OTDC Clinical Resource Tool

Version 2

Winter 2021

Introduction to the OTDC Clinical Resource Tool

The purpose of the OTDC Clinical Resource Tool is to provide guidance on case workflow to new and casual OTDCs. The tool includes priority tasks, checklists, and quick references to key documents. You may need to adjust these checklists and tasks to suit your specific case, or the needs of the donor hospital. As this is a guide, you are able to modify the tools included to fit your needs.

It is recommended to familiarize yourself with its contents *before* embarking on a case in order to know what information is included to be able to make this tool useful for your needs. It is suggested you incorporate this tool when shadowing organ donation cases during your OTDC orientation.

We recommend that you start any OTDC shift with reviewing shift report and to outline outstanding tasks or next steps. You can also consider reaching out to other currently scheduled OTDCs, or the MOC, if you need guidance.

Good luck, and thank you for choosing to do this life-saving work.

Winter 2021

For updates: Shawnna Khan or Mary Robertson

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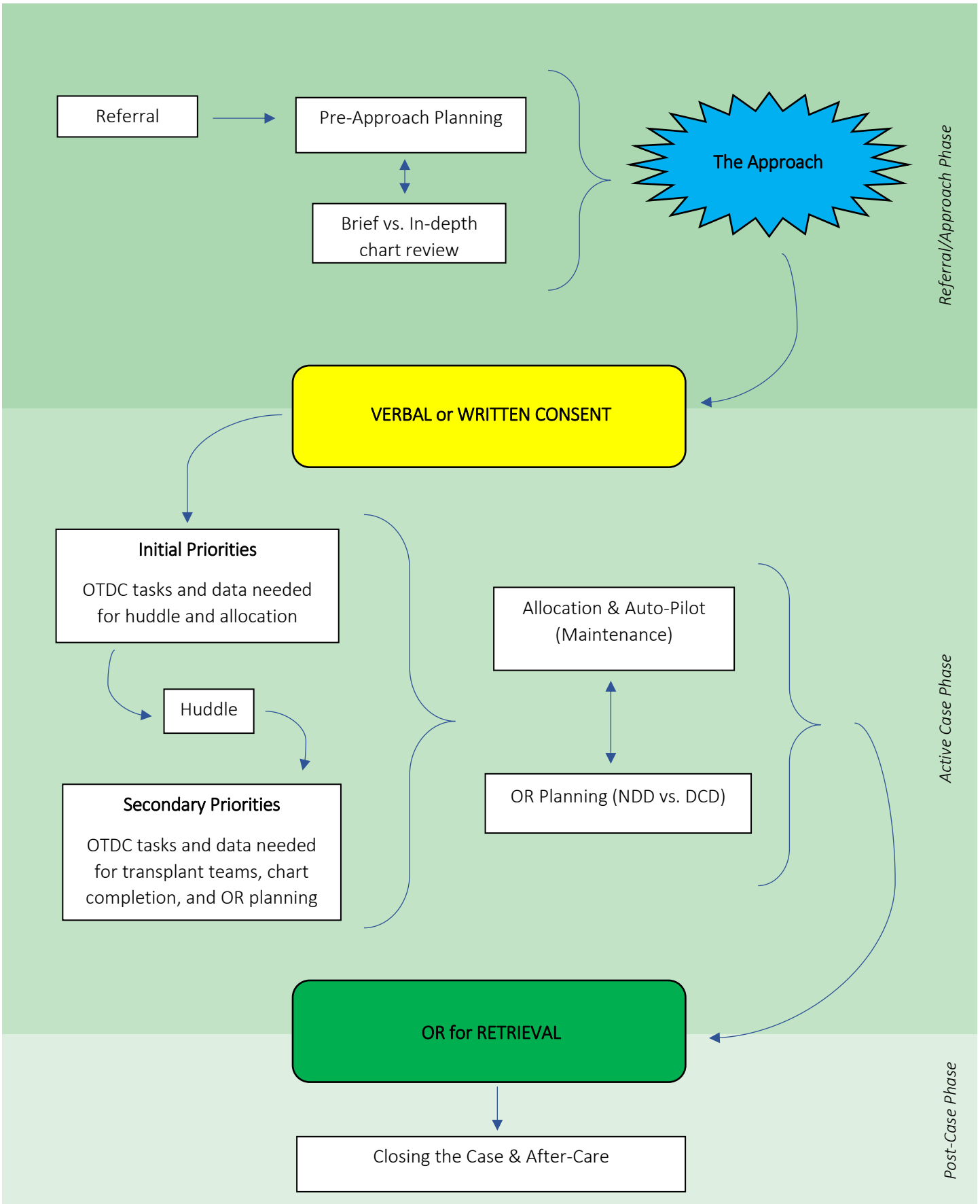
For up-to-date OTDC/CR contact information please contact the PRC

