

UCONN HEALTH

UCONN JOHN DEMPSEY
HOSPITAL

SECTION: MEDICAL LEGAL

NUMBER: 07-016

SUBJECT: ORGAN AND TISSUE DONATION

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I. Policy:

It is the policy of John Dempsey Hospital to assure that all patient deaths and imminent deaths are referred to LifeChoice Donor Services (LCDS). In collaboration with LCDS, the next-of-kin or designated health care representative of each potential donor is informed of their option to consent or refuse donation of the deceased patient's organs, tissues, and/or eyes in the event the patient has not previously documented h/her wish to be an organ donor. Compliance with this policy must be appropriately documented in the patient's medical record.

II. Purpose:

The purpose of this policy is to provide information and define procedures for organ and tissue donation and procurement for patients and/or next-of-kin who have expressed a desire to donate organs and/or tissues and serve as a guide for medical and nursing personnel.

III. Definitions:

Attending Physician Designee: Senior Resident, Critical Care Fellow or Advanced Practice Registered Nurse (APRN) in charge of the patient's care

Donation after Brain Death: Organ and tissue donation from a donor who has been declared brain dead according to those brain death criteria defined in John Dempsey Hospital's Determination of Brain death policy.

Donation after Cardiac Death: Organ and tissue donation from a donor who has been declared dead by cardio respiratory criteria subsequent to withdrawal of life sustaining support.

Tissue Donation: Tissue donation from a donor who has been declared dead.

Mid-Level Practitioner (MLP): an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)

Substituted Judgment Standard: A decision made by a surrogate decision maker when the patient does not have the capacity to make h/her own decisions; such a decision is based on what the surrogate knows about the patient in terms of what h/she would most likely decide based on h/her values and preferences.

Imminent Death: "Imminent" death for the purpose of this policy is defined as any ventilated patient for whom withdrawal of life-sustaining support is planned and death is anticipated, or when initiating a brain death examination.

Timely Referral: Referral to LCDS upon recognition that death is imminent, when withdrawal of support discussion with family is planned, within 1 hour of the first brain death examination and within 1 hour after the patient has been declared dead by cardio-respiratory criteria.

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IV. Procedure:

A. Routine Notification of Imminent Deaths and Actual Deaths:

1. Refer all deaths that have occurred, or that are imminent to LCDS (860-286-3120 or 1-800-874-5215).
2. A LCDS Coordinator is available 24 hours a day to assist in any aspect of the donation process
3. The nursing unit Charge Nurse, or his/her designee, in consultation with the Attending physician or his /her designee should notify LCDS within 1 hour of a patient's actual death or recognition that death is imminent. The Charge Nurse is responsible for overseeing compliance with routine notification.
4. Notification to LCDS must be made prior to donation discussion with the patient's next-of-kin or health care representative.
5. Documentation of the notification to LCDS should be made in the medical record by the caller.

B. Discussion with Patient's Next-of-Kin or Health Care Representative

1. Notification of Death: The attending physician or his/her designee is responsible for informing the next-of-kin or health care representative of the patient's death prior to the discussion of organ /tissue donation.
2. Planned Withdrawal of Life-Sustaining Support: Withdrawal of life sustaining support should not occur without notification of LCDS so that a determination of suitability for donation can be made. The attending physician or his/her designee is responsible for documenting the next-of-kin's, or health care representative's shared decision with physician to withdraw life sustaining support. A donation option will not be offered until the decision to withdraw life sustaining support has been made.

C. Determination of Donor Suitability:

1. It is the responsibility of LCDS to determine medical suitability of potential donors.
2. A request for donation is not required if the patient is deemed not suitable by LCDS, based on accepted medical criteria.

D. Maintenance of Organ Perfusion

1. When a potential organ donor is identified, orders must be written by the attending physician/designee for interventions that assure organ perfusion pending an organ donation decision.
2. If the patient is brain dead and a confirmed registered organ donor, maintenance of organ perfusion will continue until procurement of organs.

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E. Communication: Offering Donation with Next-of-Kin or Health Care Representative

1. If Patient's Donation Wishes are Undocumented:

- a.) If the patient meets preliminary medical suitability criteria, the LCDS representative and/or hospital designee shall discuss the option to consent or refuse organ/tissue donation with the next-of-kin or health care representative.
- b.) The designee must work with LCDS to discuss the options of donation, using communication skills sensitive to the psychological, spiritual and cultural beliefs of the family
- c.) The timing of the approach is made in collaboration with LCDS and hospital staff.
- d.) In the event of brain death or withdrawal of life-sustaining support, the LCDS Coordinator will respond on site to obtain informed consent/refusal for organ and/or tissue donation from the legal next of kin or health care representative.
- e.) In the event of cardiac death, the LCDS representative will provide assistance in person or by telephone, including obtaining informed consent or refusal for tissue donation.

