin (total & direct), ALT, AST, ALP, GGT, Amylase, Lipase, LDH, Lactate,<br>• One set of vital signs<br>• COVID-19 NPS x1, and second NPS within 24 hours of MAID provision<br>• Urinalysis<br>• Urine Albumin to Creatinine ratio (ACR/Microalbumin) or Urine Protein to Creatinine Ratio (PCR) (for donors with history of diabetes)<br>• Consider blood/urine cultures (if provision is within 7 days)<br>• Chest x-ray (a previous CXR up to 3 months to MAID is acceptable)<br>• Serology and HLA<br>• Ultrasound to assess kidneys and liver<br><br>These tests will be ordered by most responsible MD/NP or a provider at the intended MAID hospital. | TIMING CONSIDERATIONS and BLOODWORK<br><br>**For MAID provisions with a set provision date in the next 5-7 days**:<br><br>Collect COVID-19 NPS, serology, ABO (unless previously completed), HLA and blood for cross-match as you normally would in your region. If unable to get the full amounts, see final page for regional labs minimum requirement for blood in MAID.<br><br>Note: If serology is done 7 days or more prior to MAID, it will need to be repeated or consult TSP-ID in special circumstances.<br><br>**For patients requesting MAID without a planned provision date**: collect HLA **without** a crossmatch, as well as COVID-19 NPS, serology, and ABO.<br><br>If NAT testing is indicated, additional EDTA (6 ml) is required.<br><br>*Note: Transplant centers may request a repeat HLA 1-2 days prior to the provision date. Check with CSC to determine if this will be required and arrange blood draws accordingly.* |

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| | Second COVID-19 NPS is required within 24 hours of MAID provision. If lungs accepted, BAL will be collected post-mortem in OR by lung program. | |
| ☐ | Ensure patient is aware that a physical assessment is required and plan for a time to complete that is convenient for the patient. | Full physical assessment required prior to provision or donor will be offered under exceptional distribution, with exam completed post-mortem. Suggested scripting for patient: *"We are looking for any lumps, bumps, or moles."* |
| ☐ | **Following organ acceptance** obtain:<br>• Physical Exam within 30 days<br>• Blood culture x 1<br>• Urine culture (within 7 days of the procedure )<br>• Additional blood as required<br>• Additional testing as requested by transplant team (i.e. Abdominal US)<br>• Repeat baseline blood work ONLY if requested by accepting transplant program and the patient is able to accommodate<br>• Additional infectious disease testing (i.e. COVID-19 NP swab as per current testing guidelines | |
| ☐ | **Following Tissue Acceptance for OT cases:**<br>• 2nd huddle with Tissue Lead, SOTD to determine plan and patient suitability once provision date confirmed. Bloods are required to be drawn on the day of provision (if NPOD then draw within 5 days prior). Bloods are sent to head office – confirm tubes and amounts with TC | • Confirm with CSC/Tissue Lead if further blood is required for tissue donation, archival or public health<br>• Bloods for tissue should be collected on the day of provision.<br>• Determine if bloods will be given to the SRC or left with the patient after recovery<br>• Blood draw must be done prior to heparin dose being given |
| ☐ | **If organs are not accepted:**<br>• If organs are not accepted, communicate to patient that hospital provision is no longer required for donation. | |

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| | • Communicate to all involved parties that no organs were accepted.<br>• Handover to TC TL – to confirm tissue potential<br>• Confirm patient is still interested in tissue donation and if so, ensure patient has contact information for Provincial Resource Centre<br>• Inform patient that an expert from the tissue team will reach out for medical-social history questionnaire completion within 10 days of provision or post provision with family<br>• Inform MAID provider case closed for organ and to call the PRC with provision date to proceed with tissue potential | |
| **Organ Recovery Pre-Planning** | | |
| ☐ | Determine need for a re-huddle 48 hours prior to provision date with MOC, SOTD, and PRC (if possible) who will be providing case support during provision | With prolonged case planning, this re-huddle provides an opportunity to identify any remaining issues or concerns.<br><br>SOTD Pre and Post Call considerations: all attempts should be made to avoid using an on-call SOTD as the second SOTD when provision is during the day. |
| ☐ | COVID NPS within 3-5 days and again within 24 hrs of provision as per CSF-9-236 Coronavirus (COVID-19) First-Person Donor Screening Tool | Assess hospital lab turnaround time for COVID-19 Specimens. If turnaround time is a concern send the specimen to TML.<br><br>If unable to adhere to usual timing, TSP-ID consult is necessary. |
| ☐ | If blood is to be collected for serology on the day of provision, it must be taken prior to heparin administration.<br><br>**If not done, this would be a lost tissue opportunity. | If serology for organ or tissue remains to be drawn, it must be drawn prior to heparin administration. |
| ☐ | SOTD to confirm location of MAID provision. | Things to consider:<br>• Standard DCC WLSM location as per hospital policy. |

