

Donation after Death Determination by Circulatory Criteria: OTDC Checklist

Action	Notes
<input type="checkbox"/> OTDC confirms, with hospital, location (ICU vs OR) of withdrawal of life sustaining therapies (WLSM)	- Things to consider: <ul style="list-style-type: none"> o ICU location to OR (distance) o Recovery or Preoperative care area availability o Family presence during WLSM o OR comfort with WLSM in OR
<input type="checkbox"/> Confirm OR time and book OR	- CSC will confirm OR timing with transplant teams prior to on-site booking of OR
<input type="checkbox"/> Arrange for additional bloods, if required	- Confirm with the CSC/TC if further blood is required for tissue donation, archival, or public health - Determine if they will be given to SRC or left with the patient after recovery
<input type="checkbox"/> Determine which two (2) physicians will be immediately available for pronouncement of death	- The first physician must be a hospital physician - The second physician may be any other physician (Ontario general or educational license), such as a resident, fellow, locum, etc. - Neither physician should be involved with an intended recipient or transplant in any way
<input type="checkbox"/> Confirm availability of Anesthetist, Anesthesia Assistant or Registered Respiratory Therapist if lungs are accepted.	- Anesthetist or delegate (i.e., Registered Respiratory Therapist (RRT), or Anesthesia Assistant (AA)) in the Operating room for re-intubation, assistance with bronchoscopy, and for management of the ventilator until the trachea is clamped (approximately 1 hour). If it's suspected the donor may be difficult to re-intubate, a discussion will need to occur at the donor hospital regarding who is most capable of re-intubating in a difficult airway scenario.
<input type="checkbox"/> Discuss heparin dosing and order with ICU physician	- The actual heparin dose is determined by the transplant team, and provided to the CSC. The CSC is responsible for informing the OTDC, who in turn informs the ICU physician prior to WLSM - Heparin should be administered a few minutes before or <u>at the time of WLSM</u>
<input type="checkbox"/> OR Set Up	- The surgical recovery team should arrive on-site one hour prior to the intended time of WLSM; ensure they have access to OR and scrubs, if necessary - Introduce transplant teams to OR staff - The OR must be completely set up prior to WLSM - Determine best route to OR from ICU, clear a pathway as necessary
<input type="checkbox"/> Check bed height with OR bed height	- Ensure patient bed is slightly higher than OR bed for ease of transfer

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<input type="checkbox"/>	Confirm patient/donor readiness with nurse	<ul style="list-style-type: none"> - Ensure patient has an ID band on The transplant teams may ask you to: <ul style="list-style-type: none"> o Remove the patient's arms from the gown o Shave the patient's abdomen and chest, if necessary o Remove unused IV lines If lungs accepted, consent must be obtained to insert NG (as per consent form) ensure HOB elevated to 30 degrees, if possible, prior to WLSM <ul style="list-style-type: none"> o NG/OG feeds to be stopped 2 hours prior to WLSM and connect to low suction o If OG in place, switch to NG - After 5 minute observation period, clamp NG and transfer to OR. Remove all unnecessary equipment (collar, abdominal binders, dressings, etc.) - If patient has a major apparatus attached to them (such as a halo) ensure that the key is with the patient to remove quickly post mortem
<input type="checkbox"/>	Ensure <i>Coroner Permission Form</i> is in the chart, if applicable	
<input type="checkbox"/>	Review the <i>Consent to Donate Organs/Tissue Form</i>	<ul style="list-style-type: none"> - Note any special requests for pre and post mortem care and relay to ICU and OR staff during huddles
<input type="checkbox"/>	Huddle with OR Staff	<ul style="list-style-type: none"> - Review all paperwork, review process, and expectations of each staff member, answer any questions - Inform staff of any special requests about music, prayers, etc.
Withdrawal of Life Sustaining Measures		
<input type="checkbox"/>	Transfer the patient to the WLSM location (if different than the ICU)	<ul style="list-style-type: none"> - Ensure that donor remains ventilated, monitored and that the donor is accompanied by the RN or RRT
<input type="checkbox"/>	Check with nurse that arterial line is in place, functional and monitors parameters are appropriate (small scale)	<ul style="list-style-type: none"> - If there are any issues with the arterial line, a mandatory call must be made to the Donation Support Physician on call
<input type="checkbox"/>	Discuss communication plan for post WLSM data with SRC/second OTDC	<ul style="list-style-type: none"> - Ensure clocks are synchronized. If not, document time differences on WLSM data sheet
<input type="checkbox"/>	Huddle with Family	<ul style="list-style-type: none"> - Review DCC process from time of WLSM to recovery and discuss if death does not occur in the required timeline DCC will not proceed, remind family, consent in itself is a gift

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<input type="checkbox"/>	Huddle with ICU team (RNs, MD, RRTs)	<ul style="list-style-type: none"> - Review DCC process from time of WLSM to recovery; review each person's responsibilities, and the documentation required - Inform the staff that WLSM should occur as per hospital policy and should death not occur in the required timeline, DCC will not proceed. - Suggested language related to the above key messages includes "The patient/family have made the decision to WLSM. This decision was made independent of the decision to donate. TGLN is not involved in the WLSM process, other than to support the family, and record vital sign information. Decisions related to WLSM are unrelated to donation and should proceed as per your hospital policy or standard practice. The division of these two processes is important to maintain the integrity of end of life care and donation," and, "The family and the recovery teams are aware the patient may not arrest in the timeline required for DCC
<input type="checkbox"/>	<i>Confirmation of Death Determination by Circulatory Criteria (DCC) for the Purposes of Organ Donation</i> form with the Physicians	<ul style="list-style-type: none"> - Important to review these <i>prior</i> to WLSM as the physicians may not be familiar with this form - Explain where to sign and where to document the start of observation period time and the pronouncement of death time
<input type="checkbox"/>	Ensure Medical Certificate of Death is at the bedside ready for the physicians	<ul style="list-style-type: none"> - Ensure death certificate is destroyed if patient does not arrest in a timeframe to allow donation to proceed.
<input type="checkbox"/>	WLSM as per hospital policy	<ul style="list-style-type: none"> - The OTDC role during WLSM is to support the family and document timing of WLSM, vital signs post WLSM - The OTDC is not involved in making WLSM decisions
<input type="checkbox"/>	<i>Confirmation of Death Determination by Circulatory Criteria (DCC) for the Purposes of Organ Donation</i> form signed by both physicians	<ul style="list-style-type: none"> - Upon cessation of spontaneous circulation, a five minute, hands off, observational period will take place to confirm the following: - the continuous absence of pulse pressure monitored by an arterial line, no respiratory effort and that there was no palpable pulse at the beginning or end of this five minute period - The second physician will also confirm death at the end of the five minute observational period
<input type="checkbox"/>	Transport patient to OR, if applicable	<ul style="list-style-type: none"> - Transport should be done quickly and as safely as possible following pronouncement of death

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<input type="checkbox"/>	Transport patient to predetermined area to continue with end of life care in accordance with hospital policy, if applicable	<ul style="list-style-type: none"> - Reasons for not proceeding with recovery: <ul style="list-style-type: none"> - Patient did not arrest within timeline to enable donation - Family rescinds consent - Transplant team discretion
<input type="checkbox"/>	Upload documents and enter WLSM data into iTransplant	<ul style="list-style-type: none"> - When timing permits, enter WLSM data and upload documents