

# ORGAN DONATION--Physician Reference Tool

## DONATION AFTER CIRCULATORY DEATH (DCD)

**Situation:** Patient has sustained severe brain injury from trauma, cerebral vascular accident, anoxic event, or has other physiologic deviation necessitating mechanical ventilation

**Prognosis:** Injury is irreversible with patient dependent on life-sustaining therapies

<p><b>Prerequisites for donation</b> (prior to withdrawal of ventilator)</p>	<ul style="list-style-type: none"> <li>• Determination/decision that further treatment or interventions are futile</li> <li>• Expectation that patient is likely to expire within 90 minutes of ventilator withdrawal                             <ul style="list-style-type: none"> <li>• Family makes decision to withdraw life sustaining therapies</li> </ul> </li> </ul>
<p><b>PROCESS</b></p>	<p><b>PHYSICIAN ACTIVITY</b></p>
<p><b>Maintain the donation opportunity</b> (these guidelines can also be applied to DNR patients)</p>	<ul style="list-style-type: none"> <li>• Maintain hemodynamic stability to preserve donation option.                             <ul style="list-style-type: none"> <li>• Keep SBP, UO, PaO<sub>2</sub>, pH, and temp within normal ranges.</li> </ul> </li> <li>• Monitor lab values and treat accordingly (ABG, electrolytes, glucose, BUN, creatinine, CBC)                             <ul style="list-style-type: none"> <li>• Initiate catastrophic brain injury guidelines or equivalent hospital protocol to treat the following conditions as they may negatively impact the patient's organ function:                                     <ul style="list-style-type: none"> <li>o Hypo/Hypotension    o Acidosis    o Hypo/Hyperthermia</li> <li>o Hypokalemia    o Diabetes Insipidus    o DIC    o Hypoxemia</li> </ul> </li> </ul> </li> </ul> <p><b>Keep the family informed of the patient's prognosis and plan of care.</b> <b>Do not introduce the topic of organ donation since premature discussion can hinder the donation process.</b></p>
<p><b>Refer patient to WRTC</b> (703) 641-0100</p>	<p>Refer patient before discussing terminal withdrawal of mechanical and/or pharmacological support with the family. WRTC staff will evaluate medical suitability for DCD donation.</p>
<p><b>Hold withdrawal discussion with family</b></p>	<p>The discussion of terminal withdrawal of mechanical ventilation and/or pharmacological support should take place separately from the donation discussion. WRTC staff can be available to consult once the decision to withdraw has been made.</p>
<p><b>Ensure effective family discussion</b></p>	<p>Facilitate effective donation discussion by ensuring that a WRTC coordinator or family services specialist is introduced to the family at the appropriate time to discuss the donation opportunity. Please refrain from introducing donation to the family without WRTC staff present. WRTC will provide transition language when appropriate.</p>
<p><b>Provide donor evaluation support</b></p>	<p>As needed conduct diagnostic tests such as chest x-ray, bronchoscopy. These tests aid in determining organ suitability. Write orders for any intervention since patient continues to be under the hospital's care, not WRTC's care.</p>
<p><b>Declare/Document circulatory death</b></p>	<p>Write order for withdrawal of mechanical and/or pharmacological support and oversee withdrawal of ventilator. The declaring physician needs to be present during the process of withdrawal until circulatory death has been pronounced and documented. This process is family driven, and families may wish to be present. Comfort measures should be administered according to hospital policy. WRTC staff will review other guidelines for death declaration during the DCD protocol.</p>



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