Frequently Called Contact Information

PRC - Organ	416-214-7808 1-888-603-1399
PRC – Tissue	416-363-4438
PRC - Fax	416-214-7797 1-866-557-6100
Bullet Rounds **Mon-Fri at 0900 & 1400** **Weekend/Holiday at 1100**	416-868-5252 1-877-619-2352 Conference Code 029501#
Case Huddle Line	416-619-2351 1-877-619-2351 Conference Code 895747#
Coroner	416-314-4100
Co-op Taxi	416-504-2667 Acct # 26261
Apple Courier	1-888-942-7753 Acct # 1170
Service Desk	416-619-2397 1-844-249-1242 Servicedesk@giftoflife.on.ca
Body Donation **U of T** **Queens** **McMaster**	 416-978-2692 613-533-2600 905-525-9140 x22273

Organ Donation Case Management Map




New Referral Decision Algorithm (Pre-consent)
Is patient stable? MAP >60 SBP>80, inotropes?
Is the patient unstable?
One way wean? Consult senior OTDC or RTC
Patient appears declarable for NDD test
Not declarable possible DCD
Limited therapy no escalation of care
Actively dying on max therapy (MAP <40; 2+ inotropes;
Complete Chart Review
Complete Chart Review
Ask HCP: Plan/timing of NDD & review confounding factors
Family makes decision to WLS
- Assess timing/plan
- Identify SDM
Complete chart review. Is there donation potential?
Phone RTC to consult MOC/DSP/TSP
*assess lung & kidney potential
Yes
No
Head onsite & review Confounding Factors Worksheet
Head onsite Approach SDM
*If WLS is imminent telephone approach
Ask MRP to escalate care OR approach family for time if family made decision not to escalate
Ask HCP to call at TOD for tissue or assess for rapid DCD
Ask HCP to call at TOD for tissue assessment
Patient is declared and family informed and accepting
Verbal Consent: Escalate therapy to stabilize patient Chart Review:Basic labs and interest assessment
Approach SDM

Chart Review

If you don't have a lot of time before approach…	*If you have time (>1H) before approach…*
✓ Consider "red flags" ✓ Consider indicators of eligibility for organs (RTC should help with initial age/location rule-outs) ✓ Consider basic lab info → creatinine for kidneys, COPD/vent support for lungs, CAD/inotropic support for heart, LFTs for liver. ✓ Consider donor stability → ↑ vasopressor/multi-vasopressor supports, ↑ vent support, unstable VS, MRP believes patient may pass in <6H	✓ Identify any indication for automatic rule out ✓ Understand primary diagnosis & course of events that have led to poor prognosis o *Hx of melanoma or Cancer in 5-10 years (find pathology, consults, treatments)* o *Unexplained etiology of illness* o *Previous positive cultures, fungal infections, microbiology reports, treatments* o *Home medications* ✓ Investigate red flags & current organ function

RED FLAGS
(May rule-out or require investigation)

- ✓ Cancer history
- ✓ Multiple long-standing co-morbidities, especially if poorly controlled
- ✓ Admission for aggressive infectious disease
- ✓ Many "unknowns" about history, especially in the context of high-risk lifestyle
- ✓ Any type of long-term substance use disorders

Pre-Consent Considerations	Post-Consent Considerations
If there is even one organ potential approach the family o If there is disease/MSOF/diagnosis that can rule out the entire donor consult TSP o Marginal donors may require interest calls if there is time	TSP consult may be used to rule out diseased organs to prevent delays with allocation. Otherwise, any further testing requested by tx programs are relayed to the programs at this point to accept or decline organs

If there are suitability concerns: Consult with RTC (pre-consent) for potential TSP consult or CSC (post consent) and share information obtained