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| | | • Standard MAID provision location and proximity to the operating room. Family presence during MAID provision.<br>• Consider patient mobility and clothing plans– will patient be in bed, in a chair, dressed, in a gown? |
| ☐ | Determine if additional SOTD support is required. | • If it is the primary SOTD's first donation following MAID case, the support of a second SOTD is preferred. Primary SOTD to self-identify need to MOC.<br>• When possible, assign consistent SOTD to case to ensure continuity of care. |
| ☐ | SOTDs to instruct MRP/NP or MAID Coordinator to inform the Coroner's office that organ donation has occurred following death, as per their standard reporting practices. | Ontario Health (TGLN) is no longer required to obtain Coroner permission for Organ and Tissue Donation following MAID. MAID providers are required to fulfill their usual reporting requirements independent of Ontario Health (TGLN). This reporting occurs after the patient has died |
| ☐ | Ensure a copy of:<br>• The application form is in iTransplant [(Patient's written witnessed MAID request (i.e. Clinician Aid A)] as well as the patient's chart. This is in lieu of the WLSM note.<br>• 1st written assessment/approval<br>• (i.e. clinical note or copy of the filled electronic form)<br>• 2nd assessment/approval<br>• (i.e. clinical note or copy of the filled electronic form) | • Add TGLN # to all forms<br><br>**Note**: Provider electronic document will not be fully completed until after time of provision. |
| ☐ | Confirm MAID provision/OR time and book OR | • CSC confirms OR timing with transplant teams, reiterating sensitivity of case and patient/hospital driven timing.<br>• SOTD ensures OR staff are aware it is a donation after MAID case in the event there are conscientious objectors.<br>• If MAID procedure location will be in OR or PACU, consider atmosphere for patient and family comfort. May use drapes to maintain privacy and cover surgical instruments, etc. |

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| ☐ | Determine which two physicians will be immediately available for pronouncement of death | Physician requirements are consistent with DCC donor guidelines. The *Gift of Life Act* requires two physicians to determination of death for organ donation. NPs are not permitted to determine death for the purposes of donation. |
| ☐ | Confirm availability of Anaesthetist, Anaesthesia Assistant (AA) or Registered Respiratory Therapist (RRT) if lungs are accepted. | Anaesthetist or delegate (i.e., AA or RRT) in the OR for re-intubation, assistance with bronchoscopy, and management of ventilator until the trachea is clamped (approximately 1 hour). |
| ☐ | Discuss heparin dosing and order with MRP/MAID provider | Things to consider:<br>• Heparin dosing determined by transplant team; communicated to SOTD via CSC.<br>• Varying skill levels/physician specialties of MAID providers could affect comfort level with heparin administration.<br>• Heparin should be administered five minutes before MAID medications.<br>• If serology for organ or tissue still needs to be drawn, this must be done prior to heparin administration. |
| | Determine which physician or NP (e.g., MRP, MAID provider, or alternate physician) will be administering heparin. | |
| | Have MAID provider explain MAID process to patient. SOTD to explain donation process following MAID provision to patient. | |
| ☐ | OR set up | • The surgical recovery team should arrive on-site at least one hour prior to the intended time of MAID provision; ensure they have access to OR and scrubs. We must consider that the MAID procedure booked time is patient and family specific.<br>• Introduce transplant teams to OR staff.<br>• The OR set up must be completed prior to MAID provision.<br>• Determine the best route to OR from MAID provision location; clear a pathway as necessary. |
| ☐ | Check bed height compared to OR bed height | If possible, ensure the patient bed is slightly higher than OR bed for ease of transfer. |
| ☐ | Confirm patient/donor readiness once admitted to hospital | If the patient is eating, the transplant team must be notified.<br><br>Donation post MAID does not require the standard DCC protocol of removing patient's arm from gown, shaving patient's chest/abdomen, inserting NG tube, NPO prior to OR, etc. |

