Non-Perfused Organ Donation Following MAID at Home

Reference Package

Version Date: 17 June 2021

Contents:

Trillium Gift of Life Network

Non-Perfused Organ Donation (Lung)

Overview

Non-perfused organ donation (NPOD) is a form of lung recovery which can occur under certain conditions after either controlled or uncontrolled death by circulatory determination (DCD). The NPOD protocol (outlined below) is a short sequence of steps which is implemented to preserve the option for lung recovery from potential donors. NPOD has been implemented in the following scenarios:

I. Standard NPOD: the protocol is applied after unexpected circulatory arrest and unsuccessful CPR in the emergency department (ED) and hospital intensive care unit (ICU);

II. NPOD following DCD Attempt: the protocol is applied after DCD attempt where a donor does not die within the required timeframe for regular DCD, but does die within 24 hours of withdrawal of life-sustaining measures (WLSM);

III. NPOD following Medical Assistance in Dying (MAID) at Home: the protocol is applied after an approved MAID candidate requests provision occur in their home and consents to lung donation. Following MAID provision, the patient is transferred to an ORNGE ambulance where the NPOD protocol is applied prior to transport to a local hospital for recovery.

NPOD Protocol

Non-Perfused Organ Donation (Lung) Protocol

Steps below are applied following death determination process

- *(Re)/intubate patient*
- *Insert NG tube*, prone patient if time to OR > 30 minutes*
- *No lung inflation for an 5 additional minutes*
- *Inflate lungs 30cm H20 using medical air for 30 seconds*
- *Reconfirmation of asystole 1 minute following inflation*
- *Reduce to CPAP of 20cm H20 applied*
- *Transfer patient to OR for organ recovery*

**Note: Insertion of the NG tube should not delay inflation and proning. If, after 5 minutes post-intubation, the provider continues to experience difficulties inserting the NG tube, inflate cuff tightly in trachea, turn patient to prone position and inflate lungs.*

Non-Perfused Organ Donation (Lung)

Following MAID Provision at Home

Inclusion Criteria

Potential non-perfused organ donation (NPOD) lung donors following the provision of medical assistance in dying (MAID) include those who:

- after being provided appropriate information, have declined MAID provision in a hospital; and
- have no contraindications to NPOD lung donation.

Note:
There are no anticipated geographic restrictions to these cases, however cases will be assessed as they arise with consideration given to EMS response team availability.

Version date: 4 June 2021

Non-Perfused Organ Donation Following MAID at Home
Summary Flow Diagram

Referral & Planning

1. Potential Home MAID Donation Candidate
- After appropriate information, patient declines MAID in hospital
- No obvious contraindications to NPOD lung donation

2. Approach for permission to explore outpatient donation

3. Preliminary discussion with lung transplant program regarding suitability

4. If possibly suitable (location and patient):
- MOC-OTDC-PRC-DSP and Case Manager Huddle *AND*
- DSP to review potential protocol with MAID provider

5. Decision to proceed to approach for consent (MOC+DSP)

6. Process MAID referral
- Assess suitability
- Dispatch two OTDCs onsite for approach (from region)
- Obtain consent for donation
- Ensure advanced discussion with MAID team-Coroner's Office
- Testing and allocation
- Update to Tissue team

7. NPOD After MAID at Home Huddle

To confirm:
- NPOD candidate
- Recovery hospital
- Date/time
- OTDC
- Two physicians
- Recovery team
- Transportation – ORNGE Order
- Tissue recovery logistics
- NPOD protocol details (influenced by time to hospital)

8. NPOD Pre-Brief with MAID Provider
(OTDC; DSP as needed)

MAID - NPOD

9. Dispatch
- Transport service, OTDCs, second physician, RRT to patient home
- SRC, OTDC, lung team to hospital

10. Arrive at patient's home; recovery team arrives at hospital
(30 min. prior to provision)

11. OTDC-MAID Provider Huddle
- Review procedure for death determination; call DSP as needed

12. Communication with teams
(15 min. prior to provision)

13. Provision
- Administer Heparin (1000 u/kg)
- MAID provision

14. Move patient to ambulance

15. Death Determination
- Observation 5 min. electrical asystole, pulselessness and apnea
- 5 min. no touch period
- Death determination by MAID provider and second MD

180 min. to complete remaining steps

16. Intubation & NPOD Protocol
- Intubate patient
- Insert NG tube*, prone patient if time to OR > 30 min.
- No lung inflation 5 additional min.
- Inflate lungs 30cm H20 using medical air for 30 seconds
- Reconfirmation of asystole 1 min. following inflation
- Reduce to CPAP of 20cm H20 applied

Transfer & Recovery

17. Prepare for transport

18. Complete OR set-up

19. OTDC communicates with teams during transport

20. Patient arrives at hospital

21. Provisions for patient identification

22. Patient Transfer
- Transfer pre-admitted patient to recovery OR
- Place patient on vent
- Unprone patient

Recovery

Legend

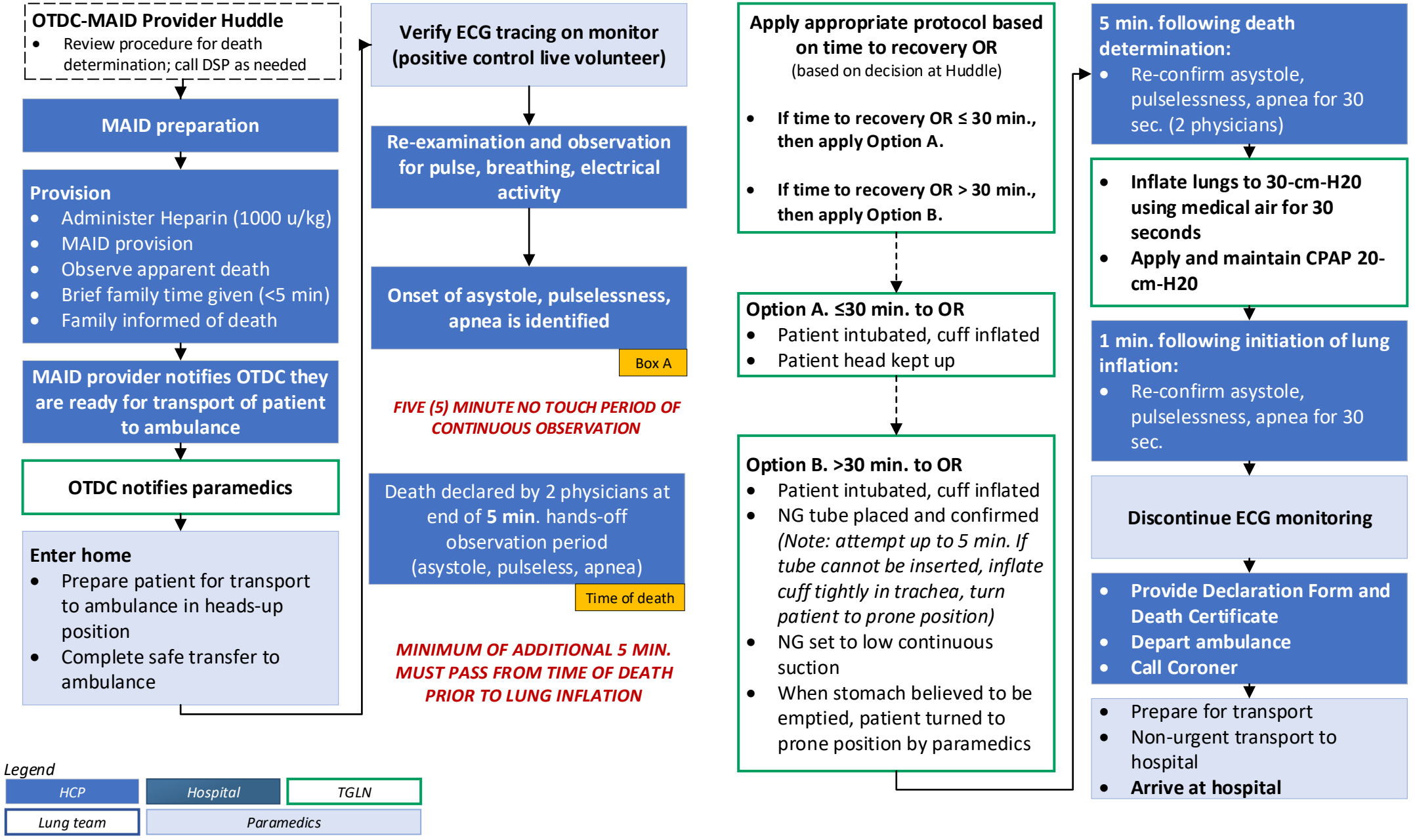
HCP | Hospital | TGLN | Ornge | Lung team