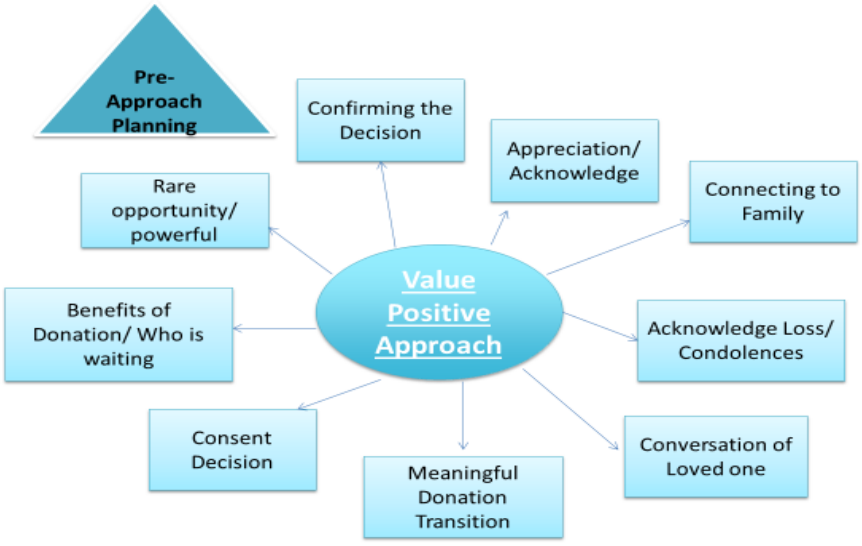
Interest Call Requirements: Height, weight estimates, ABO, any concerning imaging or medical history documents

Organ-Specific Crucial Information
(see ORC for organ suitability and absolute rule-out criteria)

Heart	Lung	Kidney	Liver	Pancreas
✓ CAD, stents, mech. valves ✓ MI, CABG, any surgery ✓ Arrhythmia, ablation ✓ Vascular disease, diabetes ✓ Post-arrest ✓ Clinic visits, hx of chest pain ✓ Abnormal historical ECG ✓ Endocarditis, clots ✓ Recent trop & ECG	✓ COPD, emphysema ✓ Pneumonia, PE ✓ Smoking history details ✓ CT chest, recent CXR (image and report) ✓ Recent gases ✓ Current vent settings	✓ Vascular disease, diabetes ✓ Historical & recent creatinine and urinalysis ✓ Any chronic renal disease ✓ CT abdo/pelvis, ultrasound ✓ Previous dialysis (current generally rules-out)	✓ Vascular disease ✓ ETOH history details ✓ Recent LFTs, INR/coags ✓ CT abdo/pelvis, ultrasound	✓ Diabetes ✓ Recent lipase/amylase

Pre-Approach Planning

NDD	DCD
☐ Involve and speak with MRP & bedside RN prior to going to hospital and immediately when on-site	☐ Involve and speak with MRP & bedside RN prior to going to hospital and immediately when on-site
☐ Identify correct SDM according to TGLN Act	☐ Identify correct SDM according to TGLN Act and HCCA (listed on consent form page 3)
☐ Know donor preference	☐ Know donor preference
Understand if NDDs have been or going to be completed ☐ To be done: Verify confounding factors, clear cause of coma, recent labs (<6 hours from NDD timing), normalize ABG & DSP consult (if required) ☐ Completed: Review declarations & confounding factors, consult with DSP & MOC (if required)	Is there a WLSM decision? ☐ Ensure note is (or will be) written for WLSM decision in family meeting *and that the family has agreed to this plan* ☐ If asked to approach because family has asked about donation before there is a WLSM meeting/decision. Do not approach and discuss with MRP. Only general discussion of donation and answer questions for family. Do not approach without a WLSM decision.
Is family accepting of NDD? ☐ Yes – plan for approach with HCP ☐ No – leave key messages, PRC/OTDC number, document in clinical notes and inform RTC	Understand if extubation is for: ☐ One-way wean without palliation ☐ WLSM/comfort measures/palliation ☐ Patient has improved/survived Only approach if extubation is for WLSM
Prior to Approach (if possible) ☐ Complete some chart review if possible (quick review versus in-depth, dependent on time) – looking for obvious rule-outs and red flags. See the chart review section. ☐ If necessary, proceed with an DSP/TSP/ID consult and/or interest calls in collaboration with the assigned RTC.	
Ask how the physician will introduce you/TGLN and offer for RN/MRP/SW to be present for approach.	
If you have concerns about the approach, identifying the SDM, family social conflicts impeding approach, or the health care team voicing concern about the approach, speak with the MOC.	
TGLN Approach Plan Checklist - ORC Link	



Priorities After Consent

Initial Priorities (needed to start allocation + huddle)

Note: if in-depth chart review is required as it has not yet been completed, initiate order set as below so this can get started while you are completing the chart review or other time-consuming tasks.

