

MAID Scripting

This is a suggested scripting tool to provide guidance for any discussion with involved parties for throughout the MAID process. If there are any questions or concerns, please connect with MOC for further suggestions.

Overarching Introduction Statement:

Purpose: For the OTDC to begin to develop a relationship with the MAID team

Organ and tissue donation following MAID is a relatively new opportunity for patients and families making end of life decisions. There are many details to be coordinated to ensure insert patient's name's decision to donate. My role is to coordinate with everyone involved to honour that decision. Either I or one of my colleagues will be involved throughout the process from referral onwards to the procedure day.

Suggestions for getting staff to huddle:

Introduction:

"Hi, my name is _____. I am the coordinator working with the MAID and donation teams today. I want to thank everyone for coming together to help facilitate insert patient's name's decision to donate. I'd like to have a huddle to explain how organ and tissue donation will be incorporated with the MAID procedure today. Is there a time that works best for you (MAID navigator/coordinator) and the physicians?"

Tactic/Process	Scripting
<p>Have MAID provider explain MAID process, OTDC to explain donation process following MAID provision.</p> <p>Huddle with OR staff and MAID provision team i.e., anyone who will be present for the MAID provision</p> <ul style="list-style-type: none">• All paperwork required for donation surgery• DCD process from time of MAID provision to organ recovery; note how process differs from standard DCD.• Roles and expectations of each staff member including MAID team• Special requests• Answer any questions• Confirm with recovery staff that only notification of medication administration will be provided (no vital signs)	<p><i>"Please tell me how the process or flow of care works when you provide MAID?"</i></p> <p><i>"I'd like to share how donation works after the MAID provision to help us to honour <u>insert patient's name</u> decision to be a donor. "</i></p>
<p>Discuss heparin dosing and order with MRP/MAID provider</p>	<p><i>"As a part of donation, we give heparin before WLSM. We do this to help the organs remain viable for transplant. <u>Insert patient's name</u> has consented to this. When donation follows MAID, this medication would be given before death. I need your help with obtaining an order for XXX units and for you to give the heparin."</i></p> <p><i>If not comfortable, offer for them to speak with DSP. "I understand this not your usual practice. I can connect</i></p>

	<i>with our Donation Support Physician. They can be of help in clarifying and addressing your concerns.”</i>
Determine which two physicians will be present for determination of death	<p><i>“When determining death for organ donation, TGLN has some requirements we must follow. Can you share with me how you determine death in MAID?”</i></p> <p>Once MAID determination of death is shared follow with:</p> <p><i>“Determination of death for organ donation requires two physicians to confirm that circulation has permanently stopped. We observe that circulation has stopped by loss of pulse pressure on an arterial catheter, absence of a palpable pulse and respirations to confirm that the loss of pulse pressure is not an equipment problem.</i></p> <p><i>For transplantation, it is important that we know immediately once circulation has stopped in order to maximize the opportunity to honour _____’s wishes for transplantation to occur. What would be the most respectful, but efficient way of communication the start and end time of the 5 minutes hands off period?</i></p> <p><i>If there are any questions about how this determination occurs I can connect you with my donation support physician who is able to discuss the best options for death determination for both MAID and organ donation.”</i></p>
Determine best route to OR from MAID provision location, clear a pathway as necessary.	<i>“To protect the patient’s privacy and ensure a timely transfer for a successful recovery, what is the best route to the OR?”</i>
<ul style="list-style-type: none"> Given sensitivity of the case it may not be appropriate to follow standard DCD protocol e.g., removing patient’s arm from gown, shaving patient’s chest/abdomen, inserting NG tube, NPO prior to OR, etc. Ensure patient has an ID band on. What will patient wear? If it is their own clothing, are they ok with them being cut off? 	<p><i>“Can you tell me what preparation you have seen with your patients prior to their provision?”</i></p> <p><i>“With DCD, there are some preparations that happen before the OR. —Insert Patient’s Name_ has agreed to a,b,c. What do you feel comfortable assisting with (i.e. ensuring ID band as that may be a part of their provision check)”</i></p> <p>If patient is wearing their own clothing, reassure the MAID team that nothing will be removed until the OR.</p> <p><i>“To ensure <u>Insert patient’s name</u>’s dignity, we will not be removing clothing until we are in the operating room.”</i></p>
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.	<i>“<u>Insert patient’s name</u> has requested that we as a team perform a,b,c as a part of their end-of-life-wishes.”</i>

<p>Huddle with patient and family</p> <p>Review DCD process from time of MAID provision to organ recovery.</p>	<p>Have the MAID coordinator come with you to meet with patient and people present to review the process and answer any questions</p> <p><i>“I would like to take some time to speak with the patient and the people present to go over both of our processes and answer any questions they may have”</i></p>
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