**Note: Insertion of the NG tube should not delay inflation and proning. If, after 5 minutes post-intubation, the provider continues to experience difficulties inserting the NG tube, inflate cuff tightly in trachea, turn patient to prone position and inflate lungs.*

Version date: 5 March 2020

Non-Perfused Organ Donation Following MAID at Home – Process Flow

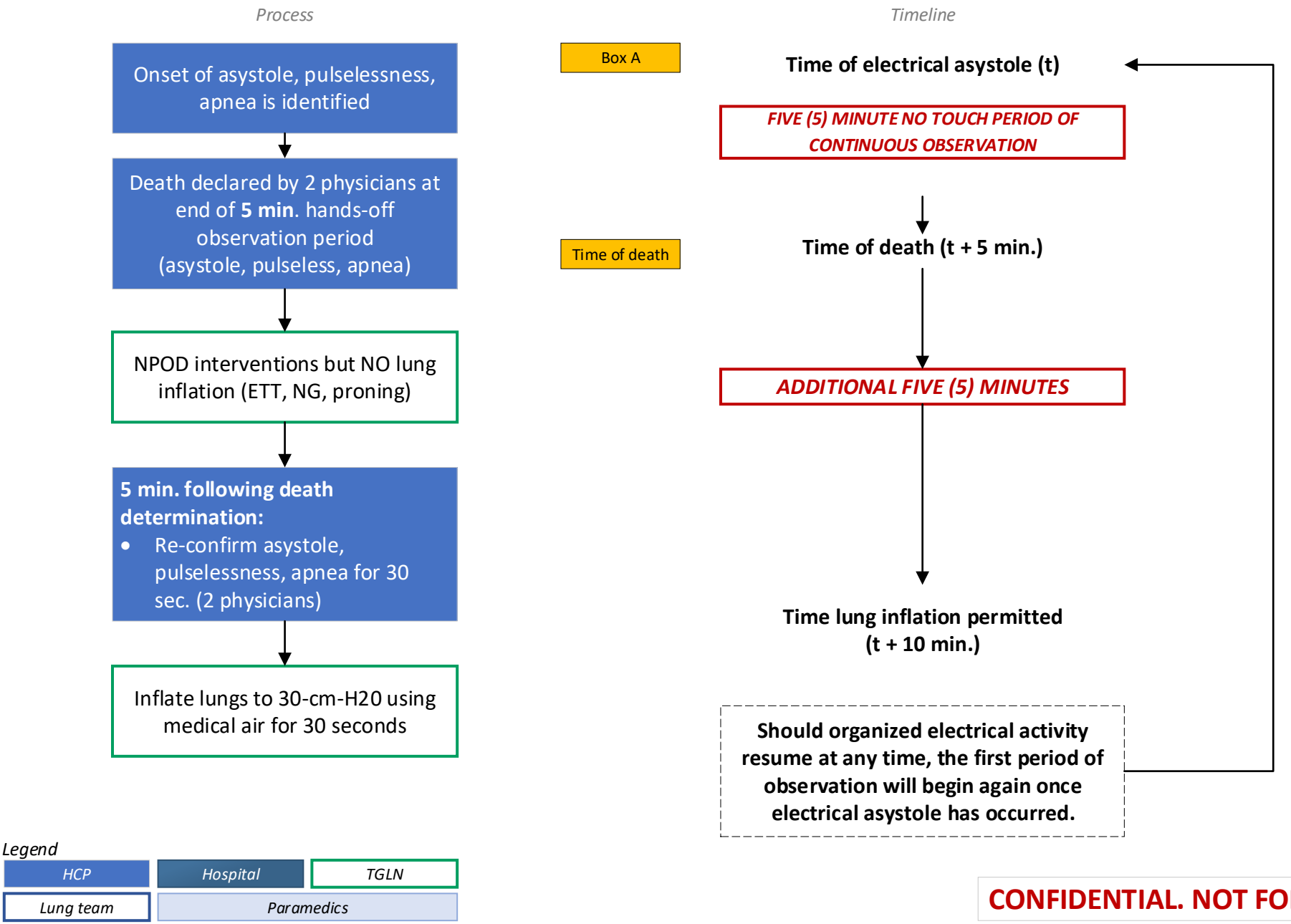
MAID Provision, Death Determination and Application of NPOD Protocol



Version date: 8 January 2020

Non-Perfused Organ Donation Following MAID at Home – Process Flow

Key Steps and Timeline for Death Determination



Version date: 5 March 2020

Non-Perfused Organ Donation Following MAID at Home – Process Flow

FOR MAID PROVIDERS

Arrive at patient's home
(30 min. prior to provision)

OTDC-MAID Provider Huddle
Review procedure for death determination; call DSP as needed

Communication with teams
(15 min. prior to provision)

OTDC confirms set-up
- EMS, OR, surgeon, PRC
- OTDC steps back

MAID preparation

Provision
- Administer Heparin (1000 u/kg)
- MAID provision
- Observe apparent death
- Brief family time given (<5 min)
- Family informed of death

MAID provider notifies OTDC they are ready for transport of patient to ambulance

OTDC notifies paramedics

Paramedics enter home and transfer patient to ambulance

Enter ambulance

Re-examination and observation for pulse, breathing, electrical activity

Onset of asystole, pulselessness, apnea is identified

FIVE (5) MINUTE NO TOUCH PERIOD OF CONTINUOUS OBSERVATION

Death declared by 2 physicians at end of **5 min**. hands-off (asystole, pulseless, apnea)

MINIMUM OF ADDITIONAL 5 MIN. MUST PASS FROM TIME OF DEATH PRIOR TO LUNG INFLATION

NPOD intervention but no lung inflation

5 min. following death determination:
- Re-confirm asystole, pulselessness, apnea for 30 sec. (2 physicians)

Lungs inflated as per protocol

1 min. following lung inflation:
- Re-confirm asystole, pulselessness, apnea for 30 sec.

Discontinue ECG monitoring

- **Provide Declaration Form and Death Certificate**
- **Depart ambulance**
- **Call Coroner**

MAID providers will be available to administer a second kit at the MAID providers' discretion if pulse and/or breathing is observed in the ambulance or if there is resumption of organized persistent electrical activity following lung inflation until discontinuation of ECG monitoring.

Legend

HCP | *Hospital* | *TGLN*

Lung team | *Paramedics*

Conservative Permanence of Death Safeguards for NPOD following MAID

Should organized electrical activity, a detectable pulse, or breathing resume at any time, the first period of observation will begin again once the loss of all three is again observed.