- ☐ Inform PRC of consent
- ☐ Inform RN and MRP of consent
- ☐ Written consent – upload
- ☐ Medical social questionnaire – upload and notify CSC when complete
- ☐ Any emerging infection disease testing (i.e. COVID-19 NP swab and ETT aspirate)
- ☐ Hemodilution calculation
- ☐ HLA and serology bloods drawn and sent
- ☐ ABO (request subtype if A or AB)
- ☐ Actual height and weight
- ☐ Chart review if not already completed – upload previous labs and diagnostic imaging, correlate med-soc with hospital records of PMHx, etc. – see Chart Review

Secondary Priorities

Recruitment Maneuver:
1. Pre-oxygenate with 100% FiO_2 for 10 minutes.
2. Sustained inflation with PEEP of 30 cm H_20 for 30 seconds.
3. Maintain 100% FiO_2 x 10 minutes.
4. Draw ABG & return to previous vent parameters.

- ☐ Initiate order set:
  - ☐ Set schedule for routine labs
  - ☐ Urinalysis & albumin/creatinine ratio (ACR)
  - ☐ Sputum, urine, & blood (x2 sets) cultures
  - ☐ Samples for infectious disease testing (if applicable)
  - ☐ Solumedrol
  - ☐ Levothyroxine if NDD only (not for DCD Hearts)
  - ☐ Post-recruitment maneuver ABG, **or for DCD =** Challenge ABG on 100% FiO_2 for 10 minutes
  - ☐ CXR Q12H, post-recruitments
  - ☐ Bronchoscopy (bronch worksheet, BAL samples for C+S & infectious diseases)
  - ☐ 12 lead ECG
  - ☐ 2D ECHO (>8H post 1st levothyroxine dose for NDD)

  } For all NDD & DCD <40

- ☐ Confirm if a coroner's case with MRP
  - ☐ Call coroner for permission
  - ☐ Complete Coroner's Permission Form, fax to coroner's office, upload form
- ☐ OR – notify of potential donor, usually with first organ acceptance.
  - ☐ Confirm sternal saw, chest retractors, internal defibrillators and bronch tower available as applicable
- ☐ Physical Assessment
- ☐ Huddle with CSC & MOC
- ☐ Upload documents to iTransplant (ex. NDD form, confounding factors, coroner's permission form, etc.)

Allocation and Maintenance

- ☐ Keep family informed
- ☐ Update labs & VS Q2-4H
- ☐ Upload CXR images & reports
- ☐ Upload requested diagnostic test results as available
- ☐ Book OR once an organ is allocated
- ☐ Work through OTDC checklist on iTransplant
- ☐ Huddle with TC (tissue coordinator) regarding accepted tissues
- ☐ See *DCD – Preparing for the OR* / *NDD – Preparing for the OR* as applicable.

When leaving site

- ☐ Leave key messages + case milestone tool at bedside; upload tool
- ☐ Staff Tracking & Case Sign Off (iTransplant)
- ☐ Report given to oncoming OTDC and alert CSC

NDD: Preparing for the OR

Post Allocation	
☐	Negotiate and set OR time with CSC/transplant teams, OR personnel, and family who have final say in time
☐	Ensure anesthesia will be available for OR ✓ Bronchoscopy tower for lungs
☐	Confirm sizing and number of scrubs required for transplant teams Get yourself your OR scrubs and hat/mask/booties for the OR
☐	Get extra bloods immediately prior to OR and do hemodilution as needed (these bloods are usually handed off to SRC/transplant teams)
ICU Pre-OR Tasks	
☐	Make plan with the family: where they will say goodbye to patient, will they stay on site for an update from you after the OR is underway, or will they go home immediately, does someone want to be notified when the OR is complete, and make sure the right contact/consenter knows that OTDC will follow-up in 1-2 days with transplant outcomes (see After Case Care)
☐	Review patient prep: ✓ Confirm patient's arm band location ✓ Ensure feeds are stopped and gastric contents withdrawn 1 hour prior to OR
Pre-OR Tasks	
☐	Have documents ready to present – review in pre-OR huddle with SRC / OR team / transplant teams ✓ Consent to Donate Form ✓ NDD Form (+ ancillary test report if applicable) ✓ Coroner's Permission Form (if applicable) ✓ Any death certifications required by OR as per hospital policy (not necessary for organ recovery as per Dr. Healey)
☐	Plan for any special considerations and alert involved personnel as required – i.e. coroner stipulations, multi-tissue recovery post organ recovery, family special requests – SRC should be well-informed of these considerations
Ongoing Communication	
☐	Touch base with OR on regular basis to ensure limit of delays
☐	Communicate OR delays with ICU team / family / OR personnel / CSC
☐	Meet your SRC & transplant team to deliver scrubs & direct to OR
Transfer to OR	
☐	Plan to meet SRC and/or transplant teams and provide scrubs, directions
☐	Prepare porters for transport to OR, or plan if anesthesia/yourself/bedside RN/RT will transport together to OR
☐	Once in OR, after reviewing documents with teams, hold a moment of silence with all present in OR suite, to honour the donor

