



CLINICAL PATH

Collaborative Practice	Phase I Referral/Inquiry	Phase II Declaration of brain death and consent	Phase III Donor Evaluation	Phase IV Donor Management	Phase V Retrieval Phase
<p>The Following professional may be involved to enhance the donation process:</p> <p>Check all that apply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physician <input type="checkbox"/> Critical Care RN <input type="checkbox"/> Donor Coordinator (DC) <input type="checkbox"/> Coroner <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Laboratory <input type="checkbox"/> Pharmacy <input type="checkbox"/> Radiology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> OR/Surgical Staff <input type="checkbox"/> Social Worker <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Infectious Diseases Specialist <input type="checkbox"/> Other Organ Procurement Organization (OPO) 	<ul style="list-style-type: none"> <input type="checkbox"/> Contact DC @ 761-4649 Time _____ Date _____ <input type="checkbox"/> Contact Pastoral Care Donor Coordinator is available 24 hrs/day to assist with identification and declaration of brain death. 	<ul style="list-style-type: none"> <input type="checkbox"/> Brain Death Documented Time _____ Date _____ <input type="checkbox"/> Patient accepted as potential donor <input type="checkbox"/> MD notifies family of death <input type="checkbox"/> Decoupled approach with DC <input type="checkbox"/> DC speaks to family about donation <input type="checkbox"/> Family accepts donation <input type="checkbox"/> DC obtains informed consent and medical/social history Time _____ Date _____ <input type="checkbox"/> Coroner notified <input type="checkbox"/> Coroner releases body for donation <input type="checkbox"/> Family/Coroner denies donation—stop pathway, initiate post mortem protocol, support family 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain pre/post transfusion blood for serology testing (HIV, HBsAg, HCV, HB core, HTLV I & II, VDRL, CMV, EBV, Toxoplasmosis) <input type="checkbox"/> Obtain blood for tissue typing <input type="checkbox"/> ABO <input type="checkbox"/> Notify OR and anesthesiology of pending donation <input type="checkbox"/> Height (cm) <input type="checkbox"/> Weight (kg) <input type="checkbox"/> Chest and Abdominal circumference <input type="checkbox"/> Lung measurements per CXR by DC <input type="checkbox"/> Cardiology consult as requested by DC <input type="checkbox"/> Donor organs unsuitable for transplant—stop pathway, initiate post-mortem protocol, support family 	<ul style="list-style-type: none"> <input type="checkbox"/> Register donor within Organ Donation Ontario computer system <input type="checkbox"/> Organ allocation Organs Allocated: <ul style="list-style-type: none"> <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Lungs <input type="checkbox"/> Kidneys <input type="checkbox"/> Pancreas <input type="checkbox"/> Small bowel <input type="checkbox"/> Heart valves <input type="checkbox"/> Bone <input type="checkbox"/> Cornea <input type="checkbox"/> DC sets tentative OR time <input type="checkbox"/> Ensure placement of Arterial line & large-bore IVs <input type="checkbox"/> Ensure placement of central venous catheter 	<p>Checklist for OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prepare patients for transport to MOR <input type="checkbox"/> IVs <input type="checkbox"/> Pumps (meds only) <input type="checkbox"/> O2 <input type="checkbox"/> Ambu <input type="checkbox"/> PEEP valve <input type="checkbox"/> Transport to MOR Time _____ Date _____ OR Nurse <ul style="list-style-type: none"> <input type="checkbox"/> Review consent form <input type="checkbox"/> Review brain death declaration <input type="checkbox"/> Check patient's ID band Donor Coordinator: <ul style="list-style-type: none"> <input type="checkbox"/> Assist with perfusion <input type="checkbox"/> Complete documentation re: procurement <input type="checkbox"/> Ensure renal biopsy obtained <input type="checkbox"/> Label all tissue/specimens <input type="checkbox"/> Ensure proper packaging <input type="checkbox"/> Arrange transportation <input type="checkbox"/> Ensure Renal Bx obtained
<p>Labs/Diagnostics</p>		<ul style="list-style-type: none"> <input type="checkbox"/> Review previous laboratory result <input type="checkbox"/> Review previous hemodynamics 	<ul style="list-style-type: none"> <input type="checkbox"/> Blood chemistry: Lytes, glucose, BUN, Creatinine, Bicarb, Calcium, Magnesium, CK, Troponin q4h (q2h if unstable) <input type="checkbox"/> CBC & diff q4h (q2h if unstable) <input type="checkbox"/> PTT & INR q4h (q2h if unstable) <input type="checkbox"/> L.F.T.s: AST, ALT, ALP, LDH, T.P., GGT, Lipase, Bilirubin Total and Direct q4h (q2h if unstable) <input type="checkbox"/> ABGs: FiO2 1.00, PEEP 5, PS 10 q4h (q2h if unstable) <input type="checkbox"/> Blood Cultures x 1 <input type="checkbox"/> Type & Cross 4 units PRBC's <input type="checkbox"/> Spec for serum banking <input type="checkbox"/> Sputum Gram Stain (STAT) & C&S <input type="checkbox"/> Urine: R & M, C&S <input type="checkbox"/> CXR <input type="checkbox"/> ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Consider cardiac cath <input type="checkbox"/> Consider bronchoscopy 	<ul style="list-style-type: none"> <input type="checkbox"/> Determine need for additional lab testing <input type="checkbox"/> CXR after line placement <input type="checkbox"/> CBC after PRBC's Rx <input type="checkbox"/> PTT & INR <input type="checkbox"/> BUN, creatinine after correcting fluid deficit Notify DC for: <ul style="list-style-type: none"> <input type="checkbox"/> INR >1.5 sec _____ <input type="checkbox"/> PTT > 55 sec _____ <input type="checkbox"/> Hct < 30/ Hgb <100 <input type="checkbox"/> Na > 150 mmol/L <input type="checkbox"/> Urine Output < 1 ml/kg per hr or > 3 ml/kg per hr 	<ul style="list-style-type: none"> <input type="checkbox"/> Samples for laboratory tests obtained in OR as per surgeon or OPO request <input type="checkbox"/> Communicate with pathology: Bx liver and/or kidneys as indicated



