



# Organ Donor Bedside Worksheet

Start Date: \_\_\_\_\_

BCT Coordinator (0800-1600): \_\_\_\_\_

BCT Coordinator (1600-0800): \_\_\_\_\_

**BCT Fax Number: 604-708-2129**

\*\*This worksheet is not intended to be a replacement for the orders → **ALWAYS** refer to and follow the patient care orders\*\*

| STAT Orders   | COMPLETED | Required Testing- ASAP  | COMPLETED |
|---|-----------|---|-----------|
| <ul style="list-style-type: none"> <li><u>Red Blood Box</u> – Tissue Typing &amp; Serology<br/><b>Draw Date&amp; Time:</b> _____</li> </ul>   |           | <ul style="list-style-type: none"> <li>Urine Albumin/Creatinine Ratio X1 then PRN (ACR)</li> </ul>  |           |
| <ul style="list-style-type: none"> <li><u>Hemodilution Collection</u>; infused in the 48-hour period prior to red blood box collection. Please calculate the following;<br/><b>Blood Products:</b> _____ml<br/><b>Colloids</b> (ex:plasma,albumin,propofol, TPN...): _____ml</li> </ul> |           | <ul style="list-style-type: none"> <li>COVID NP <b>AND</b> TA/BAL-<br/><i>-Influenza A/B/RSV during Season</i></li> <li>Herpes/VZV-oral genital swab if any potential herpetic lesions seen (<i>consult with MD and BCT</i>)</li> </ul> |           |
| <ul style="list-style-type: none"> <li>ABO – Group and Screen (if not already done )</li> </ul>   |           | <ul style="list-style-type: none"> <li>Bronchoscopy – if requested by BCT<br/><i>-Collect – C&amp;S, AFB, Fungal, Resp. Virus**</i></li> </ul>  |           |
| <ul style="list-style-type: none"> <li>CT Chest/ Abd /Pelvis – Non Contrast</li> </ul>  |           | <ul style="list-style-type: none"> <li><b>DNC</b>-12-lead ECG (<i>if not already done in last 12 hours</i>)</li> <li><b>DNC</b>: Echocardiogram – if requested by BCT</li> </ul>  |           |
|   |           | <ul style="list-style-type: none"> <li><b>DNC</b>: Coronary Angiogram – if requested by BCT</li> </ul>  |           |

**Month:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| INVESTIGATIONS  | Time: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: | Date: |
|---|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| <b>Q6H</b> -Recruitment Maneuver (DNC only) and/or Oxygen Challenge (DNC and DCC)   |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Q6H</b> - CBC, & Diff, INR, PTT, Lytes, Phos, Mg, Ion Ca, Glucose, Urea, Cr,GFR, T Bili, Conj, Bili, AST, ALT, Alk phos, GGT, LDH, Lipase, Albumin, Total Protein, ABG, Lactate, CK,DNC-Troponin |       |       |       |       |       |       |       |       |       |       |       |       |       |
| <b>Cultures Q24H</b>  |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Urinalysis w micro and C&S**  |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Blood (Aerobic & Anaerobic) C&S**   |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Sputum C&S**  |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Swab drain sites that look infected **  |       |       |       |       |       |       |       |       |       |       |       |       |       |

\*\*Notify BCT Coordinator of All Positive Culture Results\*\*

| Requested Documents  | Provided to BCT |
|--|-----------------|
| Physical Assessment Form – Completed with Accurate Height & Dry Weight                   |                 |
| <b>DNC</b> : 2 X Neurological determination of death forms – Completed by 2 staff MD's   |                 |
| <b>DCC</b> : 2 X Staff MD progress notes discussing comfort care and palliation          |                 |
| EHS Report, ICU, & ED Admission Notes  |                 |
| Completed Bronchoscopy Form if Bronchoscope was Requested                                |                 |
| <b>DCC</b> - IV Heparin Order (400 units/kg) ready for day of withdrawal of life support |                 |

Month:

Date:

| INVESTIGATIONS  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Time:</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Q6H</b> - Recruitment Maneuver (DNC only) and Oxygen Challenge (DNC and DCC)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Q6H</b> - CBC, & Diff, INR, PTT, Lytes, Phos, Mg, Ion Ca, Glucose, Urea, Cr,GFR, T Bili, Conj, Bili, AST, ALT, Alk phos, GGT, LDH, Lipase, Albumin, Total Protein, ABG, Lactate, CK,DNC-Troponin |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Cultures Q24H</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Urine C&S**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Blood (Aerobic & Anaerobic) C&S**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sputum C&S**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Swab drain sites that look infected **  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\*\*Notify BCT Coordinator of All Positive Culture Results\*\***

NOTES-