2. If Patient's Donation Wishes Are Documented:

- a.) If a patient meets the following criteria:
 - Meets LCDS's preliminary medical suitability criteria
 - Has been declared dead
 - Age is ≥ 18 years
 - Patient has documented their wish to be an organ/tissue donor by:
 1. Connecticut Department of Motor Vehicles donor registry.
 2. An advanced directive

LCDS's representative shall inform the next-of-kin or health care representative of the patient's self designation and provide a disclosure form to them.

- b.) The timing of the approach to the family is made in collaboration between LCDS and hospital staff.
- c.) If there is opposition to donation presented from the Next of Kin or health care representative, the following will be contacted:
 - i. LCDS administrator on call
 - ii. The patient's attending physician and /or his / her designeeThese individuals will facilitate a family meeting to assist the family in understanding the hospital's perspective of acting in accordance with the donor's intent to make an anatomical gift.

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F. Authorization for Donation:

1. The Connecticut Anatomical Donations Act specifies that “an individual, who is at least 18 years of age, may make an anatomical gift. An anatomical gift that is not revoked by the donor before death is irrevocable and does not require the consent or concurrence of any person after the donor’s death.”
2. If there is no indication that the deceased made or declined to make an anatomical donation, the next-of-kin has the legal and moral right to make a substituted judgment decision regarding organ and tissue donation. The legal order of priority to authorize donation is:
 - a.) The spouse of the decedent
 - b.) a person designated by the decedent pursuant to CT General Statutes, section 1-56r
 - c.) an adult son or daughter of the decedent
 - d.) either parent of the decedent
 - e.) an adult brother/sister of the decedent
 - f.) a grandparent of the decedent
 - g.) a guardian of the person of the decedent at the time of death
 - h.) any person legally authorized to make health care decisions for the decedent prior to death, including, but not limited to, a health care agent appointed under section 19a-576 of CT General Statutes
 - i.) a conservator of the person, as defined in section 45a-644 of CT General Statutes
3. In the event that consensus of available next-of-kin in the same class or a prior class is not obtained, the option of donation will be withdrawn.
4. If the legal next-of-kin authorizes consent for donation, the LCDS’s Coordinator will complete a LifeChoice Donor services Authorization Form for Organ and Tissue Donation.

G. Medical Examiner Notification:

The hospital staff are responsible in all medical-legal cases to contact the State Medical Examiner. If organ and/or tissue donation is a consideration, the LCDS Coordinator will also contact the State Medical Examiner to discuss the option for donation and to obtain permission to proceed with donation. The date and time of contact, the Medical Examiner’s name, and stated approval or denial for donation including any limitations will be documented.

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V. Organ Procurement Procedure for Donation after Pronouncement of Brain Death:

A. Sequence of Procedure

1. LCDS staff will arrange the required Operating Room (OR) time with the appropriate surgical and OR staffs.
2. The OR transport service, a Respiratory Therapist and the Intensive Care Unit (ICU) registered nurse (RN) in charge of patient's care will transport the patient to the OR.
3. Anesthesia personnel, responsible for maintaining hemodynamic stability, will receive the patient and place him/her on an OR ventilator and monitors.
4. The Transplant Surgeon and/or his/her designee will prep and drape the patient with the assistance of the OR team.
5. Organ procurement will proceed at the direction of the transplant surgeon.
Required personnel include:
 - a. Transplant Surgeon(s) and assistants
 - b. Organ and Tissue Recovery Specialists
 - c. LCDS Coordinator
 - d. Anesthesia
 - e. JDH Scrub Technician
 - f. JDH Circulating RN
6. Anesthesia personnel will discontinue ventilatory and pharmacological support once the aorta is cross clamped by transplant surgeon.
7. Post mortem care will be performed in the usual post donation manner by LCDS and Hospital OR staff
8. Upon family request, the LCDS coordinator will make arrangements for the family to view the body in a predetermined private area following the donation.

VI. Organ Procurement Procedure for Donation After Pronouncement of Cardiac Death:

A. Location of Withdrawal

1. Withdrawal of life-sustaining support must occur in the OR, not in the ICU. This will require the presence of the Attending MD or designee, and the ICU RN in the OR. Anesthesia personnel do not need to be present or participate in the process, but may be consulted for equipment and technical guidance in the OR.

