

Clinical Process Instruction Manual

Physical Examination – Organ or Combined Organ & Tissue Donors Process Instruction

Policy:

Donor screening and testing activities are performed to assess donor suitability. As per the Health Canada's *Safety of Human Cells, Tissues, and Organs for Transplantation (CTO) Regulations* and *American Association of Tissue Banks (AATB) Current Standards for Tissue Banking*, Trillium Gift of Life Network (TGLN) collects comprehensive screening information for all potential organ and/or organ and tissue donors. Accordingly, the Specialist Organ and Tissue Donation (S-OTD), Clinical Responder (CR) or designate performs a thorough physical examination for any evidence of high-risk behaviour, infection (bacterial, fungal, parasitic or viral), visible or palpable malignancy and trauma to the recovery site. In addition, the S-OTD/CR observes the patient for line placement and the presence of tattoos, piercing, scars (surgical or trauma), fractures, abrasions/lesions and/or rashes. In cases where there is no on-site coordinator, a physical exam may be performed by the healthcare professional (HCP) under the direction of the Clinical Services Coordinator (CSC).

Physical examinations after death determination by neurologic criteria (DNC) is established and consent is obtained. In the case of donation after death determination by circulatory criteria (DCC), pre-mortem consent for testing for the purposes of donation includes physical examination of the patient, prior to determination of death. A physical examination is required within 30 days of the scheduled MAID provision or WLSM.

All findings are documented in the clinical notes and the donor assessment and are reported to the appropriate persons.

Process:

1. Following DNC and consent or pre-mortem consent for the purposes of donation after DCC, the S-OTD/CR or designate performs a physical assessment of the donor.
2. The S-OTD/CR or designate inspects all surfaces of the body (including the back) from head-to-toe for any notable observations. The S-OTD/CR or designate pays special attention to visible evidence of lymphadenopathy, palpable masses, blue or purple spots, needle tracks, scars, abrasions, bruises, lacerations, areas of swelling, other wounds, tattoos (including permanent make-up) and piercings.
3. If applicable, the S-OTD/CR or designate observes a potential composite tissue donor for any deformity or swelling or signs of previous trauma or surgery to the area being considered for donation.

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4. If any tattoos are observed, the S-OTD/CR should examine if they appear recent (any scabbing or redness visible), and if the tattoo appears professional or homemade. Tattoos should also be reviewed for evidence of piercing or puncture sites, or needle tracks.
5. The S-OTD/CR or designate looks for piercing or puncture sites under the tongue, in between toes, at the corners of the orbital sockets, and on the penis and scrotum of males or the labia of females.
6. The S-OTD/CR or designate looks for and documents any intravenous lines and also visible signs of intravenous (IV) skin puncture sites, assessing whether these sites are in keeping with either therapeutic intervention or possible high risk behaviour.
7. The S-OTD/CR or designate notes and documents all drainage tubes (i.e. catheters, nasogastric, chest tubes, etc.). If applicable, the OTDC/CR or designate also notes the fluid draining from these tubes for any signs of infection.
8. If any of the following are observed by the S-OTD/CR and are deemed to be an indication of either high-risk behaviour or an indication of relevant communicable disease, the S-OTD/CR shall communicate directly with the Tissue Coordinator (TC):
 - physical evidence for risk of or evidence of sexually transmitted diseases such as genital ulcerative disease, herpes simplex, syphilis, chancroid, genital warts, genital lesions, rash, skin lesions (non-genital);
 - for a male donor, physical evidence consistent with anal intercourse including perianal condyloma (insertion trauma, perianal lesions);
 - physical evidence of non-medical percutaneous drug use, such as needle tracks (and/or non-medical injection sites) including examination of tattoos which may be covering needle tracks;
 - disseminated lymphadenopathy (enlarged lymph nodes);
 - unexplained oral thrush (white spots in the mouth);
 - blue or purple [grey/black] spots or lesions consistent with Kaposi's sarcoma;
 - physical evidence of recent tattooing, ear piercing, or body piercing, or body piercing in the preceding 12 months, in which sterile procedures were not used, or instruments that had not been sterilized between uses were used.
 - If there is evidence of recent (i.e. within the last 12 months) unsterile tattooing (i.e. homemade) and/or recent unsterile piercings, the S-OTD will describe the findings. For example, signs of infection.
 - unexplained jaundice, hepatomegaly (enlarged liver) or icterus. (**Note:** Hepatomegaly may not be apparent in a physical examination unless an autopsy is performed);

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- physical evidence of sepsis, such as unexplained generalized rash or generalized petechiae, or fever (rash);
 - large scab consistent with recent history of smallpox (scab);
 - eczema vaccinatum (lesion, scab);
 - generalized vesicular rash, generalized vaccinia (rash);
 - severely necrotic lesion consistent with vaccinia necrosum (lesion); or
 - corneal scarring consistent with vaccinia keratitis (abnormal ocular finding), scarring.
9. The S-OTD/CR or designate documents findings from the physical examination on the “Physical Assessment” portion of the donor assessment. Further comments are documented in the clinical notes. An additional limb physical assessment form will be completed for composite tissue donors.

(Note: In the donor management system, the physical examination is a combination of the “Physical Assessment” and “Physical Examination” pages.)

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Assessment Form: Organ/Combined Organ and Tissue Donor	CSF-9-15	PRC	PRC	16 years

References:

- *Donor Assessment Process Instruction, CPI-9-208*
- *Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. D4.120*