

## TGLN Team Huddles – Moderator Checklist

The CSC is responsible for arranging the team huddle and should include at a minimum: the CSC, OTDC, and MOC (DSP if required). CSC TL may also attend if required.

TGLN #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

CSC: \_\_\_\_\_ MOC: \_\_\_\_\_ OTDC: \_\_\_\_\_

	<u>Completed</u>	<u>Requires Follow-Up</u>
<b><u>Overview of case by OTDC</u></b>		
• Review admission history and suspected cause of death	<input type="checkbox"/>	<input type="checkbox"/>
• DNC issues?	<input type="checkbox"/>	<input type="checkbox"/>
• DSP involvement needed?	<input type="checkbox"/>	<input type="checkbox"/>
• Coroner involvement?	<input type="checkbox"/>	<input type="checkbox"/>
• Family situation	<input type="checkbox"/>	<input type="checkbox"/>
• Review organs/tissues consented ( <i>consent aligns with DP</i> )	<input type="checkbox"/>	<input type="checkbox"/>
• Return of Organ(s) considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Potential VCA or parathyroid donor? Reapproach plan?	<input type="checkbox"/>	<input type="checkbox"/>
• Consider the patient for any current research studies (refer to the ORC)	<input type="checkbox"/>	<input type="checkbox"/>
• Donor management plan	<input type="checkbox"/>	<input type="checkbox"/>
• Organ specific tests ( <i>bronch, echo, angio</i> )	<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, urine, and sputum) been sent?	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>DCC considerations</u></b>		
• DCC lungs – if suitable, OR plan for re-intubation	<input type="checkbox"/>	N/A
• DCC lungs – if suitable, plans/consent for NG tube to suction?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC lungs – Is donor hospital eligible for NPOD after DCD attempt?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC lungs - CSC to assess interest in NPOD after DCC attempt if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
• DCC heart – If suitable, consider transfer if donor is out of region?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC heart – if suitable, can hospital accommodate WLSM in the OR	<input type="checkbox"/>	<input type="checkbox"/>
• DCC kidney extended wait time candidate? CSC to confirm at time of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
• Has the MRP previously done a DCC? If not, use DCC video and mandatory DSP call	<input type="checkbox"/>	<input type="checkbox"/>
• Opinion of intensivist to administer heparin for DCC donors?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the heparin order been written?	<input type="checkbox"/>	<input type="checkbox"/>
• DCC OTDC coverage? <i>discuss with MOC on huddle</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Overview of case by CSC</u></b>		
• PRC staffing and activity consideration	<input type="checkbox"/>	<input type="checkbox"/>
• Review allocation plan ( <i>ExD, NAT testing or interest calls required?</i> )	<input type="checkbox"/>	<input type="checkbox"/>
• Estimated time of allocation	<input type="checkbox"/>	<input type="checkbox"/>
• Transplant centre considerations ( <i>are there multiple cases happening?</i> )	<input type="checkbox"/>	<input type="checkbox"/>
• SRC considerations	<input type="checkbox"/>	<input type="checkbox"/>
• OTDC considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Set target OR time based on family, hospital, recovery and allocation considerations	<input type="checkbox"/>	<input type="checkbox"/>
• CSC to assign case to TC. OTDC to schedule TC/OTDC huddle.	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Other</u></b>		
• Does the donor hospital have a working sternal saw/internal defibrillator paddles?	<input type="checkbox"/>	<input type="checkbox"/>
• Review <a href="#">Hospital Profile</a> for Hospital Specific Recovery Considerations	<input type="checkbox"/>	<input type="checkbox"/>
• Road weather concerns re: discuss appropriate travel time for recovery teams	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Covid-19 Considerations</u></b>		
• COVID-19 screening tool completed and uploaded to chart? TSP- ID consulted?	<input type="checkbox"/>	<input type="checkbox"/>
• COVID-19 testing plan? ETA for results? Plan for repeat test within 48 hrs of OR?	<input type="checkbox"/>	<input type="checkbox"/>
• Repeat COVID-19 screening tool done with NOK and uploaded to chart?	<input type="checkbox"/>	<input type="checkbox"/>