

Surge Evaluation Form

E-mail and attach a copy of the completed form to:
dhallett@giftoflife.on.ca
ltodd@giftoflife.on.ca

Manager On-Call _____
 CMO-Transplant _____
 Admin On-Call _____
 Date Surge Initiated _____

Check all that apply

- Primary and back-up teams unable to recover – organ(s) at risk of being lost.
- PRC Director or MOC and CMO-Transplant initiated surge. Transplant Program Surgical Directors and surgical teams alerted.
- Case discussed via teleconference with PRC Director or MOC, CMO-Transplant, Transplant Program Medical Directors, and TGLN Senior Leadership.

Affected Case (At Risk)

Provide Case Details		Out of Province Donor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the NOK asked to delay due to surge? <input type="checkbox"/> Yes <input type="checkbox"/> No
TGLN Donor # _____ Hospital _____			What was the NOK response? <input type="checkbox"/> Yes - okay to delay <input type="checkbox"/> No - do NOT delay
Accepted Organs by Transplant Program:		Recovery Teams:	Was the donor OR delayed due to surge? <input type="checkbox"/> Yes <input type="checkbox"/> No
Liver / Sm Bowel	L Kidney	Kidneys	How many hours was the case delayed?
<input type="checkbox"/> TGH / HSC	<input type="checkbox"/> TGH	<input type="checkbox"/> TGH	<input type="checkbox"/> 0 - 1
<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> 1 - 2
<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> HAM	<input type="checkbox"/> 2 - 3
	<input type="checkbox"/> HAM	<input type="checkbox"/> OTT	<input type="checkbox"/> 3 - 4
	<input type="checkbox"/> OTT	<input type="checkbox"/> KGH	
	<input type="checkbox"/> KGH	<input type="checkbox"/> HSC	
	<input type="checkbox"/> HSC	<input type="checkbox"/> OOP	
	<input type="checkbox"/> OOP		
Was the Primary Program able to recover?		If Primary program unable to recover, which back-up program was contacted for help?	
TGH	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	TGH	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
LHSC	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	LHSC	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
HAM	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HAM	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
OTT	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	OTT	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
KGH	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	KGH	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If NO, reason: _____		If NO, reason: _____	
Summary of Events / Comments:			

Related Cases

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<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> HAM	<input type="checkbox"/> 2 - 3
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	<input type="checkbox"/> OTT	<input type="checkbox"/> KGH	
	<input type="checkbox"/> KGH	<input type="checkbox"/> HSC	
	<input type="checkbox"/> HSC	<input type="checkbox"/> OOP	
	<input type="checkbox"/> OOP		
Was the Primary Program able to recover?		If Primary program unable to recover, which back-up program was contacted for help?	
TGH	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	TGH	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
LHSC	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	LHSC	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
HAM	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HAM	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
OTT	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	OTT	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Accepted Organs by Transplant Program:		Recovery Teams:	
Liver / Sm Bowel	L Kidney	R Kidney	Pancreas
<input type="checkbox"/> TGH / HSC	<input type="checkbox"/> TGH	<input type="checkbox"/> TGH	<input type="checkbox"/> TGH
<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC
<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> OOP
	<input type="checkbox"/> HAM	<input type="checkbox"/> HAM	
	<input type="checkbox"/> OTT	<input type="checkbox"/> OTT	
	<input type="checkbox"/> KGH	<input type="checkbox"/> KGH	
	<input type="checkbox"/> HSC	<input type="checkbox"/> HSC	
	<input type="checkbox"/> OOP	<input type="checkbox"/> OOP	
		Liver / Sm Bowel	Kidneys
		<input type="checkbox"/> TGH / HSC	<input type="checkbox"/> TGH
		<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC
		<input type="checkbox"/> OOP	<input type="checkbox"/> HAM
			<input type="checkbox"/> OTT
			<input type="checkbox"/> KGH
			<input type="checkbox"/> HSC
			<input type="checkbox"/> OOP
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HAM	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	HAM	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
OTT	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	OTT	Response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> OOP
	<input type="checkbox"/> HAM	<input type="checkbox"/> HAM	
	<input type="checkbox"/> OTT	<input type="checkbox"/> OTT	
	<input type="checkbox"/> KGH	<input type="checkbox"/> KGH	
	<input type="checkbox"/> HSC	<input type="checkbox"/> HSC	
	<input type="checkbox"/> OOP	<input type="checkbox"/> OOP	
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<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> OOP
	<input type="checkbox"/> HAM	<input type="checkbox"/> HAM	
	<input type="checkbox"/> OTT	<input type="checkbox"/> OTT	
	<input type="checkbox"/> KGH	<input type="checkbox"/> KGH	
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<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	
<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> OOP	<input type="checkbox"/> OOP	<input type="checkbox"/> HAM	<input type="checkbox"/> OOP	
	<input type="checkbox"/> HAM	<input type="checkbox"/> HAM			<input type="checkbox"/> OTT		
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OTT	Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	OTT	Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If NO, reason: _____
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<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	<input type="checkbox"/> LHSC	
<input type="checkbox"/> OOP	<input type="checkbox"/> SMH	<input type="checkbox"/> SMH	<input type="checkbox"/> OOP	<input type="checkbox"/> OOP	<input type="checkbox"/> HAM	<input type="checkbox"/> OOP	
	<input type="checkbox"/> HAM	<input type="checkbox"/> HAM			<input type="checkbox"/> OTT		
	<input type="checkbox"/> OTT	<input type="checkbox"/> OTT			<input type="checkbox"/> KGH		
	<input type="checkbox"/> KGH	<input type="checkbox"/> KGH			<input type="checkbox"/> HSC		
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OTT	Response	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A	OTT	Response	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If NO, reason: _____
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