

Clinical Process Instruction Manual

DCC On-Site Coordination Process Instruction

Policy:

In order to facilitate organ donation after Death Determination by Circulatory Criteria (DCC), Trillium Gift of Life Network (TGLN) requires timely referral of the patient for consideration of DCC. This must be done in order to ensure careful completion of a suitability assessment and coordination of resources necessary to facilitate the donation process. The healthcare team should maintain the patient's physiologic stability in the interim.

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 DCC process. This includes, but is not limited to, the patient and their family, the ICU/ER and the OR at the donor facility, TGLN staff and resources, the transplant programs, their recovery personnel/team, and their recipients.

An on-site Organ and Tissue Donation Coordinator (OTDC) remains available to facilitate recovery planning at the hospital. The OTDC ensures that all documentation is in order, and relevant staff are aware of the Instruction for DCC and had the opportunity to ask questions and discuss the 'process'.

Process:

1. The Organ and Tissue Donation Coordinator (OTDC) and Clinical Services Coordinator (CSC) commence preliminary organ recovery planning upon collection of written consent and acceptance of organ(s). The CSC and OTDC are cognizant of all persons who are impacted by the donation after death determination by circulatory criteria (DCC) process and **do not set or confirm** a time for withdrawal of life-sustaining therapy (WLS) and recovery until all of these persons have been consulted and a mutually agreed upon time can be determined.
2. The CSC discusses the preliminary WLS and recovery time with the appropriate transplant program(s) and their recovery team(s).
3. The CSC will obtain a desired dose for ante mortem Heparin from the accepting transplant program for lung and multi-abdominal organ donors. For kidney only DCC donors, the standard dose for ante mortem Heparin is 500 units/kg.
4. The CSC confirms the WLS time and heparin dose with the OTDC.

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5. The OTDC confirms the Heparin dosage of 500 – 1000 Units/Kg with the MRP and informs the CSC immediately if the MRP indicates that they will not administer ante mortem heparin. The OTDC confirms that the MRP is the same MRP for setting the WLS date and time.
6. The CSC contacts the recovery team(s). The CSC in discussion with the OTDC coordinates an arrival time for the recovery team(s).
7. If the donor is eligible for extended wait time for DCC kidney recovery as per *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302*, the CSC will confirm with the kidney recovery team how long they will wait for death to occur to recover kidneys. All recovery teams have agreed to wait 2.5 hours for death to occur on eligible donors and some programs may opt to wait up to 3 hours. The CSC will communicate this information to the SRC and OTDC. In these cases, if death has not occurred at 2 hours post WLSM, the recovery team will only wait additional time, if the mean arterial pressure (MAP) at this time is equal to or less than 50mmHg.
8. The CSC commences transportation planning as per *Transportation Coordination Process Instruction, CPI-9-404*.
9. The OTDC and applicable hospital staff arrange the logistics for the recovery process prior to the arrival of the recovery team(s) and prior to the commencement of WLS.
10. The OTDC meets with hospital staff to review the instruction required for the DCC recovery process, including:
 - proposed location for WLS
 - 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-death

Records:

- No records.

References:

- *Transportation Coordination Process Instruction, CPI-9-404*
- *Coordination of Organ Placement – All Organs Process Instruction, CPI-9-302*