

**Organ Donor Management
Recommended PPO
ADULT CIRCULATORY DEATH (DCC)
Following MAiD***Patient Addressograph*

Date: _____ Time: _____

☒ = Always applicable ☐ = Check if applicable**ADMISSION INSTRUCTIONS**

- ☒ Assessments for medical assistance in dying provision reviewed and available to provider
- ☒ Consent and eligibility for medical assistance in dying confirmed
- ☒ Consent for organ donation confirmed

MONITORING

- ☒ Continuous pulse oximetry
- *AND***
- ☒ Continuous ECG monitoring

PATIENT CARE

- ☒ Intravenous access as per MAiD process

BLOOD WORK

- ☒ Blood work as requested by BCT
- ☐ Blood cultures ☐ CBC ☐ Chemistry

INFECTION SURVEILLANCE

- ☐ Rapid COVID NP test

DIAGNOSTICS

As requested by BC Transplant

- ☐ CXR

MEDICATIONS**Anticoagulation:**

- ☒ Heparin 30,000 units IV push prior to medical assistance in dying provision

Prescriber's signature_____
Printed Name_____
College ID

Date (dd/mm/yyyy) / /	Time	Prescriber's Signature	Printed Name or College ID #
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