DCD: Preparing for the OR

Prior to OR

☐ Establish WLSM location & set up

☐ Set OR set-up time & WLSM time (1 hour apart) with:
- ✓ Family
- ✓ CSC/transplant teams
- ✓ OR personnel
- ✓ **Ensure largest OR for DCD hearts**

☐ Confirm height of OR table (match with patient bed height)

☐

Lungs Accepted	Book anesthesia/RT
	Ensure Bronchoscopy Tower available

☐ Review route to OR suite

☐ Identify 1st & 2nd Declaring MD
- 1st MD
  - ✓ Staff
  - ✓ Available for duration of WIT
  - ✓ Willing to administer high dose heparin
- 2nd MD
  - ✓ Review policy if MD or Fellow/Resident
  - ✓ Available to be called for immediate response to declare death

☐ Get extra bloods prior to WLSM and do hemodilution as needed (these bloods are usually handed off to SRC/transplant teams)

☐ Ensure feeds are stopped and gastric contents withdrawn 1 hour prior to WLSM. NG/OG should stay in-situ if at all possible post-extubation

☐ Confirm patient's arm band location

☐ Get yourself your OR scrubs and hat/mask/booties for in the OR
Confirm sizing and number of scrubs required for transplant teams

☐ Set up of WLSM space (chairs, equipment, OTDC space to view monitor, etc.)

ICU Pre-WLSM Huddle

☐ Review WLSM process with heparin administration
- ✓ Ensure that the two MDs are present and ready
- ✓ Ensure the physicians, bedside RN and RT understand that TGLN/OTDC does not participate in or direct any aspect of the WLSM process other than the request for heparin given about 5 minutes before WLSM
- ✓ Ensure heparin is available and prepared/drawn-up
- ✓ Support system for family i.e. RN/SW/Chaplin

☐ Review declaration process
- ✓ Declaration criteria, ensure PEA is acceptable
- ✓ 5 mins hands-off
- ✓ Role of MRP, RN & transportation to OR when death is confirmed at end of 5 mins (i.e. who disconnects leads, lines, un-brakes and flattens bed, ensures forms are signed correctly, opens doors, and who (2x) pushes bed to OR and can assist with moving patient from hospital bed to OR table)
- ✓ Review *Pronouncement of Death: Organ Donation after DCD* form, and have applicable death certificates and/or warrants to bury ready – may partially fill out as able, ensure forms are destroyed if patient does not pass in time
- ✓ Review special considerations from family and/or coroner

	✓ Review max WIT wait from transplant surgeons, and ensure space/staff is available in ICU for patient to return if they do not pass in time
☐	Bedside RN has WLSM orders from MD
☐	Organize arrangements for transportation to OR (i.e. porters, RNs, Care Attendants)
OR Pre-WLSM Huddle	
☐	Have documents ready to present – review in pre-OR huddle with SRC / OR team / transplant teams ✓ Consent to Donate Form ✓ Consent to Interventions for the Purpose of Organ Donation after Death by Circulatory Determination ✓ Coroner's Permission Form + Warrants to Bury/Pre-Mortem if applicable ✓ **Pronouncement of Death: Organ Donation after DCD Form will be filled out after patient passes and will be presented upon delivery of deceased patient to OR** ✓ Any death certifications required by OR as per hospital policy (not necessary for organ recovery as per Dr. Healey)
☐	Plan for any special considerations and alert involved personnel as required – i.e. coroner stipulations, multi-tissue retrieval post organ recovery, family special requests – SRC should be well-informed of these considerations
☐	Discuss communication plan with SRC for updates: when both OR team and ICU team are ready to start WLSM, heparin administration, WLSM time, VS, when 5 minutes begins, and transfer to OR suite
☐	Plan for movement of patient into OR and roles for immediate arrival tasks (door holders, transferring patient to table, identification of patient, and sharing updated forms with transplant surgeons)
☐	Review max WIT wait from transplant surgeons
☐	Hold a moment of silence with all present in OR suite, to honour the patient
Family Pre-WLSM Huddle	
☐	Discuss with family plan: ✓ Review 5-minute observation period ✓ Where the family will go and who will accompany them (consider additional ICU RN or SW for this purpose) ✓ Review max time transplant teams will wait after WLSM, and plan for return to ICU if patient does not pass in time
☐	Review with family their plan once patient is in OR (will they stay on site for an update from you after the OR is underway, or will they go home immediately, does someone want to be notified when the OR is complete, and make sure the right contact/consenter knows that OTDC will follow-up in 1-2 days with transplant outcomes (see After Case Care)
Ongoing Communication	
☐	Touch base with OR on regular basis to ensure limit of delays
☐	Communicate OR delays with ICU team / family / OR personnel / CSC
☐	Meet your SRC & transplant team to deliver scrubs & direct to OR
After Case Care	
☐	Ensure DCD flowsheet is completed in iTransplant including time heparin given, WIT start, and pronouncement & confirmation of death times
☐	Upload remaining documents (pronouncement form) **If patient does not pass, please refer to After Case Care*