The complete second MAID kit will be administered if:

- the patient does not die in the home with the first kit
- the patient has a pulse or breathing in the ambulance
- the recruitment maneuver results in persistent return of electrical activity
- at the MAID Providers discretion

Because the inflation of the lung will occur for a prolonged period of time (compared to typical DCD prior to organ flush), MAID providers will remain available until the completion of the recruitment maneuver only as a purely precautionary measure.

If following inflation, any persistent organized electrical activity is detected, the procedure will be paused. A complete second kit will be administered, and a repeat of the two stand-off five-minute observation periods will be undertaken (return to Box A). The time of death will be reset, acknowledging that this is exceptionally conservative, and death almost certainly occurred in the first interval of 10 minutes of asystole. Electrical activity says nothing about perfusion of the brain.

This is a first case and new area with absolutely **no guiding evidence**. We are intentionally choosing to be exceptionally conservative in death determination.

Version date: 2021 06 04

NPOD Following MAID Case Manager Checklist and Huddle Guidelines

Note:

- During business hours, affiliated TGLN Hospital Director (or delegate) will organize high-level Hospital Huddle.
- If TGLN Hospital Director (or delegate) is also Manager on Call (MOC), they will complete Step 1 below and confirm Case Manager for further steps.
- As these cases involve multiple huddles, an outline of what is reviewed and the timing of each huddle is provided below for reference.

Activity	Responsibility	Follow-Up Required	Complete
Initial Planning: Identification and Interest			
Identify potential MAID at-home NPOD donor • Hospital Director or delegate is contacted if OTDC identifies a potential home MAID provision	CSC, MOC		

Step 1: Establish Feasibility
• Huddle with OTDC for pre-approach and review Reference Package, as needed
• Ensure OTDC/PRC has access to Reference Package (posted to ORC)
• Run through scripting, if needed
• Contact MAID Lead
 	
Considerations:
1. Consent of patient and firm decision regarding home provision
  • Case Manager may have to make call.
  • Timing of approach and if it is prior to knowing whether case can be accommodated
  • Home location, proximity to nearest hospital supporting recovery, and experience at hospital, nearest ORNGE base
 	
2. Preliminary eligibility for lung donation
  • Timing and availability of testing
  • Logistics and contacts with hospital, ORNGE
	PRC, OTDC, MOC, Case Manager		

Activity	Responsibility	Follow-Up Required	Complete
• Timing of provision >36 hours • Need to do hospital preparation simultaneously with patient eligibility assessment • Additional tests required (e.g. COVID-19 swabs)			

Step 2a: Confirm prerequisites
• Consent obtained
• Patient has no suitability red flags
• Hospital is close enough to patient home
• ORNGE can support ground transportation to hospital in region
 	
<u>Activities:</u>
• Confirm role as Case Manager and inform others
• Identify current status of case consent/eligibility/set date
• Identify testing needed/availability of testing. Consider:
  ○ Imaging for lungs
  ○ Bloods required
  ▪ Note challenges with timing of ABO testing over weekend
  ▪ Community versus hospital lab
  ○ Swabs for COVID-19
  ▪ Two tests required
• Confirm identify of first MAID provider
• Notify DSP and/or CMO re: case
• Arrange preliminary call with hospital Operations Lead and brief them on NPOD following MAID and potential case at their facility. Confirm requirement for TGLN/hospital meeting to review requirements in more detail.
• Update DSP/RML and request they connect with HDP about hospital meeting.
• Email short update to ORNGE to note potential case, location (city) and timeline (if known).
  ○ Director of Paramedic Operations (Justin Pyke; jpyke@ornge.ca)
  ○ Director of Operations
	Case Manager		

Version date: 2021 06 04

Activity	Responsibility	Follow-Up Required	Complete
(Darryl Ewan dewan@ornge.ca). • Facilitate meeting with hospital to discuss hospital requirements (review list included in Reference Package). • Review patient preferences/requests for day-of provision, family presence, pet presence etc. with OTDC			

Step 2b: If required, confirm steps to support provision if location of home is in a facility
 	
If home location is not a facility, proceed to Step 3
 	
Activities:
• Arrange meeting with residence (e.g. LTC) management
  ○ Provide additional background and explanation of cases.
  ○ Share supporting materials, as needed (e.g. The Toronto Star article; case study)
• Call NPOD Following MAID At-Home Huddle (*Refer to Huddle Guidelines)*
  ○ Huddle to be held after consent provided, PRC informed of preliminary lung interest, recovery hospital identified, provider identified, ORNGE transport feasibility confirmed
	Case Manager		

Final Preparations (48 hours prior to provision)			
Step 3: Huddle Activities: • Call JIT NPOD Following MAID At-Home Huddle (*Refer to Huddle Guidelines*) • Confirm preparations complete and readiness of teams	Case Manager		

Version date: 2021 06 04

Huddles

Huddle Types

As per the steps outlined above, a minimum of two TGLN huddles are required to support NPOD following MAID at-home cases. However, it is anticipated that additional huddles may be required. The standard Case Huddle may occur as part of the Pre-Approach Huddle or on its own.

Huddle Type	Triggers for Huddle	Lead(s)
TGLN Huddles		
Pre-Approach	• Intent to approach for MAID	Manager on Call
Confirmation of NPOD-MAID	• Medical/Social History Questionnaire completed • Donor information required for allocation uploaded • Preliminary lung interest expressed • MAID provider identified • Recovery hospital identified • ORNGE ground transportation is viable option	CSC
Just-in-Time NPOD-MAID Huddle	• Case has advanced • Required 48 hours prior to provision to confirm readiness	Case Manager
Hospital/Institution Huddles		
Hospital	• Consent obtained and organ accepted	Case Manager
Institution/Facility	• Consent obtained and organ accepted	Case Manager
ORNGE	• Consent obtained and organ accepted	Case Manager

Huddle Guidelines

I) Pre-approach

Attendees: MOC, OTDC, CSC/RTC as appropriate

MOC to review the following:	Complete	Follow-Up
1. Status of Case ○ Confirm program is open for offers and CSC/RTC has reviewed current medical information for absolute exclusions/missing history/red flags, **or** ○ Interest has been confirmed		

MOC to review the following:	Complete	Follow-Up
1. Experience of the staff; are they the right person to approach? ○ Assess experience level if casual staff (consider prior experience as OTDC) ○ Consider assigning a more senior coordinator		
2. MAID recipient situation – in-person or phone approach, availability of PPE		
3. Review messaging		

II) NPOD MAID Huddle

Refer to Huddle Guidelines

III) JIT NPOD-MAID Huddle

Attendees: Case Manager, OTDCs, CSC, MAID provider, Hospital Operations Lead, ORNGE

Case Manager to review the following:	Complete	Follow-Up
1. Patient preparation Confirm Testing Logistics with Patient ○ Blood type for allocation – how will be get results from ordering physician? ○ Blood for serology (which region) ○ Tissue bloods need to be within 7 days ○ Physical assessment ○ Confirmation of Heparin dose for order/provide Written order for Heparin to MAID ○ Pic line insertion ○ Family presence and delivery of PPE ○ Plan for pets in home (during and following provision)		
2. MAID provider ○ MAID provider to confirm source of heparin and method for pick up (TGLN coordinator not to transport drugs) ○ Two physicians for pronouncement at home ○ PPE requirements		
3. TGLN Personnel ○ Confirm OTDC at home and OTDC at donor hospital ○ PPE requirements		
4. Hospital ○ Confirm OR availability ○ Confirm details needed to pre-register potential donor ○ Copy of health card		

