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

MONITORING:
☑ Complete patient height, weight. Record on BCT Physical Assessment Form (available on BC Transplant Website)
  Height: ___________________ cm  ☐ Actual  ☐ Estimate
  Weight: ___________________ kg  ☐ Actual  ☐ Estimate
☑ Urine output q1h (notify MD if urine output greater than 4 mL/kg/h)
☑ HR, BP, temperature, pulse oximetry q1h
☑ Cardiac monitoring
☑ Arterial pressure monitor continuous (left radial preferred)
☑ CVP q4h (minimum)
☑ Hourly Input and Output

PATIENT CARE
☑ Central venous catheter. RIJ preferred.
☑ 2 large bore peripheral IVs if no CVC
☑ Urine catheter
☑ Maintain head of bed greater than 30 degrees
☑ Warming blanket to keep temperature above or equal to 35 °C
☑ NG/OG if feeds contraindicated or not tolerated
☑ X-ray post gastric sump insertion
☑ Chest physiotherapy as required
☑ Routine pulmonary toilet and repositioning

LABORATORY INVESTIGATIONS

Initial Bloodwork, then q6h and PRN:
☑ ABG
☑ Serum electrolytes, SCr, Urea, Ca, Mg, PO4, Lactate, CBC, glucose
☑ INR/PTT, AST, ALT, TBil, DBil, ALP, GGT, LDH, Total Protein
☑ Albumin, Amylase/Lipase, CK, Troponin (I or T)

☑ Blood Type/Screen (Blood from 2 separate draw times)
☑ Goal hemoglobin greater than 70 g/L. Discuss with Physician and BCT if transfusion is required.
☑ 4 units packed RBC available on call to OR
☑ Send blood for tissue typing and serology (use BC Transplant Collection Kit)
☑ Cultures - all culture baseline then q24h
☑ Sputum gram stain and culture

Date (dd/mm/yyyy)           Time     Prescriber’s Signature    Printed Name or College ID #
LABORATORY INVESTIGATIONS (cont’d)

- Blood culture x 2
- Urine culture
- Culture all drain sites
- Urinalysis including specific gravity, routine and micro baseline and Q24h
- Urine microalbumin/creatinine (ACR) ratio baseline and pm as requested
- MRSA and VRE screens (also screen all drain sites for MRSA) as per hospital policy

DIAGNOSTICS

- CXR, if not performed in previous 12 hours (and then q24h)
- CT of chest as requested by BC Transplant (High resolution – Non contrast)
- Bronchoscopy (as requested by BC Transplant)

NUTRITION

- Continue feeds if already initiated. Initiate unless contraindicated.
- If already initiated continue parenteral nutrition

INTRAVENTOUS

- Total fluid intake at ______________ mL/h
  (As per standard fluid management protocols – 80% maintenance)

  Maintenance IV fluids based on sodium level:

  | Sodium 145 mmol/L and above | □ dextrose 5% |
  | Sodium 130 to 145 mmol/L    | □ dextrose 5%-sodium chloride 0.45% |
  | Sodium 130 mmol/L or below  | □ sodium chloride 0.9% |
  | *OR*                        | □ ________________________________ |

RESPIRATORY

**Objective**: to optimize lung recruitment for individual patient

- Continue mechanical ventilation as per previous orders
  *OR*

  - Mechanical ventilation as follows:
    - Mode _________________
    - Tidal volume 6 to 8 mL/kg OR pressure limit at _______(cm H2O) as applicable
    - PEEP 7 to 10 and adjust to meet patient requirements

- 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 to 7.45
- Recruitment manoeuvres: Periodic increases in PEEP from 30 cm to 40 cm H2O x 30 seconds q2h, and after all circuit disconnects and suctioning.
- O2 challenge: 100% FiO2 with PEEP 10 (do not reduce PEEP if at a higher level) initial and q6h PRN as requested by BCT.
MEDICATIONS

Hemodynamic Monitoring and Therapy:

### Hemodynamic Monitoring and Therapy:

#### Reference:

**Notify physician if outside of general target parameters**

**Management of Hypotension:** Target BP: _______________/______________

- **DOPamine** __________ mcg/kg/min (2 to 10 mcg/kg/min) IV infusion
- **vasopressin** __________ milliunit/kg/min (0.3 to 0.7 milliunit/kg/min) IV infusion Max. dose: 40 milliunit/min
- **epinephrine** __________ mcg/kg/min IV infusion (0.01 to 0.2 mcg/kg/min; caution with doses greater than 0.2 mcg/kg/min)
- **NORepinephrine** __________ mcg/kg/min IV infusion (0.01 to 0.2 mcg/kg/min; caution with doses greater than 0.2 mcg/kg/min)

**Management of Hypertension:** Target BP: _______________/______________

**Age-related Treatment Thresholds for Arterial Hypertension:**
- **Newborns to 3 months** greater than 90/60
- **3 months to 1 year** greater than 110/70
- **1 year to 12 years** greater than 130/80
- **12 years to 18 years** greater than 140/90
  
  a. Wean inotropes and vasopressors
  b. If necessary start:
     - **nitroprusside** __________ mcg/kg/min (0.5 to 5 mcg/kg/min) OR
     - **esmolol** __________ mcg/dose (500 mcg/kg/dose) IV bolus over 1-2 min
       Followed by __________ mcg/kg/min (50 to 300 mcg/kg/min) IV infusion