After Case Care	
Case Closure	
☐	*iTransplant* ✓ Complete OTDC checklist ✓ Complete CFF and task to HD with a due date of 3 days ✓ Task preliminary and final cultures follow-up to "culture assignment" ✓ Complete "case sign-off" ✓ Complete staff tracking
☐	*Family Follow-Up* ✓ Confirm family preference for follow-up ✓ Update family 24-48H post organ recovery with transplant outcomes. Complete the "donor family questions" o If not your hospital, confirm with full-time OTDC who will do this ✓ Send sympathy card o If not your hospital, confirm with full-time OTDC who will do this ✓ Send thank-you letter to healthcare team o Done by full-time OTDC or HD
Failed DCD Considerations	
☐	✓ Consider NPOD after failed DCD with CSC and MOC if not yet consented ✓ If WLSM was outside of ICU and the patient is stable, transfer the patient back to the ICU or the agreed upon location for continued palliation and end of life care ✓ Destroy any documents related to death declaration
Post Organ Recovery Considerations	
☐	✓ Following the organ recovery, notify Coroner/Coroner's Office (if a coroner's case) that case is complete as per Coroner's request ✓ OR nurse completes post-mortem care and transfers patient to the morgue o If family has requested viewing of the body, the OR nurse will arrange for transport of the body to the agreeable location & OTDC/Chaplain/SW to support ✓ OTDC debriefs with OR team and ICU team

Reference Section

Case Activity Forms in Online Resource Centre (ORC)

Online Resource Centre (ORC) Access:

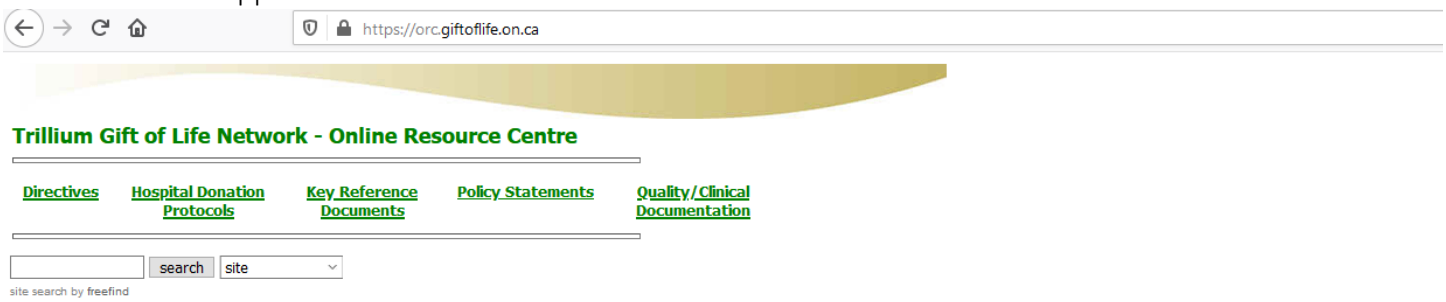
To access the ORC to read Clinical Process Instructions (CPI) that contain the standard operating procedures, follow the link below

1. Click or copy and paste the URL address below into the Internet browser's address box: https://orc.giftoflife.on.ca

The following should appear:

Then this will appear:

Then this should appear with all related CPIs:



Organ and Tissue Donation Clinical Process Instructions, Forms and Tools

Donor Referral & Intake	Donor Assessment, Screening, Suitability and Testing	Donor Organ and Tissue Allocation and Waitlist Management	Donor OR Planning, Perfusion, Packaging & Labelling	Donor OR Planning, Perfusion, Packaging & Labelling - Tissue	Donor Specimen Management	Donor Case Follow-up	Clinical Quality	Education	Adjunct Vessels	Donor and Family Aftercare	Living Donation	Corporate Donation	Public Reporting	Health and Safety
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Donation Process Overview	*Medical Management Guidelines*	*Hospital and Other Profiles*	*All Laboratory Profiles*	*Organ Allocation Algorithms*	*Donor Exclusion Criteria*	*Database and Waiting Lists*	*TGLN Hospital Donation Case Follow-up*	*Administration*