Version date: 2021 06 04

Case Manager to review the following:	Complete	Follow-Up
○ Demographics – address/NOK etc. ○ Confirm best entrance at hospital for arrival/donor transport to OR ○ Confirm receiving physician ○ Inform impacted departments of transport/through fare ○ Plan OTDC walk through at hospital to OR if new to setting ○ Identify individual to receive call from OTDC pre-MAID procedure to confirm OR set up complete ○ Identify individual to receive call from OTDC/Ambulance when on-route to hospital ○ Confirm individual(s) to meet ambulance/OTDC to escort EMS/donor to OR ○ Identify individual to bring ID band and chart to OR or alternate plan ○ Confirm availability of bronchoscopy in the OR		
5. ORNGE ○ Confirm availability date and time ○ Equipment review (air tanks and nozzle/flow ○ Confirm readiness for patient extrication from home ○ Confirm readiness for application of NPOD protocol in ambulance ○ PPE requirements ○ Communication on day-of case ○ Arrival at home 30 minutes prior to provision		

Version date: 04 June 2021

Non-Perfused Organ Donation (Lung) Following At-Home MAID

Information for Organ and Tissue Donation Coordinators

What do I do if a patient requesting medical assistance in dying (MAID) doesn't want to be in hospital for the provision?

- Discussions of donation with potential MAID patients should follow existing protocols.
- Provision of MAID in the hospital setting is preferred as it permits more organs to be donated and transplanted.
- Should a patient decline MAID provision in hospital and request provision to occur at home, **and** should there be no obvious contraindications to lung donation, share with the patient that TGLN will explore the possibility of donation with a MAID provision outside the hospital.
- Approach Manager on Call and Donation Support Physician for permission to explore outpatient donation. PRC staff will coordinate a preliminary discussion with the UHN lung transplant program regarding suitability. Once this discussion has occurred, PRC staff will coordinate a Huddle with the Manager on Call, OTDC and Donation Support Physician to review the case.
- The Manager on Call and Donation Support Physician will determine if the case should move forward and if the patient should be approached for NPOD after MAID at home.

What do I have to do to plan for this case?

- Prepare for first person approach (re-approach) with second OTDC if home visit.
- Review First Person Consent Form.
- Plan logistics – date/time; permission from patient to take photos/video of home/facility layout and to share with paramedics
- Plan logistics for blood draw, chest x-ray
- Confirm MAID provider affiliations – hospital privileges, communication
- Participate in NPOD after MAID at Home Huddle.
- Participate in NPOD Pre-Brief with MAID Provider (and Donation Support Physician, as needed).
- Complete a walk-through with appropriate hospital staff on the day prior to the provision to confirm readiness.

What do I have to do on the day of the provision?

- On the day of the provision, you will be dispatched to the patient's residence and must plan to arrive 30 minutes prior to the provision.

- You will meet the patient, MAID provider, second declaring physician, and any next of kin or friends who may be present for the provision.
- At the appropriate time before the provision, you will huddle briefly with the MAID provider to review the procedure for death determination. Please refer to the NPOD after MAID at Home Process Flow Diagrams and Role Sheets as required.
- Fifteen (15) minutes prior to the provision of MAID, you will communicate via text/email to the team in the ambulance outside the patient home, PRC, OTDC present at the hospital and Surgical Recovery Coordinator to confirm readiness.
- You will inform the MAID provider of readiness from the team. This should be done discreetly and respectfully, with consideration for the patient and others present for the provision.
- You will update the team in the ambulance outside the patient home, PRC, OTDC present at the hospital and Surgical Recovery Coordinator at the following intervals:
    - Administration of Heparin
    - Preparation for MAID
    - MAID provision
- At the appropriate time, you will ask the paramedics to come into the home for patient transfer to the ambulance.
- You will be present in the ambulance during the death determination process and application of the NPOD protocol.
- You will update the PRC, OTDC present at the hospital and Surgical Recovery Coordinator when preparing for departure from the patient's residence and again during transport to hospital, as needed.
- You will travel in the ambulance with the team to the hospital for organ recovery.

What do I do when upon arrival at the hospital?

- Upon arrival at the hospital, you will accompany the patient through the pre-arranged entry point into the hospital.
- You will be met by hospital staff who will confirm patient identification before accompanying the patient to the recovery OR.
- Please note that a second OTDC will be dispatched to the hospital to support the recovery teams. Arrival and preparation should proceed as per existing protocols.

Version date: 01 June 2020

Non-Perfused Organ Donation (Lung) Following At-Home MAID

For MAID Providers

What is non-perfused organ donation (NPOD) (lung)?

- NPOD is a form of lung donation following unexpected death by circulatory determination (DCD). NPOD lung donors must be taken to the OR for recovery within three hours of death.

What do I do?

- After the patient has been identified as a potential NPOD donor following provision of MAID, contact Trillium Gift of Life Network (TGLN) as per protocols. The TGLN Coordinator will work with you to begin planning for the case.
- As part of the planning process, you will need to speak with the Donation Support Physician (DSP) on-call, and/or the Chief Medical Officer – Donation. This individual can provide some additional background to you regarding the requirements, specifically related to death determination and the application of the NPOD protocol.
- Order the medications required for the MAID provision and pick these up to bring to the patient's home/residence.
- Arrange for a second provider to attend the MAID provision and to assist with the death determination process.

What do I do after the MAID provision?

- Pronounce time of death. A second physician must confirm this.
- At the appropriate time, enter the ambulance where the paramedic team has moved the patient and confirm death. Refer to the NPOD after MAID at Home – Death Determination Flow Diagram for reference and additional details regarding this process.
- Confirm death.
- Complete the Death Certificate, where appropriate.

Version date: 01 June 2020

Non-Perfused Organ Donation (Lung) Following At-Home MAID

For Paramedics Dispatched on Case

What is non-perfused organ donation (NPOD) (lung)?

- NPOD is a form of lung donation following either unexpected or expected death by circulatory determination (DCD). NPOD lung donors must be taken to the OR for recovery within three hours of death.

What is NPOD following MAID?

- Trillium Gift of Life Network (TGLN) has developed a protocol where NPOD lung donation may be occur after MAID provision at home.

- After appropriate information has been shared with a MAID candidate regarding donation following assisted death and the candidate has declined MAID in hospital, TGLN's Organ and Tissue Donation Coordinator may approach the candidate for permission to explore outpatient donation if there are no obvious contraindications to NPOD lung donation.

- TGLN will complete a preliminary discussion with the University Health Network's (UHN) lung transplantation program regarding suitability. If potentially suitable, a decision to approach the patient for consent will be made and the NPOD after MAID referral processed.

What is my role?

- As part of the planning process, TGLN will notify ORNGE of the case. ORNGE will be asked to identify two paramedics to be assigned to the case. If you are identified as one of the paramedics supporting the case, you can expect to be involved in planning for the case to confirm logistics.

- On the day of the provision, you will be dispatched to the patient's residence. You will be responsible for moving the patient safely and securely out of their residence and into the awaiting ambulance where you will apply the NPOD protocol prior to transporting the patient and team members to the identified hospital for organ recovery.

What is my role in planning for the case?

- As part of the planning process, TGLN's Organ and Tissue Donation Coordinator will speak with the patient and MAID provider and discuss what is required to plan for the case. The Coordinator will confirm if any friends or family will be present, and the location of the provision within the home. Relevant information will be shared with you.

- The Organ and Tissue Donation Coordinator will ask the patient for permission to take pictures or video of the location of the provision within the home to assist with planning purposes. These images will be shared with you so that you can plan how you will safely move the patient out of the residence and into the ambulance.

- You will need to determine, in advance, how you will move the patient out of the residence, and ensure all necessary supplies and equipment for transfer are available for the case.

