

**Donation after Circulatory Death (DCD)**  
**Organ Donation Triggers:**

1. Discussion of end of life (EOL) 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)
<b>Uniform Anatomical Gift Act (UAGA)</b>	<ul style="list-style-type: none"> <li>• State law that governs deceased organ and tissue donation.</li> <li>• Recognizes donor designation as legally binding decision.</li> <li>• Legally protects and grants immunity to those who act in good faith of the UAGA.</li> </ul>	
<b>Referral</b>	When a family makes the decision to withdrawal care the referral call should be made. If a GOC plan will include EOL discussions, ask RN to refer patient immediately. Communicate all EOL decisions/discussions to RN in real time so referral can be made early/timely.	When a patient is missing 3 or more brain stem reflexes or appears areflexic the patient should be referred. LCNW will follow patient until herniation/BD testing is completed. We will follow up with medical team for updates on patient/family status.
<b>Communication with LifeCenter</b>	After referral is made, LCNW should be notified with any changes in care plans, status (DNR) or neuro changes, brain death testing scheduled or completed, goals of care conversations planned, end of life decisions, or donation is mentioned. <b>Please do not terminally extubate patient without first updating LCNW of plans.</b>	
<b>Patient/Donor support</b>	<ul style="list-style-type: none"> <li>• What is good for the patient is good for the donor. Doing everything you can to help the patient survive will also help preserve their opportunity to donate.</li> <li>• Support the patient to maintain stability and organ viability, regardless of history, clinical course, or assumed suitability.</li> <li>• Patient must remain ventilated. Please do not terminally extubate patient.</li> <li>• Help us honor the choice of donation by not mentioning donation to the family and giving LCNW the time to evaluate and possibly speak to the family.</li> </ul>	
<b>Donation conversation</b>	<ul style="list-style-type: none"> <li>• LCNW is required to give each potential donor family the choice of donation.</li> <li>• Before speaking to a family, LCNW will huddle with the RN and physician to gauge the appropriateness and timing of donation conversation.</li> <li>• <b>Please do not bring up donation to the family.</b></li> <li>• LCNW's goal is to have a Donation and Family Advocate onsite but if time does not allow, a phone approach may be necessary.</li> </ul>	
<b>Donor care Roles</b>	<ul style="list-style-type: none"> <li>• A DCD candidate is not legally dead. LCNW cannot treat and patient remains under care of hospital until just prior to recovery (after withdrawal and patient reaches asystole). LCNW will support hospital throughout case.</li> <li>• LCNW does not write orders for DCD donors.</li> <li>• Death declaration occurs per hospital Withdrawal policy.</li> <li>• Patient taken to OR emergently after death is declared. (Family is prepared)</li> </ul>	<ul style="list-style-type: none"> <li>• When a patient is declared brain dead, they are legally dead. LCNW can legally assume clinical care of patient once authorization is achieved.</li> <li>• LCNW can write orders for BD donors.</li> <li>• Patient must remain ventilated through organ recovery.</li> <li>• Following through with BD testing when patient appears areflexic allows LCNW to maximize the gift of life and save more lives.</li> </ul>
<b>Financial assumption</b>	<ul style="list-style-type: none"> <li>• At authorization for DCD, LCNW will assume financial responsibility for all future donation related expenses.</li> </ul>	<ul style="list-style-type: none"> <li>• At authorization for Brain death donation, LCNW assumes financial responsibility for all donation related expenses.</li> </ul>

Required Organ Donation Referral Triggers (Vented Patients)	
Call within 1 hour of patient meeting clinical triggers <b>1-888-543-3287</b>	
<b>Absent 3+ Brain Stem Reflexes</b>	<ul style="list-style-type: none"> <li>• Pupils fixed</li> <li>• No corneal response</li> <li>• No gag or cough</li> <li>• No response to painful stimuli</li> <li>• No spontaneous breathing</li> <li>• No doll's eyes reflex</li> <li>• No response to cold calorics</li> </ul>
<b>End-of-Life Discussions</b>	<ul style="list-style-type: none"> <li>• Comfort care</li> <li>• De-escalation</li> <li>• Palliative consult</li> <li>• End-of-life decisions anticipated/planned</li> <li>• Family requests extubation</li> <li>• Family/anyone brings up donation</li> </ul>

When a family wants to transition to comfort care	
<b>Transitional language</b>	<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>

CMS Regulatory Requirements for Donation
<ol style="list-style-type: none"> <li>1. Notify, in a timely manner, individuals whose death is imminent or who have died in the hospital. 482.45(a)(1)</li> <li>2. Maintain potential donors while necessary testing and placement of potential donated organs, tissues, and eyes take place. 482.45(a)(5)</li> <li>3. Allow the donation agency to complete medical evaluation to determine donation suitability and each family of potential donor is informed of its options to donate. (482.45 (a)(1), 482.45(a)(3)</li> <li>4. The individual designated by the hospital to initiate the request to the family must be an organ/tissue procurement representative or a designated requestor. (482.45 (a)(3)</li> </ol>