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| | | Ensure patient has an ID band on.<br><br>What will patient wear? If it is their own clothing, are they ok with them being cut off? |
| ☐ | Review the First-Person Consent to Donate Organs and/or Tissue Form | Note any special requests for pre and post mortem care, including requests about music, prayers, etc., and relay to MAID provision team and OR staff. |
| ☐ | Huddle with OR staff and MAID provision team (i.e., anyone who will be present for the MAID provision) | • All paperwork<br>• DCC process from time of MAID provision to organ recovery; note how process differs from standard DCC.<br>• Roles and expectations of each staff member including MAID team<br>• Special requests<br>• Answer any questions<br>• Let recovery staff know they will not be getting any vital signs, just notification of medication administration |
| **MAID Provision** | | |
| ☐ | If applicable, transfer the patient to the MAID provision location | MAID provision location should be in close proximity to the OR and have monitoring capabilities. |
| ☐ | DCC Pre-Huddle – Initiated by SOTD | If the declaring physician(s) is new to DCC, they must view DCC Pre-Huddle videos.<br><br>Immediate DSP consult needed if any parties involved refuse arterial line insertion.<br>• If arterial line access is anticipated to be difficult or if multiple failed attempts have occurred, call DSP immediately |
| ☐ | Ensure the patient has a patent IV access | Obtaining IV access is the health care team's responsibility |
| ☐ | Discuss communication plan for post MAID provision with SRC or Transplant Donation Specialist (TDS) and second SOTD | There will be no constant monitoring of vitals; SOTD will only communicate time of MAID provision. |
| ☐ | Huddle with patient and family | Review DCC process from time of MAID provision to organ recovery. |
| ☐ | Review *Pronouncement of Death: Organ Donation After Death* Determination by circulatory criteria form with the | • Important to review prior to MAID provision as the physicians may not be familiar with the form. |

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| | physicians confirming death determination. | • Explain where to sign and where to document the start time of the observation period and the pronouncement of death time. |
| **Pronouncement of Death** | | |
| ☐ | Review and complete the *Pronouncement of Death: Organ Donation After Death Determination by Circulatory criteria* form with both physicians and obtain signatures from both. | The preferred method is as follows:<br>• Upon cessation of spontaneous circulation, a 5-minute, hands off, observational period will take place to confirm the following:<br>  ○ The continuous absence of pulse pressure monitored by an arterial line;<br>  ○ No respiratory effort;<br>  ○ No palpable pulse at the beginning and end of the 5-minute period<br>• The second physician will also confirm death at the end of the 5-minute observational period.<br><br>When no arterial line is used, electrocardiogram monitoring must be in place for the confirmation of permanent cessation of circulation. Monitoring (arterial line or electrocardiographic) should be in place for the entire duration of the five-minute observation |
| **Patient Transport** | | |
| ☐ | Transport patient to the OR | Transport should be done quickly and as safely as possible following pronouncement of death. |
| ☐ | Debrief with available staff | Plan to have a debrief session immediately following patient transport to OR and plan a follow-up debrief with hospital determined attendees one week later, if requested. Debriefs for HD hospitals are arranged with HD involvement. |
| **iTransplant** | | |
| ☐ | • Upload documents and enter post MAID provision data into iTransplant<br><br>• Ensure TGLN #, date and time written on documents | SOTD to upload:<br>• Time of MAID provision<br>• Pronouncement of death form<br>• DCC flowsheet with absent vital sign documentation after 5-minute hands off period |

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| | | • MAID application and assessment form documents<br>• First-Person Consent to Donate Form |
| ☐ | Notify family services of donation after MAID | SOTD to check the alert box 'Do Not Contact' in authorizing person information section and to add in 'MAID/First Person Consent' in comment box for Family Services to connect with NOK. |

| Minimum blood specimen requirements for testing in MAID if access is limited:<br>(Always obtain the full amount of blood required when possible. If access is limited, refer to the below table) |
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| **Toronto HLA**<br>2 EDTA (6 ml each) for initial HLA testing.<br>6 ACD for cross-match to be collected within 48 hours of MAID or day of provision.<br><br>**Toronto serology**<br>1 EDTA tube (pink/purple 6 ml) & 1 clotted serum tube (red 6ml)<br>(If NAT is required or of during WNV season May-October, send a second (6ml) EDTA) |
| **Ottawa HLA**<br>2 EDTA (6 ml each) for initial HLA testing<br>6 ACD for cross-match to be collected within 48 hours of MAID or day of provision.<br><br>**Ottawa serology (CHEO)**<br>2 red tops (clotted serum tubes 6 ml each)<br>(If NAT s required, one (6 ml) EDTA to TML<br>(If it is WNV season May – October, 1 EDTA to Ottawa Microbiology lab) |
| **London HLA**<br>2 EDTA 10 ml (total)<br>6 ACD<br><br>**London Serology**<br>2 SST/gold top (10 ml total)<br>1-2 EDTA ACD for cross-match to be collected within 48 hours of MAID or day of provision. |
| **Kingston HLA**<br>2 EDTA or ACD for HLA typing<br>6 ACD for cross-match to be collected within 48 hours of MAID or day of provision. |