



Patient ID

Confirmation of Death Determination by Circulatory Criteria (DCC) for the Purposes of Organ Donation

This form is also to be used in Non-Perfused Organ Donation (NPOD) lung donation after DCC/Withdrawal of Life-Sustaining Measures (WLSM).

TGLN ID:		
Assessment Method		
Indicate the method used to establish confirmation of permanent cessation of circulation.		
<input type="checkbox"/> Indwelling arterial catheter monitoring	<input type="checkbox"/> Continuous electrocardiogram (ECG) monitoring	
<i>In circumstances where the patient does not have an indwelling arterial catheter, the only acceptable alternative method is continuous electrocardiogram (ECG) monitoring. No other non-invasive monitoring devices (e.g., point-of-care ultrasound/echocardiography) are acceptable.</i>		
Confirmation of Death Determination by Circulatory Criteria		
Section 1: Observation Period		
A 5-minute observation period is required to proceed with organ donation following DCC as noted on page 2.		
Date/time of the start of the observation period	(DD-MM-YY):	(00:00):
Section 2: Time of Death		
For the purposes of post-mortem transplant, the legal time of death shall be determined at the end of the observation period.		
This patient fulfills the criteria for DCC as noted on page 2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date/time of death	(DD-MM-YY):	(00:00):
First Clinician (print):	Signature:	
Second Clinician (print):	Signature:	

Both physicians must be available to attend to the patient until the organ flush has commenced. The Ontario Health (TGLN) Coordinator will inform the physicians once organ flush has begun and relieve them of their duty.

Guidelines for Death Determination by Circulatory Criteria

Death Determination by Circulatory Criteria (DCC) is made based on the absence of extracranial circulation, which leads to the permanent absence of intracranial (brain) circulation.

Process and Criteria

DCC requires arterial line or ECG monitoring, and a five-minute observation period by two physicians (see below).

For arterial line monitoring (preferred method), the observation period begins when there is an arterial pulse pressure of less than or equal to 5 mmHg and within the error of measurement for clinical monitoring equipment, apnea, and pulselessness.

For ECG monitoring, the observation period begins at the onset of electrical asystole, apnea, and pulselessness.

During the observation period the patient must not be moved and there must be observation of the patient and monitoring devices by both physicians to confirm that the following three **Criteria for DCC** are continuously met:

Criteria 1	Arterial line: a continuous arterial pulse pressure of less than or equal to 5 mmHg and within the error of measurement for clinical monitoring equipment	OR	ECG: electrical asystole
Criteria 2	Absence of respiratory effort		
Criteria 3	Absence of palpable pulse		

Should either physician note a return of arterial pulse pressure, ECG activity, respiratory effort or palpable pulse, the initial observation period ends and a new five-minute observation period will begin at their cessation.

Once the observation period has been completed, no further clinical assessment is required.

Qualifications for Determining Death

For the purposes of a post-mortem transplant, death shall be determined by at least two physicians in accordance with accepted medical practice.

First Clinician: Must have full and current licensure for independent medical practice by the college of physicians and surgeons or licensing authority in the relevant Canadian jurisdiction, and the requisite skill and knowledge in death determination by circulatory criteria, including the ability to interpret the monitoring device(s) being used; a particular level of specialty certification is not required.

Second Clinician: May be a physician holding an Ontario general or educational license to practice medicine (e.g., residents, fellows), provided that they have the requisite skill and knowledge in death determination by circulatory criteria, including the ability to interpret monitoring devices being used.

No physician who has had any association with the proposed recipient that might influence the physician's judgment shall take any part in the determination of death of the donor.