ADMISSION INSTRUCTIONS

- Move to Comfort Care Note in chart.
- Contact initiated with BC Transplant
- Consent for Organ Donation obtained
- Code Status: Full therapy except cardiopulmonary resuscitation

SECTION I. GUIDELINE FOR POTENTIAL DCD PATIENT UNTIL WITHDRAWAL OF LIFE SUPPORT

MONITORING:

- Complete patient height, weight, and abdominal girth. Record on BCT Physical Assessment Form (available on BC Transplant Website)
  - Height: ____________________ cm □ Actual □ Estimate
  - Weight: ____________________ kg □ Actual □ Estimate
  - Abdominal Girth: _____________ cm (Measure around largest diameter)
- Urine output q1h *(notify MD if urine output greater than 200 mL/h)*
- HR, BP, Temperature q1h
- Arterial Pressure Monitor continuous
- Pulse Oximetry q1h
- CVP q4h (minimum)

PATIENT CARE

- Central venous catheter. RIJ preferred. Avoid femorals if possible
- 2 large bore peripheral IVs
- Urine catheter
- Maintain head of bed greater than 30 degrees
- Warming blanket to keep temperature at 35.5 to 37.5 °C
- NG/OG to low intermittent suction if feeds contraindicated or not tolerated
- X-ray post gastric sump insertion to confirm position
- Chest physiotherapy PRN
- Routine pulmonary toilet and repositioning
LABORATORY INVESTIGATIONS

☑ Blood Type/Screen
☑ Goal hemoglobin greater than 70 g/L. Notify physician AND BC Transplant if less than 70 g/L
☑ Send blood for tissue typing and serology (use BC Transplant Collection Kit)

<table>
<thead>
<tr>
<th>Initial Bloodwork, then q6h AND PRN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ ABG</td>
</tr>
<tr>
<td>☑ Serum electrolytes, SCr, Urea, Ca, Mg, PO4, Lactate, CrCl or eGFR, CBC, glucose</td>
</tr>
<tr>
<td>☑ INR/PTT, AST, ALT, Tbil, DBil, ALP, GGT, LDH, Total Protein</td>
</tr>
<tr>
<td>☑ Albumin, Amylase/Lipase, CK, Troponin (I or T)</td>
</tr>
</tbody>
</table>

☑ Cultures - all culture baseline then q24h
☑ Sputum gram stain and culture
☑ Blood culture x 2 via peripheral venipuncture
☑ Urine culture
☑ Culture all drain sites
☑ Urinalysis including specific gravity routine and micro baseline and Q24h
☑ Urine microalbumin/creatinine (ACR) ratio baseline and prn as requested
☑ Toxicology screen (serum/urine) as indicated
☑ MRSA and VRE screens (also screen all drain sites for MRSA) as per hospital policy

DIAGNOSTICS

☑ CXR, if not performed in previous 12 hours (and then q24h)
☐ CT of chest as requested by BC Transplant (High resolution – non-contrast)
☐ Bronchoscopy (as requested by BC Transplant)

NUTRITION

☑ Continue feeds if already initiated. Initiate unless contraindicated.
☑ If already initiated continue parenteral nutrition

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

☑ Total fluid intake at ___________mL/h (recommended 1 to 2 mL/kg/h) + previous hours urine output

Maintenance IV fluids based on sodium level:

<table>
<thead>
<tr>
<th>Sodium Level</th>
<th>Electrolyte Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>145 mmol/L and above</td>
<td>☐ D5W</td>
</tr>
<tr>
<td>130 to 145 mmol/L</td>
<td>☐ D5W-NaCl 0.45%</td>
</tr>
<tr>
<td>130 mmol/L and below</td>
<td>☐ NS</td>
</tr>
</tbody>
</table>

*OR*

☐ ____________________________________________

RESPIRATORY

Objective: to optimize lung recruitment for individual patient

☐ Continue mechanical ventilation as per previous orders

*OR*

☐ Mechanical ventilation as follows:
  • Mode _________________
  • Tidal volume 6mL/kg OR pressure limit at _______ (cm H20) as applicable
  • PEEP 10 and adjust to meet patient requirements

☑ Adjust FiO2 to maintain SaO2 greater than or equal to 95% Maintain PaO2 greater than 70 mmHg with minimal effective FiO2.

☑ Maintain pH 7.35-7.45

☑ Recruitment manoeuvers: Periodic increases in PEEP from 30 to 40 cm H2O x 30 to 40 seconds q2h, and after all circuit disconnects and suctioning.

☑ O2 challenge: 100% FiO2 with PEEP 10 (do not reduce PEEP if at a higher level) initial and q6h PRN as requested by BCT.

MEDICATIONS

Hemodynamic Monitoring and Therapy:

Goals of Therapy (Notify physician if outside of parameters)

- HR 60 to 120 beats/min
- CVP 6 to 10 mmHg
- MAP greater than 70 mmHg
- SBP 90 to 160 mmHg

Date (dd/mm/yyyy) / /  Time  Prescriber's Signature  Printed Name or College ID #
Management of Hypotension: If SBP less than 90 mmHg and/or MAP less than 70 mmHg, initiate the following:
- Box: vasopressin 0 to 0.04 unit/min IV infusion (preferred vasopressor)
- Box: NORepinephrine 0 to 15 mcg/min IV (call MD if higher dose required)

Management of Hypertension: If BP greater than or equal to 160/90 mmHg sustained for greater than 5 minutes, then wean vasopressors and inotropes. If necessary start:
- Box: hydrALAZINE 5 to10 mg IV q5min as needed for MAP greater than 110 and HR less than 80 bpm
- Box: labetolol 2.5 to 10 mg IV q15min PRN (if HR greater than or equal to 80 bpm)

Management of Bradycardia with Associated Hypotension: If HR less than 60 bpm
- Box: DOPamine IV infusion to a maximum of 10 mcg/kg/min

Management of Tachycardia
Manage as any critically ill patient. Ensure patient is euvoletic.