Cut-off Date	Publishing Date
October 15th, 2020	November 25th, 2020
December 15th, 2020	January 27th, 2021
February 15th, 2021	March 31st, 2021
April 15th, 2021	May 26th, 2021
June 15th, 2021	July 28th, 2021
August 15th, 2021	September 29th, 2021

Forms and Tools:

I) CLINICAL

Donor Referral & Intake

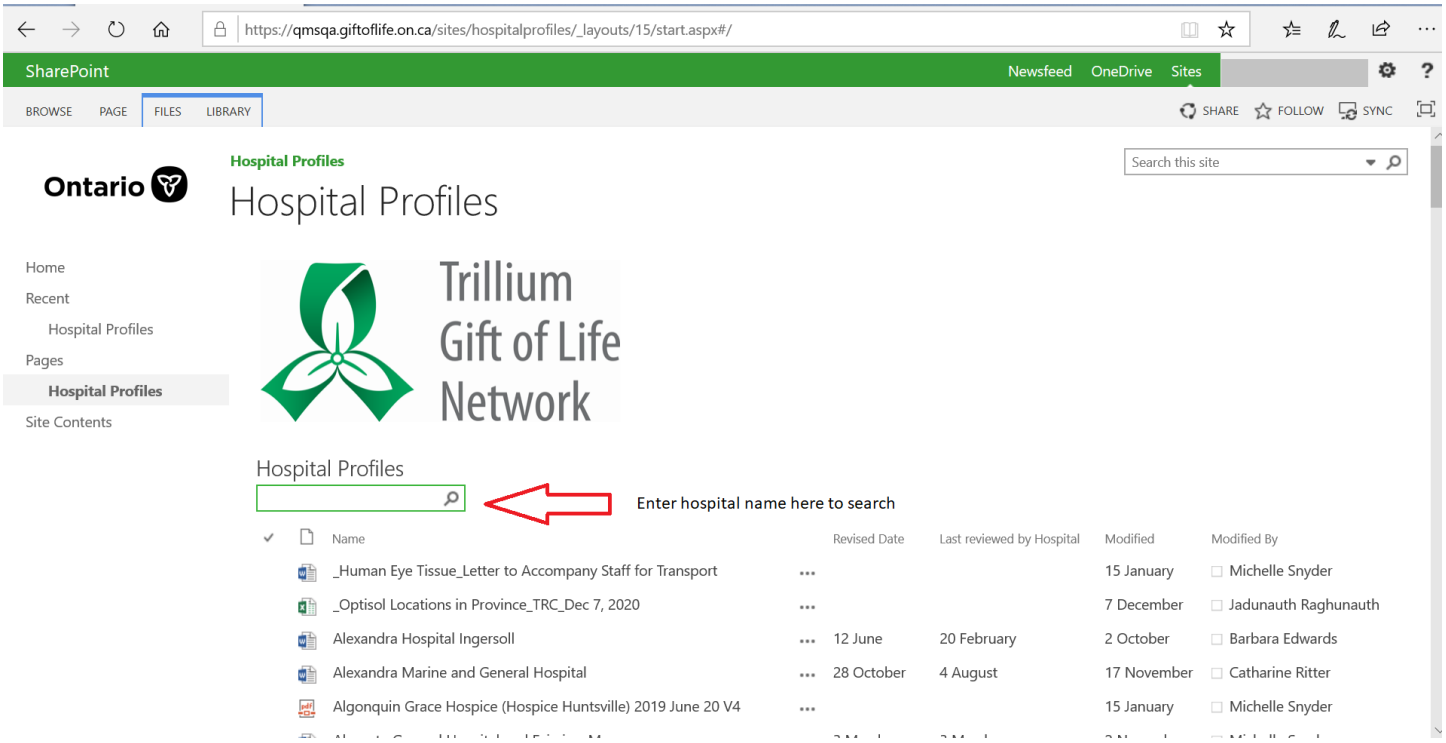
CSF-9-2 Donation after Cardio-circulatory Death (DCD) Hospital Participation Checklist
CSF-9-4 Hold Body Form (English) - Tissue Donation Consideration
CSF-9-188 Hold Body Form (French) - Tissue Donation Consideration
CSF-9-1 Triage Form

Continue to scroll or use “CTRL + f” to enable a search box function.

