

This checklist outlines BCT's information requirements in preparation for a potential Donation after Death by Circulatory Criteria (DCC). It is intended to be used by healthcare providers as a reference.

Related Documents: Rationale for Donor Management Provincial Guidelines

1. Identification and Referral

- ☐ Follow BC Transplant GIVE criteria for donor identification:
 - G:** Grave prognosis
 - I:** Intention to move towards comfort care
 - V:** Ventilated
 - E:** Eligibility and registration check with BCT prior to family meeting
- ☐ Call **1-877-DONOR-BC (366-6722)**; a BCT Coordinator will call back as soon as possible to determine solid organ donation potential.

Initial Information BCT Coordinator Will Require:

- ☐ Patient's name, DOB, PHN
- ☐ Admission history, cause of death
- ☐ Medical history
- ☐ Hemodynamic status
- ☐ Neurological status
- ☐ Family information
- ☐ Has patient been assessed by two attending physicians to confirm no meaningful chance of recovery? Is this documented in the patient chart?
- ☐ Plan of care

2. Consent for Organ Donation

- ☐ Ensure BCT has family contact information, BCT will arrange a time to speak with family
- ☐ Consent form (completed by BCT coordinator)
- ☐ Pastoral care or Social worker referral for donor family, if appropriate
- ☐ Confirm with physician if patient is a Coroner's case and notify BCT coordinator
(BCT will work with local Coroner if confirmed Coroner's case)

3. Donor Screening and Organ Evaluations (Review requirements with BCT)

- ☐ Draw Red Blood Box (this can be done prior to written consent if verbal consent obtained from family)
- ☐ Label blood tubes and arrange for blood to be sent to Vancouver General Hospital for tissue typing and serology testing. Each vial should have a patient label attached with the same date and time on every tube.
- ☐ BCT will require the volume/type of IV crystalloid infused one hour prior to the blood draw AND the volume/type of Blood/Colloid infusions 48 hours prior to the blood draw
 - * NOTE: For Pediatric donors, consult with BCT prior to sending blood requirements (May also require maternal blood).
- ☐ Follow Organ Donor Management Guidelines/PPO (BCT coordinator will review guidelines with MD/RN/RT)
- ☐ Eye care for cornea donors (consult with Eye Bank of BC, phone # 1-800-667-2060)

The BCT Coordinator Will:

- ☐ Monitor all lab results/cultures/urinalysis via Care Connect
- ☐ Contact the bedside RN approx. Q6H to obtain VS, ventilator settings, fluid status, medication administration, urine output and general updates
- ☐ Obtain requested diagnostic results/reports from Care Connect (if difficulties obtaining, may require these to be faxed)
- ☐ Discuss need for further diagnostic requests with transplant programs
- ☐ Require medication start times and dosing for all BCT medications initiated
- ☐ Be available for questions/support 24/7

Forms BCT Coordinator Will Require:

Copies of the following to be faxed to (604) 708-2129 once completed:

- ☐ Comfort Care/poor prognosis documentation x 2 from licensed physicians
- ☐ Recent EHS and ER report, 12 lead ECG, ICU consult/admission note
- ☐ Signed BCT Physical Assessment Form
 ** (Current version downloaded from BCT Website → [Physical Assessment \(transplant.bc.ca\)](https://transplant.bc.ca/PhysicalAssessment))
- ☐ Completed and signed Bronchoscopy for Organ Donation form (if bronchoscopy requested by BCT; Current version downloaded from BCT Website → [Bronchoscopy \(transplant.bc.ca\)](https://transplant.bc.ca/Bronchoscopy))

***Height should be measured with no pillows and lying flat (as tolerated). Measure from crown of head to bottom of heel along patient's side. Should be done with two people to ensure accuracy. Lungs are allocated according to size, therefore important to have accurate height. If dry admission weight not available, take patient weight without any pillows/blankets/equipment on the bed.*

4. Pre-WLST Checklist

- ☐ BCT coordinator will arrange WLST time with OR, ICU, BCT and family
- ☐ Confirm two licensed physicians available at WLST set time for declaration of death
- ☐ Hold feeds 8 hours prior to WLST
- ☐ Morning of OR: transfer patient to a stretcher, with draw sheet underneath, patient chest and abdomen shaved/prepped for OR, if site requires- portable monitor at bedside (test if working)
- ☐ Patient labels printed and with chart
- ☐ Chart in order and complete, ready to accompany patient to the OR
- ☐ Comfort care medications prepared as per ICU MD
- ☐ Heparin prepared as per BCT DCC guidelines

5. Confirmation of Death by Circulatory Criteria

The legal time of death is the determination after a minimum 5-minute observation period

- ☐ Two confirmations of DCC completed and signed (completed by BCT coordinator)

6. Family Follow up

Family present during WLST ☐ Yes or ☐ No

- ☐ If requested by family, BCT coordinator will update family following the completion of organ recovery

7. Staff Follow up

- ☐ Post case follow up / debriefing requested by hospital staff: Please inform BCT Coordinator

Additional Information:

Please contact the BCT Coordinator with any questions or concerns during or after the case.