

This checklist outlines BCT's information requirements in preparation for a potential donation after cardio circulatory death (DCD). It is intended to be used by healthcare providers as a reference.

1. Identification and Referral

- Call **1-877- DONOR- BC (366-6722)**; an ODHD Coordinator will call back immediately to determine donation potential.

- Name of ODHD Coordinator _____ Contact # _____

Initial Information ODHD Coordinator Will Require

- Patient name, DOB, PHN
- Height _____ cm Weight _____ kg
- Admission history
- Medical history
- Blood type, if available
- Vital signs
- Inotropes
- WLST discussed with family and decision charted by MD
- Family contact information and/or availability for Organ Donation Coordinator to contact or meet

- Note time blood drawn for Tissue Typing and Serology _____
- Draw, label and arrange blood to be sent for tissue typing and serology testing*
- Review blood, crystalloid /colloid intake with ODHD Coordinator for hemodilution calculation
 - NOTE: For Pediatric donors, consult with ODHD prior to sending blood requirements (May also require maternal blood).

Forms ODHD Coordinator Will Require

Copies of the following to be faxed to (604) 877-2136 or 1-866-559-5594 during business hours. (After hours ODHD may provide alternate fax number)

- Signed Consent for Organs and/or Tissues Form (*Current version downloaded from BCT Website under [Health Professionals - Forms](#)*)
- Blood Group (ABO)
- Completed and signed BCT Physical Assessment Form (*Current version downloaded from BCT Website – under [Health Professionals - Forms](#)*)

2. Consent for Organ Donation

- Family Contact information and/or availability for ODHD to consent and Medical/Social Questionnaire
- Consent form signed and witnessed
- Pastoral care or Social worker referral for donor family, if appropriate
- Coroner notified, record name and number for ODHD _____

3. Donor Screening and Organ Evaluation (Review requirements with ODHD)

- Initial blood work drawn
- Cultures / Sputum for Gram Stain
- Urinalysis including Albumin Creatinine Ratio (ACR)

Results ODHD Coordinator Will Require:

- Lab work (including cultures of gram stains if available)

If requested by BCT the following:

- Chest X-ray
- Chest CT
- O₂ Challenge

4. Pre-WLST Checklist

- Addressograph or patient labels on chart
- Coordinate WLST timing with organ recovery OR availability

5. Confirmation of Cardio-Circulatory Death

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

- Two confirmations of DCD completed and signed

6. Family Follow up

Family present during WLST Yes or No

Would the family like to be contacted following the recovery of the organs? Yes or No

By Whom? _____ Contact # for family/name _____

7. Staff Follow up

- Post case follow up / debriefing requested by hospital staff: PLEASE INFORM ODHD Coordinator

Additional Information:

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