ORGAN DONOR MANAGEMENT – HOSPITAL CHECKLIST (NDD)

This checklist outlines BC Transplant’s information requirements for each stage of the organ donation process. It is intended to be used by healthcare providers as a reference. Related Documents: Rationale for BCT Organ Donor Management Provincial Guidelines

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 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).

2. Neurological Determination of Death (NDD)

Time of First NDD is the legal time of death

☐ Two confirmations of NDD completed and signed

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)

☐ Signed confirmation of Neurological Determination of Death Declarations X 2

☐ Blood Group (ABO)

☐ Completed and signed BCT Physical Assessment Form (Current version downloaded from BCT Website – under Health Professionals - Forms)
3. Consent for Organ Donation
- Family Contact information and/or availability for ODHD to consent and ask Medical/Social Questionnaire
- Consent form signed and witnessed
- Pastoral care or Social worker referral for donor family, if appropriate
- If a coroner’s case, coroner notified, record name and number for ODHD

4. Donor Screening, Maintenance and Organ Evaluation (Review requirements with ODHD)
- Organ Donor Management (recommended guidelines reviewed)
- Initial blood work drawn
- Cultures / Sputum for Gram Stain
- Urinalysis including Albumin Creatinine Ratio (ACR)
- O₂ Challenge
- 12 Lead ECG
- Eye Care for Cornea donors (Consult with Eye Bank of BC phone # 1-800-667-2060)

5. OR Checklist
- OR timing (ODHD Coordinator will provide this information)
- Chart in order and complete
- Addressograph or patient labels on chart

6. Family Follow up
- 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.