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 # ____________________
   - 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).

### 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.