THE OTTAWA HOSPITAL
CLINICAL PATHWAY
Multiple Organ Donor

Patient Name _____

Unique # _____



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CRITICAL PATH

ADDRESSOGRAPH

	Phase I Referral/Inquiry	Phase II Declaration of brain death and consent	Phase III Donor Evaluation	Phase IV Donor Management	Phase V Retrieval Phase
Respiratory		<input type="checkbox"/> Prep for apnea testing: set FiO2 at 1.00 and normalize gases (PH & PCO2) <input type="checkbox"/> Apnea Testing as per procedure (see Organ & Tissue Donor Manual)	<input type="checkbox"/> Maximize ventilator settings to achieve normal gases <input type="checkbox"/> PEEP at 5 cm H2O <input type="checkbox"/> ABGs as ordered <input type="checkbox"/> Suction prn <input type="checkbox"/> Reposition q2h	Notify MD/DC for <input type="checkbox"/> BP < 90 mm HG systolic <input type="checkbox"/> HR <60 or >120 b.p.m. <input type="checkbox"/> CVP < 4 or > 11 <input type="checkbox"/> PaO2 <90 mm Hg or <input type="checkbox"/> SaO2 <95%	Portable O2 at FiO2 of 1.00 for transport to OR Ambu bag and PEEP valve Transfer to OR
Medications			<input type="checkbox"/> Medication as requested by OPO	<input type="checkbox"/> Fld resuscitation: consider crystalloids, colloids, blood products <input type="checkbox"/> DC meds except vasopressors and antibiotics <input type="checkbox"/> Broad Spectrum antibiotic if not previously ordered <input type="checkbox"/> Vasopressor support to maintain BP > 90 mm Hg systolic <input type="checkbox"/> Assess for electrolyte imbalance consider K, Ca, PO4, Mg replacement <input type="checkbox"/> Hyperglycemia: consider insulin infusion <input type="checkbox"/> Oliguria: consider Diuretics <input type="checkbox"/> Diabetes insipidus: consider antidiuretics	<input type="checkbox"/> D/C antidiuretics <input type="checkbox"/> Diuretics as needed <input type="checkbox"/> Heparin as directed by surgeon <input type="checkbox"/> IV Ancef 1 gm <input type="checkbox"/> IV Solu-Medrol 1 gm
Treatment/ Ongoing Care			<input type="checkbox"/> Check NG placement and drainage		<input type="checkbox"/> Post Mortem care at conclusion of case
Teaching/Support	Donor Coordinator is available 24 hrs/day to assist with identification of a potential organ donor	Assess comprehension of brain death, re-enforce teaching done by ICU physician Provide family with Donor Coordinator's contact number Offer support services to family (Pastoral care) ect) Discuss Trillium Gift of Life Act Provide donor process information Ensure follow-up addresses/phone numbers correct	Explain evaluation process related to specific organs & tissues Cognoscente of required serology testing and significance of same	Continuous update family on donor process Relating sequential update to family Support the family at patient's bedside	DC speaks with family at completion of retrieval
Optimal Outcomes	The potential donor is identified and a referral is made to the Donor Coordinator	The family is offered the option of donation and their decision is supported	The donor is evaluated and found to be a suitable candidate for donation	Optimal organ function is maintained	All potentially suitable organs for which consent obtained are recovered for transplantation
Collaborative Practice Completed	Phase I Completed	Phase II Completed	Phase III Completed	Phase IV Completed	Phase V Completed
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
DC: _____	DC: _____	DC: _____	DC: _____	DC: _____	DC: _____
RN: _____	RN: _____	RN: _____	RN: _____	RN: _____	RN: _____