Organ and Tissue Donation

The Gift of Life

- More than 100,000 Americans are waiting for lifesaving organ transplants and many more wait for donated tissues.
- On average, 17 people in this country die every day - 6,600 each year - waiting for organ transplant.
  - The reason is simple -- a tragic shortage of donated organs and tissues.

http://www.neob.org/

Who can Donate?

- People of all ages may be eligible to donate organs and tissues.
  - Your medical condition at the time of death will determine what organs and tissues can be donated.
- People who have died by brain death criteria, cessation of brain function usually due to a traumatic injury or stroke, can often donate organs and tissue unless there are other reasons for a medical rule-out.
- Patients who die after the cessation of heart and lung function following a family's decision to withdraw ventilatory support can also be considered for organ donation - this is referred to as Donation After Cardiac Death (DCD).
- Tissue donation is different from organ donation in that many more people including elderly are likely to be eligible for tissue donation. Tissue can be recovered from donors up to 24 hours after death has be determined by either brain death or cardiac death criteria.

http://www.neob.org/

Organ Donation

- In compliance with RSA 291-A:2a of the New Hampshire General Law and the Health Care Financing Administration Regulations 42 CFR (Code of Federal Regulations) 482.45, it is the policy of Catholic Medical Center to:

- Inform the New England Organ Bank (NEOB) of **all deaths** (within one hour) and impending brain deaths (as soon as identified).

- Ensure that only NEOB staff (or hospital staff trained by NEOB) offer donation to every potential donor family as described above.

- Facilitate the review of death records by the NEOB, ensuring adherence to donation protocol and hospital compliance to the following policies and procedures.

How do I know a patient wishes to be an organ or tissue donor?

- Under NH RSA 291-A:3 “Uniform Anatomical Gift Act” an adult may make an anatomical gift and the validity of an anatomical gift should be determined by NEOB.
  - An anatomical gift that was provided for by the donor that is valid under the law cannot be revoked by anyone, including a family member.
  - This self designation of an anatomical gift includes (First Person Consent):
    - Signed organ and tissue donor card
    - Drivers license designation
    - Wills (including living wills)
    - Donor Registry

Process for organ donation referral- Physician's role

- The physician-of-record or designee is responsible for informing the family of the patient's death, either determined by asystole or an impending death determined by neurological criteria.
- Record of death (date and time) shall be documented in the patient's record.

When a death has been determined by Asystole

- **Once the family has been informed of the death**, the physician of record or *designated representative* will contact the NEOB's 24 hour number (1-800-446-6362) to make the referral within one hour of asystole.
- The primary nurse or designated representative will provide preliminary information to the NEOB via the 800 number to determine donor suitability.

Process for organ donation referral - Nurse's role

- The NEOB is notified by the patient's nurse or designee of all deaths and impending deaths determined by neurological criteria.
- If tissue donation is determined to be appropriate, the nursing representative will:
  - Document on the TRANSFER OF BODY FORM (CMC-682) that the NEOB was notified of the death and that the deceased has been deemed medically suitable for donation.
- Notify the Security office and Nursing Coordinator of the death and that the deceased is a candidate for tissue donation. Transport the body to the morgue within twelve hours.
- Documentation of NEOB contact and results will be recorded in the patient record.

What information should I be expected to provide to the NEOB?

- This information may include but is not limited to:
- Caller's name, unit, & phone number
- Hospital contact (attending physician or primary nurse)
- Patient's name, age, sex, and race
- Date and time of death; date of admission
- Cause of death
- Past medical history (e.g. history of cancer, prior transplants, etc.)

What information is provided to the NEOB when I call them?

- Record of decedent's election to donate, or, absence of any election/decision by the decedent to donate
- Names and phone number(s) of the legal next of kin
- In the absence of a donor designation, the order of priority in which who should be consulted as donation decision-maker is as follows:
  a) designated agent under Durable Power of Attorney for Health Care
  b) spouse
  c) adult son or daughter
  d) parent
  e) adult brother or sister
  f) adult grandchildren
  g) grandparent
  h) an adult who exhibited special care and concern for the decedent at time of death
  i) any other person authorized or under obligation to dispose of the body

What is the role of the NEOB (New England Organ Bank Coordinator)

A coordinator from the NEOB is available 24 hours a day to:

1. Perform a thorough evaluation to determine medical suitability.
2. Collaborate with the hospital staff to determine most sensitive approach to discussing donation with family (if needed, staff should consult the ERDs and CCC referenced in the Policy).
3. Conduct a family discussion about the opportunity to donate when a deceased patient did not have a donor designation and their wishes were not known and obtain a detailed medical and social history.
4. Obtain written consent when appropriate.

Withdrawal of Care/Organ Donation After Cardiac Death

- A hospital staff member will: **contact** the **NEOB at 800-446-6362** to inform them that a patient exists who is *potentially eligible* to be a donor after cardiac death
  - NEOB will only become actively involved in a potential case of death determined by cardiopulmonary criteria after the decision has been made to withdraw support.
- The patient, family or patient surrogate and the responsible physician decide to withdraw mechanical ventilation from a patient who is dependent on life support for survival based on the judgment that the support is ethically extraordinary or disproportionate.
- Neurological criteria for determining death are not fulfilled because of either detectable cortical activity or persistent brain stem function by detectable intact brain stem reflexes or spontaneous ineffective respiratory effort.
- The decision to discontinue life support must fulfill CMC-established criteria for withdrawal of mechanical ventilation.

Consent for Organ Donation after Cardiac Death

- The attending physician or designee will discuss termination of support on the medical prognosis with the patient, family or surrogate consistent with CMC criteria.
  - If there is agreement, a DO NOT RESUSCITATE (DNR) order will be documented in the patient's medical record.
- An NEOB donor coordinator will discuss the possibility of organ procurement with the attending physician or designee. This is to ensure that the physician agrees with the termination of support on medical grounds.
- The NEOB donor coordinator will discuss organ donation with the patient, family or surrogate.
  - The complete donation process and the process for pronouncing death will be explained.
  - Additional support staff, including social work or pastoral care, will be contacted as needed.
- If the impending death meets Medical Examiner criteria, the attending physician or designee and the NEOB coordinator will contact the Medical Examiner and obtain clearance for organ donation.
- If termination of support is to occur outside the ICU, there will be a plan in place (and communicated to the family) as to where the patient will be brought should asystole not occur within the designated time frame.
- The family will be given time to spend with the patient prior to the withdrawal of support.
- Attention will be given to patient comfort measures.

Thank you