- A communication with the patient's address will be sent to Ornge and copied to you.

What do I do on the day of the provision?

- On the day of the provision, you will be dispatched to the patient's residence. You should arrive at the residence 30 minutes prior to MAID provision.

- You will wait in the ambulance until you are called into the patient's residence by the TGLN Coordinator.

- Once inside the residence, you will proceed to prepare and transfer the donor to the ambulance.

- During transfer, the donor's head should remain in an upright position. The patient's head should not be covered.

What do I do after the donor is moved into the ambulance?

- You will connect the donor to the ECG and verify ECH tracing on the monitor (using positive control live volunteer).

- You will wait as the two MAID providers complete the death determination process. A detailed overview of the death determination process and relevant timing is outlined in the document "**Death Determination Process Flow**".

- Following a five-minute no-touch period of continuous observation, you will begin to implement the NPOD protocol. Due to sensitivities with respect to death determination following MAID and the timing of administration of lung inflation, an Intensivist will be present to provide support and assistance, if required.

- The NPOD protocol consists of the following steps:
    - Intubate patient;
    - Insert NG tube (required for patients greater than 30 minutes to hospital) and set to low continuous suction;
    - Turn patient to prone position when stomach emptied;
    - Five minutes following death determination, wait for the two physicians determining death to reconfirm asystole, pulselessness, and apnea for 30 seconds;
    - Inflate lungs to 30cm H_2O using medical air, for 30 seconds (no sooner than 5 minutes following intubation);
    - Apply and maintain CPAP 20cm H_2O;
    - One-minute following inflation of the lungs, wait for the two physicians determining death to reconfirm asystole, pulselessness, and apnea for 30 seconds.

- If, at any point, organized electrical activity is resumed in the patient, the first period of observation will begin again once electrical asystole has occurred.

- **Note**: The MAID provider will be available to administer a second kit at the providers' discretion if pulse and/or breathing is observed in the ambulance or if there is resumption of organized persistent electrical activity following lung inflation until discontinuation of ECG monitoring.

- Upon successful completion of the NPOD protocol, you will prepare for transport.

How will the donor be transported?

- The donor is transported in a non-urgent manner to the identified recovery hospital.

- In addition to transporting the donor, the other individuals who will travel in the ambulance include the Intensivist and TGLN Coordinator.

What do I do when we get to the hospital?

- Pull into the ambulance bay identified by the hospital prior to transport. Efforts will be made by the hospital to attempt to identify a specific ambulance bay in advance, and will communicate this to the team through the TGLN Coordinator.

- Move the donor out of the ambulance into the hospital for patient identification and transfer.

Version date: 5 March 2020

Non-Perfused Organ Donation (Lung) Following At-Home MAID

For Intensivists Dispatched on Case

What is non-perfused organ donation (NPOD) (lung)?

- NPOD is a form of lung donation following either unexpected or expected death by circulatory determination (DCD). NPOD lung donors must be taken to the OR for recovery within three hours of death.

What is NPOD following MAID?

- Trillium Gift of Life Network (TGLN) has developed a protocol where NPOD lung donation may be occur after MAID provision at home.

- After appropriate information has been shared with a MAID candidate regarding donation following assisted death and the candidate has declined MAID in hospital, TGLN's Organ and Tissue Donation Coordinator may approach the candidate for permission to explore outpatient donation if there are no obvious contraindications to NPOD lung donation.

- TGLN will complete a preliminary discussion with the University Health Network's (UHN) lung transplantation program regarding suitability. If possibly suitable, a decision to approach the patient for consent will be made and the NPOD after MAID referral processed.

What is my role?

- As part of the planning for the case, TGLN will identify an Intensivist to support the case. The Intensivist will be a Regional Medical Lead or Hospital Donation Physician with TGLN. If you are identified as the Intensivist supporting the case, you can expect to be involved in planning for the case to confirm logistics.

- On the day of the provision, you will be dispatched to the patient's residence with the ORNGE paramedic team. You will provide support to the paramedic team with the application of the NPOD protocol in the ambulance, and travel with the patient and the team to the identified recovery hospital.

What do I do after the patient dies?

- The NPOD protocol will be administered following MAID provision, the transfer of the patient by the paramedics into the awaiting ambulance, and the completion of death determination by the two MAID providers. A detailed overview of the death determination process and relevant timing is outlined in the document "**Death Determination Process Flow**".

- The NPOD protocol will be administered by the paramedics following a five-minute no-touch period of continuous observation. However, due to sensitivities with respect to death determination following MAID and the timing of administration of lung inflation, you will be present to provide support and assistance, as required.

- The NPOD protocol consists of the following steps, some or all of which you may be asked to assist with:
    - Intubate patient;
    - Insert NG tube (required for patients greater than 30 minutes to hospital) and set to low continuous suction. Insertion of the NG tube should not delay inflation and proning. If, after 5 minutes post-intubation, the NG tube is still not inserted, inflate cuff tightly in trachea and proceed to proning;
    - Turn patient to prone position when stomach emptied;
    - Five minutes following death determination, wait for the two physicians determining death to reconfirm asystole, pulselessness, and apnea for 30 seconds;
    - Inflate lungs to 30cm H_2O using medical air, for 30 seconds (no sooner than 5 minutes following intubation);
    - Apply and maintain CPAP 20cm H_2O;
    - One-minute following inflation of the lungs, wait for the two physicians determining death to reconfirm asystole, pulselessness, and apnea for 30 seconds.

- If, at any point, organized electrical activity be resumed in the patient, the first period of observation will begin again once electrical asystole has occurred.

- **Note**: The MAID provider will be available to administer a second kit at the MAID providers' discretion if pulse and/or breathing is observed in the ambulance or if there is resumption of organized persistent electrical activity following lung inflation until discontinuation of ECG monitoring.

- Upon successful completion of the NPOD protocol, you may travel in the back of the ambulance with the patient to the hospital for recovery.

Version date: 04 June 2021

Preparing for NPOD Following MAID At-Home: Recovery Hospital

The following document outlines the planning requirements of hospitals to support an upcoming non-perfused organ donation (NPOD) - lung following the provision of medical assistance in dying (MAID) at home/care facility.

CONSIDERATIONS	Complete	Requires Follow-Up	Responsibility
Pre-Planning			
• Identify key contacts at hospital to be involved in planning (e.g. Operational Lead; OR Nurse Manager). Confirm with TGLN.			Hospital Ops Lead or delegate
• Confirm MAID provider privileges at hospital.			Hospital Physician Leadership
• Confirm logistics to guide planning (i.e. date, time of case) and set up additional planning meetings with TGLN			Hospital/TGLN
• Determine and facilitate patient pre-admission process including family contact information and identify any relevant forms required by hospital for pre-admission registration of patient			OTDC/hospital admitting/discharge contact
• Identify any relevant forms required by hospital or updates required to hospital policy and procedures documentation to support case (where required).			OTDC/hospital point person
• Release of body information needed (family contact/funeral home)			OTDC/ hospital admitting/discharge contact
• Confirm need or ability of hospital pharmacy to provide MAID medications for the MAID provider			OTDC/MAID Provider/ Hospital Pharmacy Lead
• Identify best entrance for arrival/transport.			OTDC/ Hospital Ops Lead or delegate
• Review specific wishes expressed by patient to TGLN Coordinator (e.g. family escort to hospital). (if applicable)			OTDC/ Hospital Ops Lead or delegate
• Review and update template letter for ORNGE. Template to be provided by TGLN.			Hospital/TGLN
Patient Assessment/Testing (if at hospital)			
• Confirm appointments for patient testing (i.e. blood work, chest x-ray).			OTDC/ Hospital Ops Lead or delegate
Hospital Pharmacy Planning (if applicable)			
• Receive request from MAID provider.			Pharmacy Lead
• Dispense Heparin and MAID medications for MAID provider.			Pharmacy
• Coordinate pick-up/delivery of dispensed medications.			OTDC/MAID Provider and Pharmacy
OR Preparation			

