

UTMB HANDBOOK OF OPERATING PROCEDURES

Section 9 Policies	04/30/08 –Originated
Subject 9.15 In Case of Death	-Reviewed w/ changes
Policy 9.15.10 Donation After Cardiac Death	-Reviewed w/o changes
	Hospital Administration-Author

Donation After Cardiac Death

Definitions

Cardiac death is the irreversible cessation of spontaneous respiratory and circulatory functions.

Brain death is the irreversible cessation of the function of the whole brain.

Policy

The University of Texas Medical Branch at Galveston hospitals support and respect the rights of patients and surrogates to decide to forgo life sustaining treatment and to elect organ donation in the event of their death. Organ donation from patients that meet cardiac death criteria will provide the opportunity to increase the donor pool and, most importantly, assure that every opportunity is taken to carry out the wishes of the donor and family. Both the Institute of Medicine and Joint Commission for the Accreditation of Hospitals Organization have endorsed the development of hospital policies for participation in donation after cardiac death (**DCD**) programs that enable more patients to be transplanted in a way that provides for full information and disclosure to the donor's family while honoring the patient's wishes and/or wishes of the donor family.

DCD Candidate Inquiries

When a patient has suffered a devastating, irreversible neurologic injury or illness and the patient and/or family has decided to withdraw life support, the patient may be a candidate for DCD. Other potential donor diagnosis might include those with high spinal cord injuries or end-stage musculoskeletal disease.

- If the patient or patient's family inquires about organ donation, the patient is referred to Southwest Transplant Alliance (STA) for an organ donation consultation at 1-800-201-0527.
- If the option of organ donation has not been initiated by the patient or family, the health care professionals caring for the patient should decide whether to recommend such a discussion. It is recommended that Southwest Transplant Alliance (STA) be consulted at 1-800-201-0527 prior to any discussion with the family.

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DCD Patient Evaluation

- It is recommended that the Ethics Consultation Service be consulted to evaluate the decision for withdrawal of life support and organ donation and to answer any questions that may arise.

The STA Organ Recovery Coordinator (ORC) on call, or their designee, will go on-site at the referring hospital to evaluate the patient for DCD according to the following guidelines:

The patient has suffered a devastating, irreversible neurologic injury or illness. At the time of referral, the STA ORC assesses the patient for likelihood of cardiac arrest based on a DCD assessment tool. In addition, the STA ORC consults with the healthcare team. Other potential donors might also have high spinal cord injuries or end-stage musculoskeletal disease.

DCD Suitability Determination and Informed Consent Process

Additional suitability for organ donation is determined in accordance with STA. A discussion with the patient's family and the physician and/or health care team members is held to determine the family's understanding of the patient's condition and expected prognosis and outcome. If the family continues to request that treatment be discontinued and DCD has been determined to be an option for the family to consider, informed consent for donation should be obtained by STA to include the following considerations:

- The family has been fully informed of all donation options including:
 1. The option of waiting for brain death to occur, if that is deemed a possibility.
 2. The specifics of DCD procedure.
 3. Allowing for cardiac arrest followed by tissue donation.
 4. The option to not donate.
- The opportunity of attending the withdrawal of treatment and the death of the patient but the necessity of leaving the patient quickly following cessation of circulation.
- The use of medications for anticoagulation and vasodilatation in order to aid organ preservation but providing no direct benefit to the patient.

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**DCD Suitability
Determination
and Informed
Consent Process,
continued**

- The need for cannulation of large arteries to aid in organ preservation prior to withdrawal of life support or after cessation of circulation.

Measures will be taken to reduce or eliminate patient discomfort if cannulation takes place before cessation of circulation.

- If the family chooses to donate, then a STA Consent form for donation is to be completed and executed.
- The family is informed that if the patient does not expire within 60 minutes of extubation, the organ recovery procedure is abandoned and the patient is returned to the patient care unit without the donation of organs. Tissue donation can be an option following cardiac arrest.

To facilitate the organ recovery, the patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until the withdrawal of treatment. The ORC works with the hospital staff to request tests and consults that may be needed to determine suitability of the patient as an organ donor. The ORC coordinates with the hospital and recovery teams in determining the timing of the withdrawal of life support and the operative procedure.

**Standard of Care
and Comfort
Required for DCD
Candidates**

Standard of care and comfort measures will be administered during the period prior to withdrawal, and comfort care will be provided after withdrawal and until circulation ceases. No donor related medications shall be administered or donation related procedures performed without consent.

Once the patient has been moved to the operating room, prepped and draped, and all the necessary recovery equipment and preservation supplies are in place, the surgical recovery team leaves the room. No member of the transplant team shall be present for the withdrawal of life-sustaining treatments. The ventilator/life sustaining treatments are discontinued and the patient extubated. If the family has chosen to be with the patient during the withdrawal of treatment, they may enter the operating room once the surgical team has departed. Care during this time is provided by the ICU nursing staff and ICU attending physician.

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Determination of Death

Death is pronounced by attending (faculty) physician caring for the patient or an intensivist, who is not associated with or a part of the recovery or transplant teams and will not care for the recipient. The diagnosis of death requires confirmation of:

- Correct EKG lead placement, and
- A pulse of zero via the arterial catheter or EKG
- A zero blood pressure via arterial catheter or NIBP monitor and
- Patient is pulseless, apneic and unresponsive to verbal stimuli and
- Given all of the above, any one of the following electro-cardiographic criteria will be sufficient for certification of death.:
 - ventricular fibrillation
 - asystole (no complexes, agonal baseline drift only)
 - pulseless electrical activity (PEA)

Shortly (1-2 minutes) after spontaneous respiratory and circulatory functions have ceased, the family, if present, will be escorted into waiting area.

Once the cessation of cardiac function has occurred, five (5) minutes must elapse before death is officially pronounced and organ recovery can begin. This period shall be timed and documented in the medical record. During this wait period (once above criteria for diagnosis of death are met but before organ recovery begins), cannulation may occur if not performed previously.

If the donor has not experienced cessation of cardiac function within 60 minutes, the patient will be returned to the ICU; and the family will be notified if they are not present. The attending physician will write orders for continued comfort care.

References

[IHOP - 9.15.1 - Disposition of Deceased Patients](#)
[IHOP - 9.15.2 - Authorization for Postmortem Procedures](#)
[IHOP - 9.15.3 - Postmortem Anatomical Gifts](#)
[IHOP - 9.15.9 - Determination of Death](#)

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