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2. Offer family presence in the OR for the withdrawal of life-sustaining support and death. Instruct the family present that they will have to leave the OR immediately after the pronouncement of death or the donation will be cancelled. A maximum of four family members will be permitted to be present in the OR accompanied by any of the following:
 - a. designated OR representative
 - b. staff member from social services
 - c. staff member from nursing services
 - d. staff member from chaplaincy

B. Sequence of Procedure

1. LCDS staff will arrange the required operating room time with the appropriate surgical and OR staffs.
2. The OR transport service, a Respiratory Therapist, and the ICU RN in charge of patient's care will transport the patient to the OR. The attending physician/designee will also accompany the patient to the OR
3. Palliative medications should be ordered by the attending MD/designee and administered by the ICU RN.
4. Devices to monitor the patient's blood pressure, SpO₂, and heart rhythm will accompany the patient to the OR.
5. Ventilatory support must be continued by the Respiratory Therapist while the patient is being transported to the OR, prepped for surgery and until extubation is performed.
6. The patient will be prepped for surgery by the transplant surgeon and scrub without the use of staples.
7. The Transplant team will then leave the OR suite until death is declared.
8. Administer broad spectrum antibiotic if not already administered in the ICU upon the patient's arrival in the OR. (Administration is to be done by the ICU RN, as directed by the attending MD or designee).
9. Discontinue vasopressors and intravenous fluids (To be done by the ICU RN, as directed by the attending MD or designee).
10. Ventilatory support will be discontinued and the patient extubated by the Respiratory therapist as directed by the attending MD or designee.
11. The LCDS donation coordinator will document the donor's blood pressure, heart rate, respiratory rate and oxygen saturation every 2-5 minutes beginning with the time of extubation to the time of death.

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12. Transplant related medications (vasodilators/anticoagulants) may be administered by the ICU RN, per order of the attending MD/designee.
13. The time of death will be determined by the attending MD or designee (Senior Resident, Critical Care Fellow or APRN in charge of the patient's care) and communicated to all participating staff members. Monitors at this time will be discontinued.
 - a. The attending physician or designee declaring death must not be directly affiliated with the organ procurement team.
 - b. S/he will make the determination of death based on 1) observation of ventricular fibrillation or asystole on the electrocardiogram 2) no palpable pulses and 3) lack of any spontaneous respiratory effort on physical examination. The time of death must be recorded; if arterial line is in place, pulseless electrical activity (PEA) is acceptable
 - c. The LCDS Coordinator, immediately following declaration of death will begin timing a five (5) minute period of observation during which time no operative interventions are to be started. During this five (5) minute period the Transplant Surgeon will ensure a moment of silence is observed in honor of the decedent.
 - d. Family members, if present will be escorted out of the OR by the same staff member that escorted them into the OR.

No incision will be made until procedures 13 a-d are completed.

- e. The physician pronouncing death must write a progress note in the patient's chart and complete any hospital-specific paperwork confirming the time of death.
14. Organ procurement will proceed utilizing the LCDS/DCD organ recovery procedures. Required personnel include:
 - a. Transplant surgeon/s and assistants
 - b. Organ and tissue recovery specialists
 - c. LCDS Coordinator
 - d. JDH Scrub Technician
 - e. JDH Circulating Nurse
15. Post mortem care will be performed in the usual post donation manner by LCDS and JDH OR staff. Upon family request the LCDS Coordinator will make arrangements for the family to view the body in a predetermined private area.

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C. In The Event That Cardiac Death Does Not Occur in the OR:

1. In the event the patient does not expire within the time required to permit donation per LCDS policy, the patient will be transferred back to a predetermined nursing unit by the ICU RN.
2. The transfer and patient's care will be guided by the attending physician or designee.

VII. Operative procedure for Tissue Donation:


A. Sequence of Procedure

1. Procurement of tissues must be initiated within 24 hours post mortem
2. Upon arrival, the nursing supervisor will be contacted by the recovery staff from any of the following:
 - a. LCDS
 - b. Connecticut Eye Bank
3. When procurement is performed by the LCDS/Connecticut Eye Bank staff, the donor will be transported to the OR by the LCDS/Connecticut Eye Bank staff and a hospital staff escort.
4. All recovery equipment and surgical instruments will be provided by the aforementioned procurement staffs
5. Upon completion of procurement, appropriate documentation in the patient's record will be made and an operative note will be mailed to the Health Information Management Department by the appropriate recovery organization/s.

Approved by Medical Board on May 10, 1988; 9/12/00

Approved by the Board of Trustees 11/9/00


Andrew Agwunobi, MD, MBA
Chief Executive Officer


Richard H. Simon, MD
Chief of Medical Staff

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