

Clinical Process Instruction Manual

Operating Room – Ontario Donation Process Instruction

Policy:

Booking of OR time will be based on the principles of preserving life for potential recipients and ensuring use of all donated organs. Booking of the OR will be the responsibility of the Specialist - Organ and Tissue Donation (S-OTD) or Clinical Responder (CR). OR booking is best coordinated at the hospital site.

Process:

1. The S-OTD, CR, CSC and MOC will discuss tentative OR time during the case huddle as per CPI-9-204, Team Huddle Planning Session. OR timing will take into consideration family constraints, TGLN resources, transplant programs, and/or hospital resources. If the TGLN Coordinator is unable to facilitate a time that is acceptable to the recovery teams and the recovery hospital, *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302* may be applied to this situation.
2. The CSC will notify the S-OTD/CR upon organ acceptance. The CSC and S-OTD/CR will confirm the planned OR time and the S-OTD/CR will book the OR as per donor hospital procedures. The S-OTD/CR will inform the OR staff of the anticipated arrival of the required recovery teams to ensure the OR is ready upon arrival.
3. For DNC donors, the required recovery teams will arrive and be present at the OR desk 30 minutes prior to the scheduled OR time. For DCC donors, the required recovery teams will arrive and be present at the OR desk 60 minutes prior to the scheduled withdrawal of life sustaining measures (WLSM) time.
4. For DCC donors, the Surgical Recovery Coordinator (SRC) will notify the CSC and S-OTD/CR upon arrival onsite. The S-OTD/CR or designate will meet with the SRC, recovery team(s) and hospital OR to review logistics prior to WLSM and perform the determine the following:
 - a. The S-OTD/CR and SRC or designate develop a WLSM plan and confirm the time of WLSM, for post WLSM patient monitoring and communication of post WLSM data.
 - b. The SRC or designate will develop a WLSM communication plan with both the recovery team(s) and CSC to ensure timely and accurate WLSM updates.
 - c. The SRC or designate reviews documentation with the S-OTD/CR and OR staff prior to WLSM
 - d. The SRC introduces the recovery team to the OR staff
 - e. The S-OTD/CR or SRC encourages the recovery team to review the surgical set-up of the instruments and does a walk-through of the first few moments of the surgery with the

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scrub nurse, circulating nurse, and anesthetist or respiratory therapist (RT) if the latter two are present.

5. The S-OTD/CR will contact the OR 1 to 2 hours prior to the scheduled start time and confirm with the charge nurse the OR start time, and ensure that all required equipment is ready (may include presence of bronchoscope in OR, reciprocating saw, hard copies of x-rays, etc.). If DCC heart or Vascular Composite Allotransplantation (VCA) is involved, consider OR room size to accommodate equipment and discuss possible increase length of OR time.
6. If the OR is going to be delayed, the S-OTD/CR will notify the CSC and if the recovery team is going to be delayed, the CSC will notify the S-OTD/CR. In both cases, the OR time will be adjusted to accommodate the delay.
7. The S-OTD/CR will inform the OR as to which teams will be arriving for the recovery. The TGLN Coordinator will provide the names of the recovery personnel. For DCC heart, the recovery team (one perfusionist and two surgeons) will arrive at hospital 2 hours prior to WLSM for set-up.
8. The S-OTD/CR will inform the OR of all organs and tissues being recovered and the anticipated length of the OR.
9. The OR charge nurse will be asked to keep the S-OTD/CR notified of any updates. The S-OTD/CR will ensure that any changes to the confirmed OR start time are communicated to the CSC, who will in turn notify the appropriate recovery teams.
10. If DCC heart, preference to WLSM in the OR. In conjunction with heart recovery, there will be 1.2 – 1.5 L blood collection in the OR.
11. The Provincial Resource Centre (PRC) will provide telephone support for hospitals with recovery capabilities and no on-site Coordinator as applicable.
12. The S-OTD/CR will ensure the original consent, *Coroner/Forensic Pathologist Permission* form, copies of the declarations and ABO accompany the donor to the OR.
13. The S-OTD/CR and CSC will ensure that all conversations with the OR staff and relevant coordinators is charted in the clinical notes of the TGLN donor chart.
14. If the OR start time is less than 3 hours away and organs have not been allocated then postponing the OR start time must be considered. This may involve considering the efficacy of continuing to attempt to allocate organs, which may be marginal, the stability of the donor and the significance of losing a booked start time in a busy OR. Such decision-making may involve input from transplant program Medical Directors, the on-call TGLN Manager and/or the Chief Medical Officer or on-call

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CMO designate, as per *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302*.

15. For DCC cases, the S-OTD/CR provides the opportunity for the OR staff to debrief post-case.

Records:

Record Name	Form No. (if applicable)	Record Holder	Record Location	Record Retention Time (as a minimum)
Post Withdrawal of Life Support Donor Data Form	CSF-9-77	PRC	PRC	16 years

References:

- *Exceptional Distribution Process Instruction, CPI-9-217*
- *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302*



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Exhibit 1: Post Withdrawal of Life Support Donor Data

CSF-9-77

POST WITHDRAWAL OF LIFE SUPPORT DONOR DATA

TGLN #: _____ Hospital: _____
 Place of WLS: _____ Recorder (print): _____
 Withdrawal of Life Support- Date: ____/____/____ Time: ____:____:____
 1st Confirmation of Death- Date: ____/____/____ Time: ____:____:____
 2nd Confirmation of Death- Date: ____/____/____ Time: ____:____:____
 Skin Cut Time: _____ Flush Time: _____

If medications administered prior to loss of pulse pressure ->
 Heparin: Y / N
 Dose: _____ Time: _____
 Phentolamine: Y / N
 Dose: _____ Time: _____

TIME	MIN	BP	MAP	HR	O2 Sat	Rhythm **	Resp. Rate	Urine Output	TIME	MIN	BP	MAP	HR	O2 Sat	Rhythm **	Resp. Rate	Urine Output
	1									26							
	2									27							
	3									28							
	4									29							
	5									30							
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