SharePoint Hospital Profiles

Hospital profiles are currently located on SharePoint. Use the below link to access and sign in with your TGLN log-in.

https://qmsqa.giftoflife.on.ca/sites/hospitalprofiles/_layouts/15/start.aspx#/



Key Forms and Documents for Running a Case

It is recommended that OTDCs refer to the TGLN Online Resource Centre (ORC) for the most up-to-date versions of the following forms, as most are updated periodically, and using the most recent form is required by Quality.

The following are found on the ORC under Quality/Clinical Documentation→Organ and Tissue Donation Clinical Process Instruction, Forms, and Tools.

CSF-9-235: Emerging Infectious Disease Screening Tool (COVID-19)

- *Infectious Disease screening tool, required to be confirmed prior to going on-site and reaffirmed when obtaining consent*

CSF-9-11: Consent Form to Donate: Organs and/or Tissues

- *Consent form for organ and tissue donation, required for both NDD and DCD donation, requiring SDM as per TGLN Act. For first-person consent to donation, please see CSF-9-187.*

CSF-2-26: Consent to Interventions for the Purpose of Organ Donation after Death by Circulatory Determination

- *Consent form for organ donation via DCD, requiring SDM as per TGLN Act and HCCA Act – not needed for NDD donation.*

CSF-9-5: Neurological Determination of Death Checklist and Guidelines – Adult

- *For adults and children over the age of one.*
- *Includes background information on performing NDD, confounding factors, and procedure for NDD.*
- *Page 3 is the official form, to be filled out by the declaring physicians.*

CSF-9-201: NDD Confounding Factors Worksheet – Adult

- *Worksheet on page 1 to be filled out by OTDC prior to NDD testing; rationale for each factor is outlined as well in pages 2-3.*

CSF-9-137: Donation after Death by Circulatory Determination: OTDC Checklist

- *OTDC checklist for DCD*

CSF-9-78: Pronouncement of Death: Organ Donation after DCD

- *To be filled out by two physicians to confirm death for DCD donation.*
- *Review carefully to ensure you know who fills in what information, and the times to be documented (e.g. Section 1 is the time at the start of the 5 minute hands-off period, Section 2 is the time of the end of the 5 minute hands-off period.*

CSF-9-14: Donor Medical and Social History Questionnaire

- *To be used during the interview with the SDM or person determined best to answer these questions.*
- *Rationale for these questions can be reviewed at CSF-9-13.*

CSF-9-7: Coroner/Forensic Pathologist Permission

- *If patient is a coroner's case: filled out by the coroner in-person if on-site, otherwise filled out over the phone by the OTDC with the coroner.*
- *Ensure a copy is faxed to the coroner's office (see bottom of form for number).*

CSF-9-95: Bronchoscopy Worksheet

- *To be filled in by the physician performing the bronchoscopy.*

CSF-9-23: HLA Lab Requisition Form

- *Typically used for provincial kidney bloodwork and other HLA testing, depending on your hospital and region (you may already have a paper triplicate copy available for use). Note that some hospital laboratories have their own HLA form.*

CSF-9-20: Laboratory Services Requisition

- *Typically used for various serology testing, including NAT and WNV testing, depending on your hospital and region (you may already have a paper triplicate copy available for use). Note that some hospital laboratories have their own serology testing forms that may vary depending on what serology tests are requested.*

"All Laboratory Profiles" (link in burgundy box near top of Organ and Tissue Donation Clinical Process Instruction, Forms, and Tools)

- *A quick-reference guide of all laboratories utilized by TGLN in Ontario for donor testing, and lab-specific information regarding contact, tubes required for specific tests, etc.*

The following are found on the ORC under Quality/Clinical Documentation→Hospital Development and Programs, Forms, and Tools.

TGLN Approach Plan Checklist

- Official Pre-Approach Plan Checklist for OTDCs.

Case Milestone Communication Tool

- *Left at the bedside when the OTDC goes off site, to communicate information, directions, and a status update about the patient's organ donation process, and to provide contact information for bedside staff.*

COVID-19 Lab Requisition Form

- *Used for each sample sent to TML for COVID-19 testing.*
- *If you are reading this post-pandemic and this req is obsolete, do a happy dance ☺*

Donation after Death by Circulatory Criteria Order Set & Organ and Tissue Donor Management Order Set & Physician's Orders for Paediatric Organ Donation: Template

- *Order sets that can be used as a guide if the hospital doesn't have an established donor management set.*