Management of the Potential Organ and Tissue Donor

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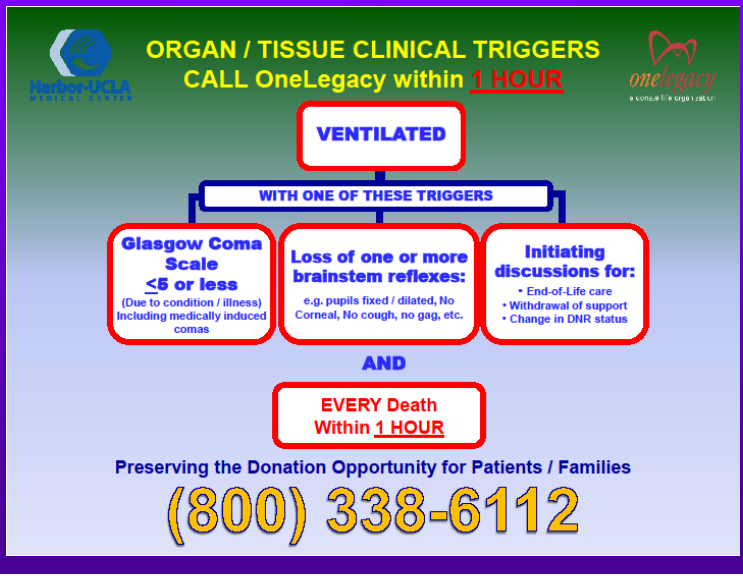
Referring the Potential Donor

- Identify the potential donor in your unit
- Be familiar with the hospital's criteria for clinical triggers
- Refer the potential donor to the OPO promptly
- Understand the great influence the CCRN has on the process

OPO, organ procurement organization

Clinical Triggers



Partnering with your OPO

(organ procurement organization)

- Introduce self to the OPO coordinator assigned to the referral
- Encourage collaboration with the OPO member, as they are now an integral member of the health care team
  - Pastoral care, physicians, nursing team
- Ask your OPO member to share information and resources
  - T-4 (hormone replacement therapy with T4 [thyroxine])
  - Articles in support of donor management

Educate Yourself / Team

- Policy and Procedures
- Become knowledgeable about the different types of donation
  - Donation after Cardiac Death vs. Brain Death
- Become well-informed about organ donation and the pathophysiological effects of brain death
- Patient management goals
- Realizing the positive impact organ donation brings to all those involved.

Pathophysiology of Brain Death

- Elevated ICP
- ↓
- Profound catecholamine response
- ↓
- Sustaining CPP (cerebral perfusion pressure)
- ↓
- Increases afterload
- ↓
- LV ischemia/ Myocardial necrosis
- ↓
- Decreased LVF (left ventricular failure)

Pathophysiology of Brain Death

- Herniation of the brain stem
- ↓
- Ischemia (sympathetic denervation)
- ↓
- Profound vasodilation

- *Brain Death* = ↓ *cardiac function* + *vasodilation*

Management goals

What are the goals?

•Organ Perfusion

•Organ Oxygenation

When does it start?

Immediately!

Management Goals

- Obtain accurate height and weight if not already done (admission)
- Temperature measurement
  - No tympanic temps (will be inaccurate)
- Initial Labs:
  - CMP (comprehensive metabolic panel. Inclde 14 blood tests including KFT, electrolytes, LFT, Proteins,)
  - CBC
  - UA
  - Coags
  - Type and cross

Management Goals

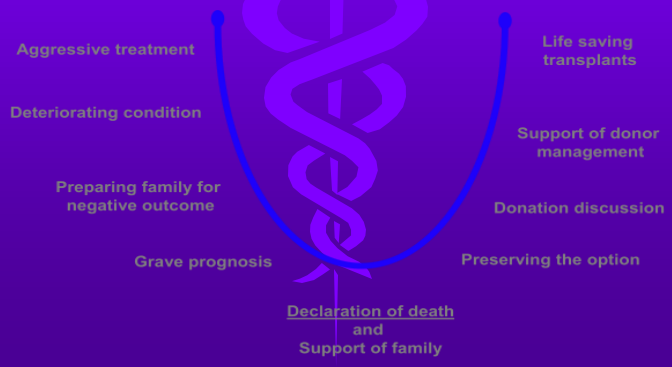
- Timely hemodynamic management
  - Cornerstone of successful donor management
- Management includes:
  - Ensuring adequate intravascular volume
  - Maintaining appropriate CO with possible use of vasoactive drips
  - Initiating T-4 protocol as appropriate
  - Early recognition and treatment of DI, SIADH, HHNS
  - Tight glycemic control
  - Coagulopathy correction

Management Goals

- SBP 90-110 mmHg
- U/O 1-3 cc/kg
- HR 60-140
- PAWP 7-12 mmHg
- Serum electrolytes WNL
- CBC and coags WNL
- SPO2 >95%
- PaO2 90-110
- pH 7.35-7.5
- PCO2 25-45
- PF ratio >300 (PaO2/FiO2).
- NORMAL PARAMETERS!!

Making The "U-Turn"

- When a patient dies, despite best efforts, organ donation becomes a positive outcome to a tragic situation.
- ***Hope for Recovery…*** *can become…* ***Hope Through Donation***



E.O.L. Family Discussion

PHASE 1

- MD informs family of grave prognosis

DO NOT MENTION DONATION TO FAMILIES

"I will get a dedicated family specialist to speak with you"

Family must be given time alone to process this new information

PHASE 2

Family is presented with donation options by trained designated requestor **only!**

National HRSA Collaborative Best Practices
CMS / Joint Commission Mandate 42.CFR482.45
HUCLA Policy 316, Data accessed Nov. 24, 2009

Summary

- Educate!
- Advocate!
- Collaborate!
- What you say and do can make the difference between a yes and a no.