

Donation after Circulatory Death (DCD)
Organ Donation Triggers:

1. Discussion or decision to withdrawal support on ventilated patient.
2. Family asks about donation.

DCD Organ Donation Protocol:

1. Nursing refers patient to Donation Referral Line.
2. Triage service will request clinical and demographic information from nursing.
3. Triage service will provide a referral number for patient.
4. Continue to support patient until you hear back from LifeCenter (LCNW).



LCNW will evaluate referral for clinical suitability.

1. If LCNW determines that the referred pt. is eligible, **do not extubate at this time**. Call LCNW, they will provide further instruction and consult the healthcare team (HCT) about donation conversation.
2. LCNW will continue to follow patient until family decides to withdrawal care.
3. LCNW is the *Designated Requestor* and will meet with the family to offer the opportunity for this type of donation, where clinically indicated.
4. Because patient is not legally dead, the patient remains under the care of the hospital during donation process.
5. If patient progresses to brain death refer to Brain Death Donation. (See green box)
6. If LCNW determines patient is ineligible for DCD donation, call in the cardiac time of death (CTOD) for tissue and eye donation once cardiac death occurs. (See purple box.)

Brain Death (BD) Donation Triggers:

1. Neuro injury & loss of 3 + BSR
2. Physician's Order for Brain Death Testing.
3. Family asks about donation.

BD Organ Donation Protocol:

1. Nursing refers patient to Donation Referral Line.
2. Triage service will request clinical and demographic information from nursing.
3. Triage service will provide a referral number for patient.
4. Continue to support patient until you hear back from LifeCenter (LCNW).



LCNW will evaluate referral for clinical suitability.

1. LCNW staff may visit on-site to conduct additional clinical review.
2. LCNW will follow patient with nursing until Brain Death Declaration or family chooses to withdrawal care.
3. If family decides to withdraw care and patient is not pronounced brain dead, do not extubate until updating LCNW.
4. If patient progresses to brain death and is medically suitable, LCNW will approach for donation as *Designated Requestor*.
5. Because patient is declared legally dead, LCNW will assume care and donor management of patient through recovery.
6. If LCNW determines patient is ineligible for donation, call in the cardiac time of death (CTOD) for tissue and eye donation once cardiac death occurs. (See purple box.)

Eye/Tissue Donation Triggers:

Patient expires via cardiac death.

Tissue Donation Protocol:

1. Nursing calls death into Donation Referral Line. (**All deaths must be reported even if patient has already been ruled out for organ donation.**)
2. SightLife partners with LifeCenter to triage cornea and tissue referrals and will collect information and provide a referral number for the patient.

SightLife will either rule-out patient for tissue donation

-OR-

function as "Designated Requestor" and approach family regarding opportunity for eye or tissue donation.



3. Move body to morgue for cooling as soon as possible.
4. LCNW will coordinate transport of the donor from hospital and to recovery suite, then return body to hospital or funeral home.

| | Donation after Circulatory Determination of Death (DCD) | Donation after Neurological Determination of Death (BD) |
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| Referral | When a family makes the decision to withdrawal care, make the referral call. LifeCenter will evaluate and inform BSRN and MD know we are following for donation. We will follow up daily for updates on patient/family status. Delegate referral call if you cannot make it yourself. | When a patient is missing 3 or more brain stem reflexes or appears areflexic, make the referral call. LCNW will follow patient until herniation/BD testing is completed and let BSRN and MD know we are following. We will follow up daily for updates on patient/family status. Delegate the referral call if you cannot make it yourself. |
| Communication | After making the referral, please call LCNW with any changes in care plans, status (DNR) or neuro changes, brain death testing scheduled, goals of care conversations planned, end of life decisions, or donation is mentioned. Please do not terminally extubate patient without first updating LCNW of plans. | |
| Donor care | <ul style="list-style-type: none"> A DCD candidate is not legally dead so LCNW cannot treat patient, so they remain under the care of hospital until patient reaches asystole just prior to recovery. LCNW will continue to support hospital for case. LCNW does not write orders for DCD donors. Patient must remain ventilated. Please do not terminally extubate patient. | <ul style="list-style-type: none"> When a patient is declared brain dead, they are legally dead. LifeCenter can legally assume clinical care of patient once authorization is achieved. LCNW can write orders for BD donors. Patient must remain ventilated through organ recovery. |
| Donation conversation | <ul style="list-style-type: none"> LCNW is required to give each potential donor family the option of donation. Before speaking to a family, LCNW will huddle with the HCT (healthcare team) to gauge the appropriateness and timing of donation conversation. Please do not bring up donation to the family. LCNW's goal is to have a Donation and Family Advocate onsite but if time does not allow, a phone approach may be necessary | |
| Financial assumption | <ul style="list-style-type: none"> At authorization for DCD, LCNW will assume financial responsibility for all future donation related expenses. | <ul style="list-style-type: none"> At authorization for Brain death donation, LCNW assumes financial responsibility for all donation related expenses. |
| Memory making | <ul style="list-style-type: none"> LCNW's Donation and Family Advocate will walk family through donation process from authorize until recovery is completed. Memory making is done at the bedside with the family and includes handprints on donor quilt, fingerprints on ceramic hearts; heart within heart, encouraging families to share about their loved one, playing music and sometimes even singing. | |
| Special considerations | <ul style="list-style-type: none"> A donor acknowledgement may be read in honor of the donor prior to first incision in the OR. For DCD cases, this is usually done prior to the OR due to the emergent nature of the recovery. Cooper PJ Project: For pediatric donors LCNW offers each family the option of having the donor placed in cozy pj's after recovery. Les Olson Veteran Flag program: An American flag is presented to the family of donors who served in the military in honor of their service. | |

| Required Referral Triggers (Vented Patients) | |
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| Call within 1 hour of patient meeting clinical triggers 1-888-543-3287 | |
| Absent 3+ Brain Stem Reflexes | <ul style="list-style-type: none"> Pupils fixed No corneal response No gag or cough No response to painful stimuli No spontaneous breathing No doll's eyes reflex No response to cold calorics |
| End-of-Life Discussions | <ul style="list-style-type: none"> Comfort care De-escalation Palliative consult End-of-life decisions anticipated/planned Family requests extubation Family/anyone brings up donation <p>If comfort care starts or terminal extubation occurs, the gift of organ donation is lost.</p> |
| Cardiac Time of Death | <ul style="list-style-type: none"> Refer all deaths within 1 hour of CTOD <i>Even if:</i> Patient referred while vented but ruled out for organ donation. Patient is non-vented or previously vented |

| When a family wants to transition to comfort care | |
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| Patient not referred | Refer patient immediately. |
| Patient referred | If patient has been referred and LCNW is still following for donation, you are required to call us before terminally extubating patient. |
| Transitional language | <p>If family wants to extubate, without mentioning donation try using transitional language:</p> <p><i>"I've just given you a lot of information, let's take a pause and I'll come back with some people who will support you through the next steps."</i></p> <p><i>"I know it has been a difficult decision to make. There are a number of tasks we are required to complete prior to transitioning care. I am going to briefly step out of the room and give you some time with your loved one."</i></p> |