

Clinical Process Instruction Manual

DCC Referral Intake and On-Site Support Process Instruction

Policy:

Organ donation following Death Determination by Circulatory Criteria (DCC) refers to the process of solid organ donation after death for patients determined to be dead via circulatory criteria, rather than neurologic criteria. Ontario Health (Trillium Gift of Life Network (TGLN)) facilitates the option of DCC for patients on life support, where death has not been pronounced via neurological criteria and withdrawal of life sustaining measures (WLSM) is planned. Such reporting of imminent death and discussion of consent for organ donation in advance of death is permissible as per the *Gift of Life Act*. TGLN accepts all referrals of this nature.

A one-way wean is a plan of care where there is withdrawal of ventilation (and/or extubation) but where other active treatment is continued; this may include antibiotics, blood pressure medication, transfusion or other treatment with intention to prolong life. With a one-way wean, the patient may or may not be able to support their own respiratory effort but will not be re-intubated. TGLN accepts referrals of this nature, but does not engage in discussions about consent for organ donation when a one-way wean is planned.

Process:

1. The Referral Triage Coordinator (RTC) or Clinical Services Coordinator (CSC) registers a new referral following steps 1 through 8 in the *Ontario Organ or Combined Organ and Tissue Donation Process Instruction CPI 9-100* as applicable.
2. The RTC or CSC assesses for preliminary organ donation suitability. Details regarding suitability assessment are found in the *Deceased Donor Exclusion Criteria and Suitability Screening Process Instruction CPI 9-218*.
3. The RTC or CSC will collect information from the referring Health Care Professional (HCP) regarding the patient's status, including: "do not escalate care" or "do not resuscitate" (DNR) orders on record; and/or plans to WLSM.
4. If the referral is determined to be a potential DCC organ donor, the CSC or RTC pages the appropriate on-call Specialist – Organ and Tissue Donation (S-OTD) when an on-site presence is required. Onsite support is required for potential DCC organ donors when any of the following apply:
 - a withdrawal of life support decision has been made;
 - family ask to speak to someone about donation;

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- there is a planned family meeting where withdrawal of life support will be discussed; or
- hospital requests onsite support for a planned meeting with family.

The CSC or RTC provides sufficient and relevant information to the S-OTD. Priority for onsite vs. telephone support will be given to a potential donor with a registered consent decision (RCD) of transplant.

5. If the RTC, CSC or S-OTD is uncertain about distinguishing a referral as a one-way wean versus a WLS, the Donation Support Physician (DSP) should be connected with the Most Responsible Physician (MRP) to discuss the referral.
6. In cases where there are opinions voiced about potential DCC donors not likely to pass away in a timeframe conducive to DCC donation, plans proceed as long as the family and transplant program are willing to proceed despite doubts.
7. If the potential for DCC organ donation exists, the S-OTD determines whether the referring hospital has a DCC policy in place. If no such policy exists at the hospital, refer to *DCC Facilitation for Hospitals with No Implemented DCC Policy Process Instruction, CPI-9-141*, and the Manager On-Call (MOC) is consulted.

Records:

- No records.

References:

- *Ontario Organ or Combined Organ and Tissue Donation Process Instruction, CPI-9-100*
- *Donation Support Process Instruction, CPI-9-103*
- *Deceased Donor Exclusion Criteria and Suitability Screening Process Instruction CPI 9-218*
- *Gift of Life Act*