

MAID PRC Team Huddle Checklist

The CSC-TL is responsible for arranging the team huddle and should include at a minimum: the CSC, OTDC and MOC (CMO if required). *If a non OTDC hospital consider including HD.*

TGLN # _____ Huddle: Date/Time: _____

CSC: _____ MOC: _____ OTDC: _____

	<u>Completed</u>	<u>Requires Follow-Up</u>
<u>MAID Considerations</u>		
• MAID patient confidentiality reminder - confirm with pt who is aware of MAID	<input type="checkbox"/>	<input type="checkbox"/>
• Is Pt currently at home or another location?	<input type="checkbox"/>	<input type="checkbox"/>
• Will pt. come to hospital for testing? Or will OTDC go to them?	<input type="checkbox"/>	<input type="checkbox"/>
• When will patient be admitted to hospital for procedure?	<input type="checkbox"/>	<input type="checkbox"/>
• Where in hospital will MAID occur?	<input type="checkbox"/>	<input type="checkbox"/>
• Art line insertion for determination of death?	<input type="checkbox"/>	<input type="checkbox"/>
• IV or PICC access for MAID medication?	<input type="checkbox"/>	<input type="checkbox"/>
• When to send MAID blood work + Serology/ HLA?	<input type="checkbox"/>	<input type="checkbox"/>
• Plan for obtaining cultures? (as close to provision date as possible)	<input type="checkbox"/>	<input type="checkbox"/>
• Plan for physical assessment/exam?	<input type="checkbox"/>	<input type="checkbox"/>
• Has CXR been arranged? Report required for Health Canada	<input type="checkbox"/>	<input type="checkbox"/>
• 2 nd coordinator availability– Discuss with MOC on huddle	<input type="checkbox"/>	<input type="checkbox"/>
• Staffing plan for procedure date?	<input type="checkbox"/>	<input type="checkbox"/>
<u>Overview of case by OTDC</u>		
• DSP involvement needed?	<input type="checkbox"/>	<input type="checkbox"/>
• Family situation	<input type="checkbox"/>	<input type="checkbox"/>
• Review organs/tissues consented	<input type="checkbox"/>	<input type="checkbox"/>
• Return of Organ(s) or other special considerations on consent?	<input type="checkbox"/>	<input type="checkbox"/>
• Organ specific tests (urinalysis, CXR, U/S)	<input type="checkbox"/>	<input type="checkbox"/>
• Timing of HLA and serology	<input type="checkbox"/>	<input type="checkbox"/>
• Donor ICU resource considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Donor OR planning/resource considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Have cultures (blood, and urine) been sent?	<input type="checkbox"/>	<input type="checkbox"/>
• Reminder to OTDC to upload the MAID provider documents into the chart	<input type="checkbox"/>	<input type="checkbox"/>
➤ 1) Patient's MAID application	<input type="checkbox"/>	<input type="checkbox"/>
➤ 2) 1 st and 2 nd assessment/approver documentation	<input type="checkbox"/>	<input type="checkbox"/>
<u>DCD considerations</u>		
• DCD lungs – if suitable, OR plan for intubation	<input type="checkbox"/>	<input type="checkbox"/>
• DCD lungs – if suitable, plan for bronch in OR? Sputum/BAL culture?	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>
• Plan to administer heparin?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the heparin order been written?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the MRP/MAID provider participated in a DCD case before – offer DSP consult	<input type="checkbox"/>	<input type="checkbox"/>
• If difficulty placing art line – DSP consult	<input type="checkbox"/>	<input type="checkbox"/>
• Request for blood for cross-match for transplant program or for tissue prior to MAID provision?	<input type="checkbox"/>	<input type="checkbox"/>

TGLN # _____

Overview of case by CSC

- PRC staffing and activity consideration
- Review allocation plan (*ExD, NAT testing or interest calls required?*)
- Estimated time of allocation? Any special timing considerations?
- Transplant centre considerations (*are there multiple cases happening?*)
- SRC considerations
- OTDC considerations
- CSC to assign case to TC. OTDC to schedule TC/OTDC huddle.
- Tissues to be offered/ruled out/OR planning/blood draw?

Completed **Requires Follow-Up**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other:

- Does the donor hospital have a working sternal saw?
- Road weather concerns re: discuss appropriate travel time for recovery teams

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 Considerations:

- COVID-19 screening tool completed and uploaded to chart?
- Need for TSP-ID consult?
- COVID-19 testing plan
(*2 NPS within 5 days of MAID provision including 1 within 24 hours of MAID provision*)
- Repeat First Person COVID-19 screening tool & uploaded to chart
- Hospital specific COVID-19 considerations?
(*Site access, consider informing screeners at the door maintaining confidentiality, recovery considerations*)

<input type="checkbox"/>	<input type="checkbox"/>
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