

Diabetes Insipidus (DI) (MD to confirm diagnosis, less common in DCC patients)

Defined as urine output greater than 3 mL/kg/h associated with:

- increasing serum sodium greater than 145 mmol/L and/or
- increasing serum osmolarity greater than 300 mosM, and/or
- decreasing urine osmolarity less than or equal to 200 mosM

If Diabetes Insipidus present, titrate therapy to urine output less than 3 mL/kg/h

vasopressin _____ milliunit/kg/min (0.02-0.05 milliunit/kg/min) IV infusion

Max. dose: 0.2 milliunit/kg/min

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.
 - Oral and genital swabs of any potential viral lesions, consult BC Transplant for recommended testing

5 XOWXUHDQOOWXURFMRQHDWBVHOLQHDQGVTKHQ

- Sputum gram stain and culture
- Blood culture (*Refer to current BCCH Pediatric Blood Culture Guide for appropriate collection quantities*)
- Urine culture
- Culture all drain sites

5) MRSA and VRE screens (also screen all drain sites for MRSA) as per hospital policy

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 the following:

fluconazole 6 mg/kg/dose (max 400 mg) IV q24h

vancomycin (15 mg/kg) _____ mg IV q6h

(*round to nearest 250 mg) (consult pharmacy for renal dosing in presence of AKI)

And one of the following:

piperacillin-tazobactam 75 mg/kg/dose of piperacillin component (max 4 g/dose) IV q6h

OR

meropenem 20 mg/kg/dose (max 2 g/dose) IV q8h (If documented or suspected penicillin anaphylaxis or history of Extended Spectrum Beta-Lactamase (ESBL) organisms)

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



**Organ Donor Management
Recommended PPO
PEDIATRIC Circulatory Death
(DCC)**

Patient Addressograph

SECTION II. WITHDRAWAL OF LIFE SUPPORT

- **Consult ICU for Comfort Care orders**

Heparin 400 units/kg _____ units IV

push when SBP less than 60 mmHg at impending death (RN to consult with ICU attending for timing of administration)

Symptom Management

Pain/discomfort

Morphine _____ (0-20 mcg/kg/hour) IV infusion

Morphine _____ (0.05-0.1 mg/kg) IV q30min prn

Midazolam _____ (0-100 mcg/kg/hour) IV infusion

Midazolam _____ (0.05-0.1 mg/kg) IV q30min prn

Other _____

Other _____

Other _____

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