

Process Instruction Manual

Donation after Removal of Invasive Physiologic Support in Death Determination by Neurologic Criteria Donors

Policy:

Following death determination by neurologic criteria (DNC), some families and/or substitutes may not accept death or may request witnessing their loved one's heart stop before donation can proceed. If standard donation after DNC is not possible due to these circumstances, it may be necessary to proceed with donation after the removal of invasive physiologic support. These cases will be allocated and recovered as per death determination by circulatory criteria (DCC).

For donation after the removal of invasive physiologic support in DNC donors to proceed, preliminary recovery planning commences upon tentative acceptance of an offer by a provincial transplant program. Surgical suitability may be discussed further with the transplant program

Recovery planning and timing must take into consideration all persons affected by the donation after removal of invasive physiologic support process in DNC donors. This includes, but is not limited to, the patient and their family/substitute, the ICU/ER and the OR at the donor hospital, Ontario Health (TGLN), staff and resources, the transplant programs, their recovery personnel/team, and their recipients.

An on-site Specialist - Organ and Tissue Donation (S-OTD)/Clinical Responder (CR) remains available to facilitate recovery planning at the hospital. The S-OTD / CR ensures that all documentation is in order, and relevant staff are aware of the Instructions to proceed with donation after the removal of invasive physiologic support in DNC donors had the opportunity to ask questions and discuss the "process".

Process:

1. The S-OTD/CR and Clinical Services Coordinator (CSC) commence preliminary organ recovery planning upon collection of written consent and acceptance of organ(s). The CSC and S-OTD/CR are cognizant of all persons who are impacted by the donation after removal of invasive physiologic support in DNC donors process and **do not set or confirm** a time until all of these persons have been consulted and a mutually agreed upon time can be determined.

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2. For the purposes of organ allocation and organ offering these donors will be considered DCC. The CSC will apply DCC applicable donor exclusion criteria during allocation and offer the donor organs as DCC. The CSC will note to the transplant programs that the donor is clinically DNC at the time of offer and the DCC withdrawal of life sustaining measures and recovery process will take place but will not include a 5-minute hands-off time after absence of pulse pressure and/or asystole/PEA.
3. The CSC confirms the removal of invasive physiologic support time with the S-OTD/CR.
4. The S-OTD/CR confirms the Heparin dosage of 500 – 1000 units/kg with the most responsible physician (MRP) and informs the CSC immediately if the MRP indicates that they will not administer ante mortem heparin. The S-OTD/CR confirms that the MRP is the same MRP for setting the removal of invasive physiologic support date and time.
5. The CSC contacts the recovery team(s). The CSC in discussion with the S-OTD/CR coordinates an arrival time for the recovery team(s).
6. The CSC commences transportation planning as per *Transportation Coordination Process Instruction, CPI-9-404*.
7. The S-OTD/CR and applicable hospital staff meets to arrange the logistics for the recovery process prior to the arrival of the recovery team(s) and prior to the commencement of the removal of invasive physiologic support:
 - proposed location for the removal of invasive physiologic support
 - location of the waiting room for the donor family
 - change room & scrubs availability for recovery team(s)
 - aftercare arrangements
 - designate person in charge of donor family post- asystole.
8. To facilitate donation after removal of invasive physiologic support in DNC donors, the case will follow the donation after death determination by circulatory criteria (DCC) pathway as per *CPI-9-440, CPI-9-441* with the following modifications:
 - Pre-mortem DCC consent is not required if DNC has been met.

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- The 5-minute hands-off time after absence of pulse pressure and/or asystole/PEA is not required if DNC has been met.
 - Only one physician is required to confirm the permanent cessation of circulation and note time of the absence of pulse pressure by arterial line and/or asystole/PEA on an electrocardiogram monitoring.
 - No WLSM note is required when the patient has been confirmed DNC.
9. The SRC will document the recovery as a DCC case capturing withdrawal of life support time, arrest time, and flush time in order to calculate the warm ischemia times for the organs.
10. Following the absence of pulse pressure and/or asystole/PEA, the MRP is to sign only section 2 signature of Exhibit 1, *Absence of Pulse Pressure Following Death Determination by Neurologic Criteria* Form to confirm cessation of pulse pressure.
Legal time of death is the date and time of DNC and *Death Certificate* should reflect this.
11. **Special considerations:**
- To avoid extra ischemic time if donor remains in a prolonged pulseless electrical activity (PEA), it may be preferable to remove ECG leads and use arterial line and absence of pulse pressure to document cessation of cardiac function. Verify with MRP that they are comfortable using absence of pulse pressure.

Communication:

- Programs are to be notified that the donor has met DNC however, the family and/or substitute are proceeding with donation after removal of invasive physiologic support. The programs will be informed that the permanent cessation of circulation will occur in time for organ donation.
- Standard huddles prior to the recovery surgery will clearly describe the modified process prior to proceeding with donation after removal of invasive physiologic support.

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Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Loss of Pulse Pressure Following Death by Neurological Criteria Form	CSF-9-218	PRC	PRC	16 years

References:

- *Transportation Coordination Process Instruction, CPI-9-404*



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Exhibit 1: Loss of Pulse Pressure Following Death by Neurological Criteria Form



TGLN#: _____

CSF-9-218

(Patient Identification)

Loss of Pulse Pressure Following Death Determination by Neurological Criteria Form

Section 1: Death Determination by Neurologic Criteria

This patient has been declared dead at _____ on _____ by two physicians:

Physician 1: _____

Physician 2: _____

This determination was in accordance with guidelines for the death determination by neurologic criteria and represents the medical and legal time of death for this patient.

Most Responsible Physician

By signing below, I confirm that the above declaration certifies death and that I have informed the family of the fact of death.

Hospital Physician (Print Name & Signature): _____

Section 2: Loss of Pulse Pressure

By signing below, I confirm that _____ had loss of pulse pressure on an arterial line (or equivalent technology) on _____ at _____.

I acknowledge that death has already been determined and that this process simply allows donation to occur considering the values and beliefs of the family. Only one signature is needed below.

Hospital Physician or Delegate (Print Name & Signature): _____

For the purposes of a post mortem transplant, the fact of death shall be determined by at least two physicians in accordance with accepted medical practice. No physician who has had any association with the proposed recipient that might influence the physician's judgment shall take any part in the determination of the fact of death of the donor. No physician who took any part in the determination of the fact of death of the donor shall participate in any way in the transplant procedures. Gift of Life Act (2000).