

Date: \_\_\_\_\_ Time: \_\_\_\_\_

= Always applicable     = Check if applicable

**ADMISSION INSTRUCTIONS**

- Comfort Care Notes in chart x 2 (by two licenced physicians)
- Contact initiated with BC Transplant
- Consent for Organ Donation obtained by BCT Coordinator
- Code Status: Full therapy except cardiopulmonary resuscitation

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

**MONITORING**

- Complete patient actual height and weight. Record on BCT Physical Assessment Form  
(Available on [BC Transplant Website](#))
- Urine output q1h
- HR, BP, Temperature, Pulse Oximetry q1h
- Arterial Pressure Monitor continuous

**PATIENT CARE**

- Central venous catheter
- Maintain head of bed greater than 30 degrees
- Targeted temperature management goal 35.5- 37.5°C
- NG/OG to low intermittent suction if feeds contraindicated or not tolerated

**LABORATORY INVESTIGATIONS**

- Send blood for tissue typing and serology (use BC Transplant 'Red Blood Box')
- Blood Type/Screen
- Goal hemoglobin greater than 70 g/L. Notify physician AND BC Transplant if less than 70 g/L.
- Monitor platelet level. Consult physician and BC Transplant if platelet level less than 10 (consider transfusion).

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**Initial Bloodwork, then q6H**

- ABG
- Na, K, Cl, Bicarb, SCr, Urea, Ca, Mg, PO4, Lactate, CrCl, eGFR, CBC, glucose
- INR/PTT, AST, ALT, TBil, DBil, ALP, GGT, LDH, Total Protein
- Albumin, Amylase/Lipase, CK, Troponin (I or T)

- Urinalysis including specific gravity, routine and micro baseline and Q24h
- Urine microalbumin/creatinine (ACR) ratio baseline and PRN as requested

**DIAGNOSTICS**

- CXR daily
- CT of chest and abdomen if requested by BC Transplant (High resolution – Non contrast)
- Bronchoscopy (if requested by BC Transplant)
  - Send samples for C&S, AFB and Fungal
    - complete Bronchoscopy for organ donation form available on [BC Transplant Website](#)

**NUTRITION**

Continue feeds if already initiated. Initiate unless contraindicated (Hold feeds 8 hours prior to recovery surgery)

**\*OR\***

If patient on parenteral nutrition, consult dietician for direction.

**INTRAVENOUS**

- Total fluid intake at \_\_\_\_\_ ml/ hr (recommended 1 to 2 mL/kg/h)
  - Consider maintenance IV fluids based on sodium level (Ringers lactate recommended unless sodium level 130 or less.)

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**RESPIRATORY MANAGEMENT**

- Lung recruitments not indicated for DCD patients
- Minimum PEEP of 10cmH20 or appropriately optimized PEEP
- Pulmonary toileting and chest physio (as per site policy)

Continue mechanical ventilation as per previous orders

**\*OR\***

Mechanical ventilation as follows:

- Mode \_\_\_\_\_
- Tidal volume 6mL/kg OR pressure limit at \_\_\_\_\_ (cm H2O) as applicable
- Minimum PEEP of 10cmH20 or appropriately optimized PEEP

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

O2 challenge: 100% FiO2 with current PEEP for 10 mins.

- Q6h and PRN

**MEDICATIONS**

**Hemodynamic Monitoring and Therapy:**

Goals of Therapy (*Notify physician if outside of parameters*)

- HR 60 to 120 beats/min
- MAP greater than 65 mmHg

**Management of Hypotension**: If SBP less than 90 mmHg and/or MAP less than 65 mmHg, initiate the following:

- vasopressin 0 to 0.04 **unit/min** IV infusion \*OR\* 0- 2.4 **unit/ hr** IV infusion (preferred vasopressor)
- NORepinephrine 0 to 15 mcg/min \*OR\* \_\_\_\_\_ mcg/kg/min IV infusion (call MD if higher dose required)

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**Management of Hypertension:** If SBP greater than or equal to 180 mmHg sustained for greater than 5 minutes, then wean vasopressors and inotropes. If necessary:

- hydrALAZINE 5 to 10 mg IV q5min as needed (if HR less than 100 bpm)
- labetalol 2.5 to 10 mg IV q15min PRN (if HR greater than 100 bpm)

**Management of Bradycardia and Tachycardia**

Manage as any critically ill patient. Ensure patient is euvolemic. Consult critical care MD for further direction.

**Diabetes insipidus (DI):** (MD to confirm diagnosis, less common in DCD patients)

Monitor for signs of DI (ie. urine output > 200 ml/hr). Titrate therapy to urine output of 3 mL/kg/h or less.

- vasopressin 0.02 unit/min (1.2 units/hr) continuous IV infusion; increase by 0.01 unit/min (0.6 units/hr) q1h to a maximum of 0.04 unit/min (2.4 units/hr) until urine output goal achieved (Preferred for patients with hypotension)

**\*OR\***

- desmopressin (DDAVP) 2mcg IV direct; repeat q6h until output goal achieved

**INFECTION SURVEILLANCE AND TREATMENT**

Examine patient each shift for new skin lesions suggestive of viral, fungal or bacterial infection

- On daily rounds review for potential new infection.
- Treat any new suspected or confirmed viral, fungal or bacterial infection and notify BC Transplant
- Influenza test (Flu A/B/RSV) **all donors** (during flu season only typically Dec 1 to Mar 31)
- COVID-19 test (requires dual source NP swab and ET specimen test as indicated by BC Transplant). Must be completed within 5 days of recovery surgery.
- HSV/VZV (oral and genital) swabs of any potential herpetic lesions, as appropriate
- Cultures - all cultures to be done at baseline and then q24h
  - Sputum gram stain and culture
  - Blood culture x 2 via peripheral venipuncture (preferred)
  - Urine culture
  - Culture all drain site

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**Antifungals and Antibiotics**

- Consult pharmacy for renal dosing of all antibiotics in presence of impaired renal function.
- If lungs **not** considered, treat any known or suspected infections as per ICU direction
- If lungs are being considered treat with following:

fluconazole 400 mg IV q24h

vancomycin (15 mg/kg) \_\_\_\_\_mg IV q12h (\*round to nearest 250 mg). Consult pharmacy for renal dosing in presence of AKI.

**And one** of the following:

piperacillin-tazobactam 3.375 g IV q6h

**\*OR\***

meropenem 500 mg IV q6h (If documented or suspected penicillin anaphylaxis or history of Extended Spectrum Beta-Lactamase (ESBL) organisms)

**ELECTROLYTE MANAGEMENT**

Use local electrolyte orders – refer to internal hospital protocol

**GLYCEMIC CONTROL**

Use local glyceemic control orders – refer to internal hospital protocols (goal 7-10 mmol/ L)

**SECTION II. GUIDELINE FOR WITHDRAWAL OF LIFE SUPPORT**

- **Consult ICU for comfort care orders**

Heparin 400 units/kg (round to nearest 1,000 units) = \_\_\_\_\_ units IV push when SBP less than 60 mmHg at impending death (RN to consult with ICU Attending for timing of administration)

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