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CONSIDERATIONS	Complete	Requires Follow-Up	Responsibility
• OR availability and booking.			OR Manager or delegate
• Confirm bronchoscopy tower to be set-up in OR.			OR Manager or delegate
• Confirm list of supplies required for NPOD lung recovery with TGLN and determine plans if supplies not already available at hospital (e.g. no sternal saw) ○ Sternal saw ○ Chest retractors ○ Draped table with basin and one IV pole			OTDC/ OR Manager or delegate
• Discuss with Department of Anesthesia if Respiratory Therapist attendance with ventilator is acceptable, or if an Anesthetist will be present in OR.			Physician leadership or HDP
• If ventilation is managed by RT, confirm availability of a regular ventilator in OR. *Note:* Lung recovery Fellow to provide specific ventilator settings.			OR Manager or delegate
• Identify any advanced information required by team members (e.g. Registered Respiratory Therapists; Anaesthetists regarding vent settings) from TGLN.			OTDC/OR Manager or delegate
• Identify PPE required for OTDC and EMS at OR entrance (jump suits, booties, caps, masks) or special environmental controls for TGLN/EMS for entry into OR (e.g. roll stretch through chlorhexidine).			OR Manager or delegate
• Confirm logistics regarding multi-tissue recovery with TGLN (if applicable) and ensure relevant teams aware			OTDC/ Hospital Ops Lead or delegate
Final Site Preparation			
• Complete walk-through to OR and confirm logistics with TGLN Coordinator in advance of case (e.g. day prior).			OTDC/hospital-appointed staff
• Remind staff of importance of privacy during case.			Hospital Ops Lead or delegate
• If possible, pre-identify ambulance bay or location to receive donor and communicate to TGLN Coordinator.			Hospital Ops Lead or delegate
• Inform relevant departments of transport/thoroughfare.			Hospital-appointed lead
• Confirm receiving physician.			Hospital-appointed lead
• Confirm individual(s) to meet ambulance and OTDC to escort EMS team and donor to OR. This should include security and an OR staff person with badge access to elevators and OR area.			Hospital-appointed lead
• Confirm individual who will bring pre-admission paperwork, ID badge, and chart to OTDC upon arrival at hospital with donor.			Hospital-appointed lead

Version date: 04 June 2021

CONSIDERATIONS	Complete	Requires Follow-Up	Responsibility
• Identify individual to receive call from OTDC on day of provision. On day of provision, prior to provision, OTDC to confirm: ○ OR set-up and readiness; ○ Approximate time of arrival on-site.			Hospital Ops Lead or delegate
• Communication Plan to advise that provision has occurred and when applicable, patient on route			Hospital Ops Lead or delegate

Version date: June 4, 2021

NPOD Following MAID At-Home – ORNGE Planning Checklist

The following outlines requirements from ORNGE to support non-perfused organ donation (NPOD) (lung) cases following medical assistance in dying (MAID) at home. This document is meant to be used by the Trillium Gift of Life Network Case Manager and ORNGE team to guide the preparation required to support an **active** potential case.

#	Item	Follow-Up Actions & Notes	Lead(s)
Planning			
	Send update/alert to Operations Managers about potential case - Location - Date/time (approx.)	*Refer to Case Manager Checklist*	TGLN Case Manager
	Identify key contacts for case (Operations lead, frontline paramedics).		ORNGE
	Determine best methods to support communication with frontline paramedics (e.g. texts during pre-brief, during case).		
Vehicle Preparation			
	Confirm appropriate vehicle(s) secured: - Location (ORNGE base) - Access to sufficient supply of medical air cylinders and regulators during application of NPOD protocol and patient transfer to hospital - Access to other relevant supplies and equipment (e.g. those required to support patient extrication).		
Documentation			
	Coordinate completion of EMS Do Not Resuscitate (DNR) Form (or equivalent) with TGLN Coordinator, MAID provider and have available to ORNGE.		
Site Preparation / Huddle 48 Hours Prior to Provision			
	Finalize logistics in advance of case.		
	Reminder to all of importance of privacy during case.		
Case Follow-Up / Debrief			
	Discuss key learnings and opportunities for improvement at case debriefs.		

Trillium Gift of Life Network

INSERT DATE

Dr. Homer Tien
President and CEO
ORNGE
5310 Explorer Drive
Mississauga, ON L4W 5H8

Re: Authorization for Post-mortem Transfer for Facilitation of Organ Transplantation

As receiving physician, I am requesting the post mortem transport of a deceased consented donor from INSERT ADDRESS on INSERT DATE to INSERT HOSPITAL NAME for organ transplantation.

The hospital's address is as follows:

NAME
STREET ADDRESS
CITY NAME, ON
POSTAL CODE

Upon arrival to INSERT LOCATION (E.G. AMBULANCE BAY) entrance, transfer of the deceased donor by ORNGE to the operating suite is requested, where transfer of accountability to the transplant recovery team will occur.

Sincerely,

Dr. NAME
Staff Intensivist, Critical Care
INSERT HOSPITAL NAME

C. INSERT NAME, Director, TGLN
INSERT NAME, Organ and Tissue Donation Coordinator, TGLN
Dr. Andrew Healey, Chief Medical Officer, TGLN

483 Bay Street, South Tower, 4th Floor, Toronto ON, M5G 2C9
Tel: (416) 363-4001 1-800-263-2833
Fax: (416) 363-4002

Version date: June 4, 2021

Non-Perfused Organ Donation (Lung) Following At-Home MAID

Organ and Tissue Donation Coordinator Checklist

Initial Steps:

☐ Huddle with Manager on Call for permission to explore outpatient donation. If permission granted, proceed as per current practices.

☐ Huddle with Manager on Call, PRC staff and DSP to review potential case. If, during this Huddle, it is decided to pursue the case as a potential NPOD following at-home MAID, **proceed to Checklist below.**

Note: Please refer to document entitled *"Hospital Requirements NPOD Following At-Home MAID"* for additional information on the requirements from hospitals to support NPOD following at-home MAID cases. This document will be used by the TGLN Director/Manager (referred to as the "Case Manager" for the purposes of NPOD following MAID cases) identified to support the case from referral onwards to help guide the planning process with the hospital.

CONSIDERATIONS	Complete	Requires Follow-Up
Initial Planning		
• Connect directly with TGLN Director/Manager who has been identified to support case throughout (i.e. 'Case Manager').		
• Based on direction from Case Manager, participate in additional planning meetings which may be set-up by TGLN Case Manager with key stakeholders (e.g. recovery hospital).		

• Review NPOD Following At-Home MAID documents:
  ○ Reference Package
  ○ Process Flow Diagram
  ○ OTDC Role Sheet		

MAID Provision Planning		
• Confirm with patient who is aware of MAID		
• Determine family situation and plans for presence during provision		
• Is patient currently at home or another location?		
• Confirm location in residence where MAID provision to occur		
• Determine desired date/time for the provision		
• Confirm name of MAID provider and hospital privileges		
• Confirm name of second provider to be available for death determination		
• Confirm IV or PICC access for MAID medication		

CONSIDERATIONS	Complete	Requires Follow-Up
• Confirm timing for MAID bloodwork + serology/HLA		
Testing		

• Location of testing (blood draw; chest x-ray)
  ○ Community versus hospital lab
  ○ COVID-19 swabs (x2)		

• Date/time of testing		
• Plan for obtaining cultures		
• Plan for physical assessment/exam		
• Plan for		
NPOD Lung Recovery Planning (including patient transfer from home to hospital)		
• Heparin administration (to be ordered and picked-up by MAID provider along with MAID medications. TGLN not responsible.)		