Hormonal Therapy:
- Box: methylPREDNISolone (15mg/kg) _____________mg IV q24h
  (Maximum: 1 gram, rounded to the nearest 20 mg)

  *AND*
- Box: vasopressin as indicated for hypotension management (see above)

Antifungals and Antibiotics (To be ordered ONLY if lungs are being considered OR as needed for culture/imaging results):
- Box: fluconazole 400 mg IV q24h
- Box: vancomycin (25 mg/kg) _____________ mg IV load, then (15 mg/kg) _____________mg IV q12h
  (*round doses to nearest 250 mg)
And one of the following:
- Box: piperacillin-tazobactam 3.375 g IV q6h
  "OR"
- Box: meropenem 500 mg IV q6h (for documented or suspected penicillin anaphylaxis or history of Extended Spectrum Beta-Lactamase (ESBL) organisms)
ELECTROLYTE MANAGEMENT

- Serum creatinine is less than 150 micromol/L or normal renal function
- Urine output is greater than 0.5 mL/kg/h for 2 consecutive hours
- Do not replace potassium using both intravenous and enteral routes as provided below

☐ Use local electrolyte orders – refer to internal hospital protocols
*OR*

Potassium Replacement: Chose from either IV or enteral route:

☐ IV potassium chloride must be given via central line when using pre-mixed bag of 20 mmol/50 mL

<table>
<thead>
<tr>
<th>Serum Potassium</th>
<th>Dose/ Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 mmol/L and above</td>
<td>None</td>
</tr>
<tr>
<td>3.5 to 3.9 mmol/L</td>
<td>potassium chloride 20 mmol IV over 30 min for 1 dose</td>
</tr>
<tr>
<td>3 to 3.4 mmol/L</td>
<td>potassium chloride 20 mmol IV over 30 min q30min for 2 doses</td>
</tr>
<tr>
<td>Below 3 mmol/L</td>
<td>potassium chloride 20 mmol IV over 30 min q30min for 3 doses</td>
</tr>
</tbody>
</table>

Check serum potassium 2 hours after end of final replacement dose

*OR*

☐ Enteral potassium chloride oral solution (20 mmol/15 mL) for enteral replacement

<table>
<thead>
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<th>Serum Potassium</th>
<th>Dose/ Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 mmol/L and above</td>
<td>None</td>
</tr>
<tr>
<td>3.5 to 3.9 mmol/L</td>
<td>potassium chloride 40 mmol NG/OG/PO BID for 2 doses</td>
</tr>
<tr>
<td>3 to 3.4 mmol/L</td>
<td>potassium chloride 40 mmol NG/OG/PO TID for 3 doses</td>
</tr>
<tr>
<td>Below 3 mmol/L</td>
<td>Replace potassium via IV route</td>
</tr>
</tbody>
</table>

Check serum potassium next morning and no sooner than 4 hours after final replacement dose

Phosphate Replacement

<table>
<thead>
<tr>
<th>Serum Phosphate</th>
<th>Dose/ Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.8 mmol/L and above</td>
<td>None</td>
</tr>
<tr>
<td>Below 0.8 mmol/L</td>
<td>SODIUM phosphate 15 mmol IV over 2 hours q4h for 3 doses</td>
</tr>
</tbody>
</table>

If phosphate less than 0.4 mmol/L, check serum phosphate 4 hours after end of final replacement dose otherwise, check serum phosphate with blood work the next day
Magnesium Replacement

<table>
<thead>
<tr>
<th>Serum Magnesium</th>
<th>Dose/ Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.7 mmol/L and above</td>
<td>None</td>
</tr>
<tr>
<td>Below 0.7 mmol/L</td>
<td>magnesium sulfate 5 gram IV over 4 hours q8h for 3 doses</td>
</tr>
</tbody>
</table>

If magnesium less than 0.4 mmol/L, check serum magnesium 4 hours after end of final replacement dose; otherwise, check serum magnesium with blood work the next day.

Calcium Replacement

<table>
<thead>
<tr>
<th>Serum Calcium</th>
<th>Dose/ Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2 mmol/L and above</td>
<td>None</td>
</tr>
<tr>
<td>Below 1.2 mmol/L</td>
<td>calcium gluconate 2 gram IV for 1 dose</td>
</tr>
</tbody>
</table>

· Recheck ionized calcium level with next scheduled bloodwork

GLYCEMIC CONTROL

☐ Use local glycemic control orders – refer to internal hospital protocols

*OR*

☐ Initiate insulin regular IV infusion for sustained blood glucose greater than 10 mmol/L.

Start infusion to maintain blood glucose between 7 to 10 mmol/L

<table>
<thead>
<tr>
<th>Blood Glucose (mmol/L)</th>
<th>Insulin regular IV infusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 10</td>
<td>0 unit</td>
</tr>
<tr>
<td>10 to 14</td>
<td>2 unit/h</td>
</tr>
<tr>
<td>14.1 to 18</td>
<td>4 unit/h</td>
</tr>
<tr>
<td>Greater than 18</td>
<td>6 unit/h</td>
</tr>
</tbody>
</table>

*OR*

☐
SECTON II. WITHDRAWAL OF LIFE SUPPORT

COMFORT CARE
- Refer to ICU Comfort Care orders / ICU Palliation orders

Anticoagulation
☐ Heparin 400 unit/kg _________________ unit IV push (round to nearest 1000 unit) when SBP less than 60 mmHg at impending death

(RN to consult with ICU Attending/BCT for timing of administration of heparin)