**Diabetes Insipidus**
Defined as urine output greater than 4 mL/kg/h associated with:
- increasing serum sodium greater than 145 mmol/L and/or
- increasing serum osmolality great than 300 mosM, and/or
- decreasing urine osmolality less than or equal to 200 mosM


Notify physician if outside of general target parameters

**Medication Chart**

<table>
<thead>
<tr>
<th>Drug Name</th>
<th>Dose</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOPamine</td>
<td>__________ mcg/kg/min</td>
<td>IV infusion</td>
</tr>
<tr>
<td>vasopressin</td>
<td>__________ milliunit/kg/min</td>
<td>IV infusion</td>
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<tr>
<td>epinephrine</td>
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</tr>
<tr>
<td>NORepinephrine</td>
<td>__________ mcg/kg/min</td>
<td>IV infusion</td>
</tr>
</tbody>
</table>

**Blood Pressure**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Systolic Pressure</th>
<th>Diastolic Pressure</th>
<th>Systolic Hypotension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth (12 h &lt;1000 g)</td>
<td>36-59</td>
<td>16-36</td>
<td>&lt;60-80</td>
</tr>
<tr>
<td>Birth (12 h-3 kg)</td>
<td>60-76</td>
<td>31-45</td>
<td>&lt;50</td>
</tr>
<tr>
<td>Neonate (6h)</td>
<td>67-84</td>
<td>35-53</td>
<td>&lt;60</td>
</tr>
<tr>
<td>Infant (1-12 mo)</td>
<td>72-104</td>
<td>37-56</td>
<td>&lt;70</td>
</tr>
<tr>
<td>Toddler (1-2 y)</td>
<td>88-109</td>
<td>43-60</td>
<td>&lt;70 + (age in years x 2)</td>
</tr>
<tr>
<td>Preschooler (3-5 y)</td>
<td>89-113</td>
<td>46-72</td>
<td>&lt;70 + (age in years x 2)</td>
</tr>
<tr>
<td>School-age (6-11 y)</td>
<td>97-115</td>
<td>57-76</td>
<td>&lt;70 + (age in years x 2)</td>
</tr>
<tr>
<td>Pre-adolescent (10-11 y)</td>
<td>102-120</td>
<td>61-80</td>
<td>&lt;80</td>
</tr>
<tr>
<td>Adolescent (12-15 y)</td>
<td>110-131</td>
<td>64-90</td>
<td>&lt;90</td>
</tr>
<tr>
<td>Adult</td>
<td>110-130</td>
<td>64-90</td>
<td>&lt;90</td>
</tr>
</tbody>
</table>

**Date (dd/mm/yyyy) Time**

<table>
<thead>
<tr>
<th>Time</th>
<th>Prescriber’s Signature</th>
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If Diabetes Insipidus present, titrate therapy to urine output less than 3 mL/kg/h
☐ vasopressin __________ milliunit/kg/min (0.3-0.7 milliunit/kg/min) IV infusion
  Max. dose: 40 milliunit/min

**Combined Hormonal Therapy**
For DCD organ donor management, vasopressin and methylprednisolone are ordered in combination.
☐ methylPREDNISolone _____________ mg (15 mg/kg/dose) IV q24h
  (Max. dose: 1 gram, rounded to the nearest 20 mg)
*AND*
☐ vasopressin as indicated for hypotension management (see above) and/or treatment of DI (see above)
If not already started,
☐ vasopressin __________ milliunit/kg/min (0.3-0.7 milliunit/kg/min) IV infusion
  Max. dose: 40 milliunit/min

**ELECTROLYTE MANAGEMENT**
Maintain normal electrolytes per pediatric/neonatal guidelines
**Target:** serum sodium greater than 130 but less than 150 mmol/L
  Aim for normal ranges for potassium, calcium, magnesium and phosphate

**GLYCEMIC CONTROL**
☐ Initiate insulin regular __________ unit/kg/h (0.05 to 0.1 unit/kg/h) IV infusion for sustained blood glucose greater than 12 mmol/L.
  ☑ Maintain blood glucose 7 to 10 mmol/L
  ☑ Monitor blood glucose q1h

**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
  ☑ Cultures - all cultures to be done at baseline and then q48h

  • 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

  • Influenza test (Flu A/B/RSV) (Tracheal aspirate) all donors (during flu season only typically Dec 1 to Mar 31)
  • HSV/VZV swabs of any potential herpetic lesions, as appropriate

**Antifungals and Antibiotics** (To be ordered ONLY if lungs are being considered OR as needed for culture/imaging results).
  • Consult with BC Transplant.
SECTION II. WITHDRAWAL OF LIFE SUPPORT

COMFORT CARE

- Refer to ICU Comfort Care orders / ICU Palliation orders

Anticoagulation

RN to consult with ICU Attending/BCT for consideration and timing of administration of heparin

☐ heparin _________________ unit/dose (400 unit/kg/dose) IV push
  (round to nearest 1000 unit) when SBP less than 60 mmHg at impending death