• Communicate relevant information related to patient extraction planning:
  ○ layout of home and entrance;
  ○ location where MAID provision to occur;
  ○ presence of stairs, large furniture, etc.;
  ○ determine requirement for elevator request for service;
  ○ presence of pets and care of pets during and following provision.		

• Patient planning – last meal, clothing, jewelry; family presence in OR (if requested by family), PPE requirements for family		
• Liaise with second OTDC to be present at recovery hospital		
• Confirm return of organ(s) or other special considerations based on consent discussion		
• OR availability		
• Confirm if hospital requests use of chlorhexidine for entering OR		
• Approximate time of arrival at hospital for lung recovery		
• Confirm instructions from hospital regarding arrival location. Advanced identification of recovery hospital ambulance bay preferred.		
• Confirm access to sternal saw and retractors		
Tissue Recovery and Aftercare		
• Confirm consent for tissue		
• Determine any post-tissue recovery transportation requirements (if applicable)		

• Confirm after-care requirements
  ○ Patient preferences
  ○ Requests from family
  ○ Funeral home requirements
  ○ Release of body instructions for hospitals		

Version date: June 4, 2021

CONSIDERATIONS	Complete	Requires Follow-Up
Paperwork / Documentation		
• Ensure Coroner's Permission Form completed and faxed		
• Upload the MAID provider documents into the chart ○ Patient's MAID application ○ 1st assessment/approver documentation ○ 2nd assessment/approver documentation		
• Prepare Death Package for hospital: ○ Family member consenting to release body to funeral home (note relationship) ○ Death Certificate		
• Ensure photos of front and back of health card are available at hospital and uploaded into iTransplant.		
• Community DNR Form – to be completed by MAID provider. OTDC to show EMS upon arrival at patient residence.		
• First Person Consent Form		
• DCD Death Form		
• Death Certificate (to take to hospital)		
• Hold Body Form (if tissue recovery planned)		
• Ensure required documentation with OTDC at patient home: ○ First Person Consent Form (original) ○ DCD Declaration Form ○ Death Certificate (to be provided by MAID provider) ○ Hold Body Form ○ Coroner Permission ○ Other hospital-specific forms that may be required **Forms to be put into hospital chart once onsite*		
• Key contact list and communication plan for OTDC at patient residence to communicate with EMS, Intensivist in ambulance, SRC, PRC and OTDC at hospital		

Version date: June 4, 2021

NPOD Following MAID at Home

Case Timeline

The following document outlines the key steps in the case where a record of timing should be kept. This timing should be recorded by the OTDC on-site in the patient's home, as well as the OTDC present at the hospital where recovery occurs.

TGLN Number:

Planned Provision Date and Time:

Actual Time	Step
	Heparin administered
	MAID medications begun
	EMS entered home
	Onset of monitoring for asystole (in ambulance)
	Death confirmed
	Lungs recruited and inflated
	Monitors discontinued
	EMS departs to hospital
	Entered OR
	Skin cut
	Flush

Version date: June 4, 2021

NPOD Following MAID at Home

Key Contact List

Provision Date and Time:

Name and Role	Phone Number
Trillium Gift of Life Network	
Regional Medical Lead and/or Donation Support Physician	
Organ and Tissue Donation Coordinator (patient home)	
Organ and Tissue Donation Coordinator (hospital OR)	
Surgical Recovery Coordinator	
Clinical Service Coordinator	
TGLN Director / Case Manager	
ORNGE	
Paramedic 1	
Paramedic 2	
Hospital	
Community Providers	
Physician 1	
Physician 2	

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NPOD After At-Home MAID

Team Huddle Checklist

The Clinical Services Coordinator Team Lead is responsible for arranging the Team Huddle and should include at a minimum:

- Case Manager – the Director or Manager from Hospital Programs who is overseeing the case from referral onwards;
- Clinical Services Coordinator;
- Organ and Tissue Donation Coordinator;
- Manager on Call;
- Donation Support Physician (if required);
- Chief Medical Officer, Donation (if required);
- If a non-OTDC hospital, consider including Hospital Development Coordinator.

TGLN #	**Huddle Date/Time:**
Case Manager:	**Manager on Call:**
CSC:	**OTDC:**

CONSIDERATIONS	**Complete**	**Requires Follow-Up**
<u>MAID Planning</u>		
• MAID patient confidentiality reminder – confirm with patient who is aware of MAID		
• Is patient currently at home or another location?		
• Will patient come to hospital for testing, or will OTDC go to them?		
• Testing logistics: ○ Blood type for allocation (receiving results from ordering physician) ○ Blood type for serology (confirm region) ○ Stat cross match ○ HLA to Toronto for lung only ○ Tissue bloods need to be draw within 7 days ○ Note considerations for ABO results over weekend ○ Review COVID-19 and other testing requirements needed		
• What is the desired date/time for the provision?		
• Where in home will MAID occur?		
• IV or PICC access for MAID medication? ○ Confirm when this may be inserted if not already		
• When to send MAID bloodwork + serology/HLA?		
• Plan for obtaining cultures?		

CONSIDERATIONS	Complete	Requires Follow-Up
• Plan for physical assessment/exam?		
• Has chest x-ray been arranged? Report required for Health Canada		
• Mandatory Coroner's case. Coroner's Permission Form completed and faxed?		
• Second Coordinator availability – discuss with MOC on Huddle		
• Staffing plan for OTDC coverage through planning phase and on procedure date?		
• Patient planning – clothing, jewelry		
NPOD-DCD Planning		
• DCD lungs – if suitable, plan for bronchoscopy in OR? Sputum culture?		
• Plan to administer Heparin (1000 u/kg as per current practice)?		
• Has the Heparin order been written?		
• Has the MAID provider coordinated picking up the MAID medications and Heparin? (TGLN not responsible)		
• Has Ornge been notified?		
• Has the Ornge Order been signed by the receiving physician at the recovery hospital and sent to Ornge?		
• Plan for Intensivist presence		
• Recovery hospital planning ○ Pre-admission planning – patient demographic information ○ OR availability ○ Materials requested for OTDC and EMS at OR entrance (jump suits, booties, caps, masks) ○ EMS stretcher entering OR – confirm use of chlorhexidine		
• Availability of second OTDC (to be present at hospital for recovery) confirmed		
• Has the MRP/MAID provider participated in a DCD case before? – offer DSP consult		
• Has the MAID provider participated in an NPOD following MAID case before? – offer DSP and MAID consult		
• Documentation/Forms: ○ Death package for hospital – release to funeral home; family member consenting to release body to funeral home, relationship; death certificate ○ Photo of health card (front and back) uploaded into iTransplant ○ Coroner's Permission ○ Community DNR Form (completed by MAID provider; OTDC to show EMS)		

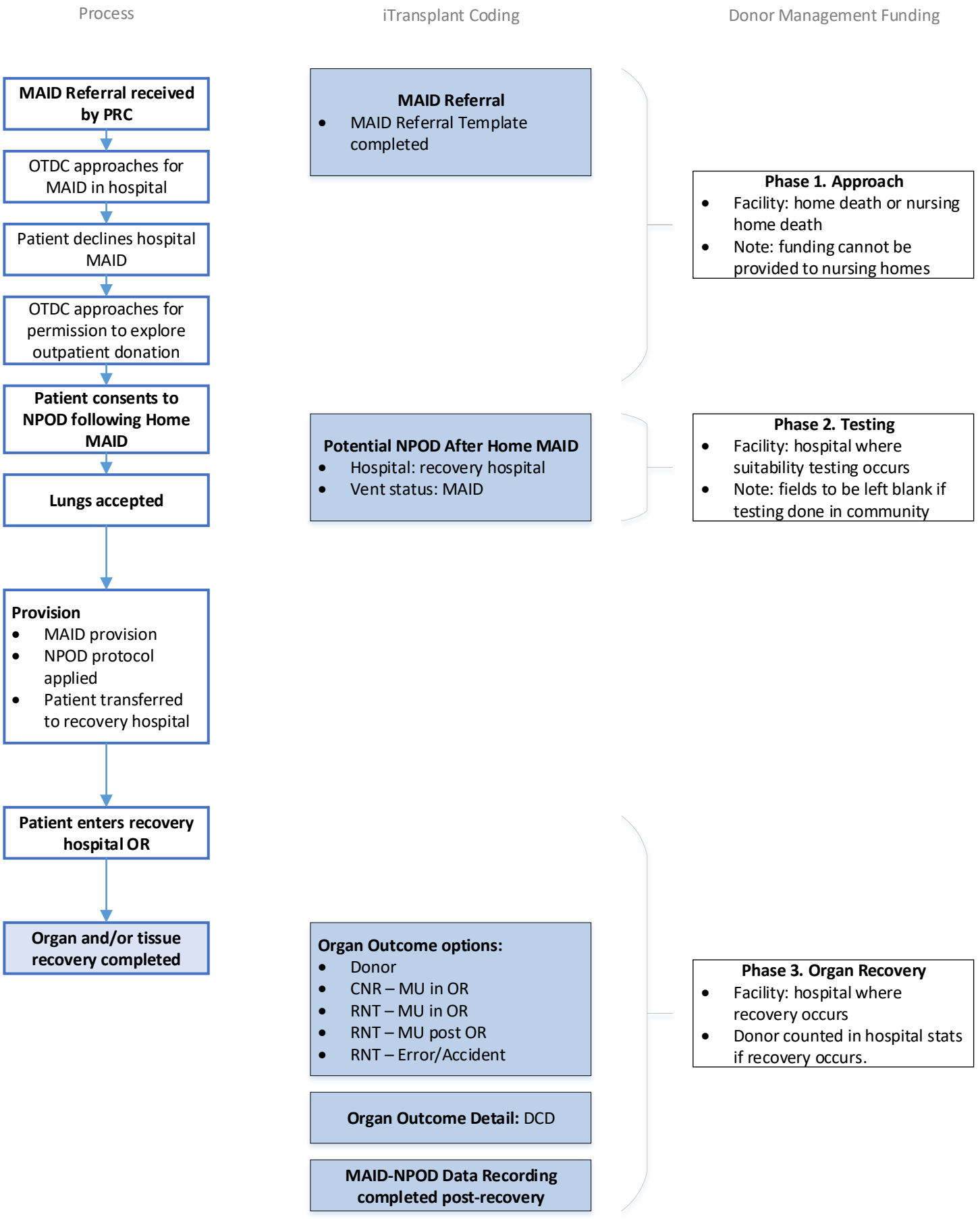
CONSIDERATIONS	Complete	Requires Follow-Up
○ Donation Consent Form ○ DCD Death Form ○ Hold Body Form (if tissue recovery planned) ○ Death Certificate (to take to hospital)		
• Ensure required documentation with OTDC at patient home: ○ First Person Consent Form (original) ○ Donation Consent Form (original) ○ DCD Declaration Form ○ Death Certificate (to be provided by MAID provider) ○ Hold Body Form ○ Coroner Permission ○ Hospital-specific death forms/other that may be required **Forms to be put into hospital chart once onsite*		
• Key contact list and communications plan for OTDC to communicate with EMS, Intensivist in ambulance, SRC, PRC and OTDC at hospital		
• Identify receiving physician (if known at time)		
Ornge		
• Notice of case / receipt of service request		
• Plan for staffing on provision date		
• Key contacts for TGLN – frontline responders		
• Geographic restrictions		
• Patient extraction planning – Case Manager to coordinate with OTDC ○ photos of layout of home ○ stairs ○ elevator request for service ○ presence of pets		
• Access to sufficient supply of medical air cylinders and regulators during application of NPOD protocol and patient transfer to hospital		
• Access to relevant supplies and equipment needed for NPOD protocol ○ Trauma shears to cut clothing ○ Nozzle/flow metre		
• Distance from community setting to recovery hospital – if less than 30 minutes to hospital, proning not required		
• Advanced identification of recovery hospital ambulance bay – OTDC to confirm		
• ORNGE order letter (sample available in Reference Package)		
Tissue Recovery		

CONSIDERATIONS	Complete	Requires Follow-Up
• Has the patient consented to tissue recovery?		
• Has the Tissue Team management been informed of potential case?		
• Confirm tissues accepted		
• Confirm location of recovery (hospital or Coroner's office)		
• Transportation logistics		
• After-care requirements		
• Other considerations		
Case Overview (by OTDC)		
• DSP involvement to date		
• MAID providers (two required)		
• Family situation		
• Review of organs/tissues consented		
• Return of organ(s) or other special considerations on consent?		
• Organ-specific tests (chest x-ray)		
• Timing of HLA and serology		
• Donor OR planning/resource considerations		
• Have cultures (blood, urine, sputum) been sent?		
• Reminder to OTDC to upload the MAID provider documents into the chart ➢ Patient's MAID application ➢ 1st assessment/approver documentation ➢ 2nd assessment/approver documentation		
• COVID-19 testing (two swabs)		
Case Overview (by CSC)		
• PRC staffing and activity consideration		
• Review allocation plan / considerations ○ Exceptional Distribution ○ NAT testing ○ Interest calls		
• Estimated time of allocation		
• Transplant centre considerations (*are there multiple cases happening*)?		
• SRC considerations		
• OTDC considerations		
• Assign case to TC		
• Tissues to be offered/ruled out/OR planning/blood draw		
• Stat cross-match plan		
Other		
• Does the donor hospital have a working sternal saw?		

CONSIDERATIONS	Complete	Requires Follow-Up
• Road/weather concerns re: discuss appropriate travel time for recovery teams		
• Post-tissue recovery transportation requirements (if applicable)		
• After-care requirements ○ Confirm OTDC/Case Manager have discussed funeral home arrangements with patient and communicated instructions regarding release of body to hospital		

Version date: 06 March 2020

iTransplant Coding for NPOD Following At-Home MAID Cases



[redacted]

Ontario Ministry of Health and Long-Term Care

Office of the Fire Marshal

[redacted]

Do Not Resuscitate Confirmation Form

To Direct the Practice of Paramedics and Firefighters after February 1, 2008

Confidential when completed

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – *please print clearly*	
Surname [redacted]	Given Name [redacted]

1. **"Do Not Resuscitate"** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
   - Chest compression;
   - Defibrillation;
   - Artificial ventilation;
   - Insertion of an oropharyngeal or nasopharyngeal airway;
   - Endotracheal intubation;
   - Transcutaneous pacing;
   - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one ☑) has been met and documented in the patient's health record.

[redacted] A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.

[redacted] The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one ☑ of the following: [redacted] M.D. [redacted] R.N. [redacted] R.N. (EC) [redacted] R.P.N.

Print name in full	
Surname [redacted]	Given Name [redacted]
Signatu[redacted]	Date (yyyy/mm[redacted]

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.