MANAGEMENT PROCESS DESCRIPTION MPD873/4

Physical Assessment

This Management Process Description replaces MPD873/3

Copy Number

Effective **24/07/18**

Summary of Significant Changes

Updates to include DonorPath replacing EOS and replace “Duty Office” with “ODT Hub Operations”. References to SOP3925, FRM5545, FRM1602, MPD891, and SOP3882 added. Removal of reference to FRM4193. Section 3.2 and 3.6 amalgamated and reworded. Correction of minor typographical errors.

Policy

The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates that a minimum data set must be collected from each patient where organ donation is being considered. The minimum data set is obtained by the Specialist Nurse Organ Donation (SNOD) undertaking a comprehensive physical assessment of the patient to ensure that accurate physical characteristics are identified.

Purpose

The purpose of this Management Process Description is to outline to the SNOD the key information/characteristics that must be obtained during the physical assessment.

Responsibilities

Specialist Nurse Organ Donation

To undertake a comprehensive physical assessment of the donor, ensuring that all key requirements are met.

To collate the information gained from the physical assessment and document it clearly on DonorPath for use by the recipient centre points of contact (RCPoC’s)/tissue establishments.

To verbally confirm the height of the patient with ODT Hub Operations staff.

To verbally confirm the blood group of the patient with ODT Hub Operations using the printed hard copy of the blood group that has been checked against the patient’s identity.

ODT Hub Operations

To confirm the height of the patient with the SNOD in both metric and imperial measurements to minimise risk associated with incorrect transcription of data. To confirm weight of patient. To confirm Blood Group of patient.

Recipient Centre Points of Contact (RCPoC)

To confirm the details provided by the SNOD, so that a decision can be made regarding suitability of organs for transplantation for their recipient(s).

Implanting Surgeon

To decide, following receipt of the information provided, if they wish to accept the specified organ offered for transplantation.

Definitions

SNOD – for the purposes of this document the terminology "SNOD'' will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST)

TM – Team Manager

RM - Regional Manager

EOS - Electronic Offering System

PID – Person Identifiable Data

DonorPath – The secure electronic system that SNODs utilise to upload clinical information about the patient. Data is shared with EOS, which can be accessed by RCPoC, so decisions can be made on whether to accept organs for transplant.

DBD – Donation following Brain Death

DCD – Donation following Circulatory Death

ODST – Organ Donation Services Team

CDDF – Core Donor Data Form

HCP – Healthcare Professional

RCPoC – Recipient Centre Point of Contact

Secure Email – secure email is between NHSBT accounts or between NHSBT to nhs.net and between nhs.net accounts.

Genius Scan – Ipad application associated with NHSBT authorised iPads

Applicable Documents

FRM5545 – Body Map

FRM1602 – General Practitioner Report for Organ/Tissue Donation

MPD867 - Patient Information to be Communicated to Recipient Centre Points of Contact

SOP3925 – Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability

SOP3631 - Diagnostics – Imaging

SOP3630 - Diagnostics - Blood Tests

SOP3888 - Reporting an Organ Donation or Transplantation incident to NHSBT

MPD881 - Findings Requiring Additional Action

MPD882 – Findings Requiring Additional Action (Communication with Families)

The Quality and Safety of Organs Intended for Transplantation Regulations 2012

http://www.legislation.gov.uk/uksi/2012/1501/contents/made

MPD872 – Diagnostics - Infections

POL162 – Donor Characterisation

MPD385 – Good Documentation Practice

INF135 – Examples of Good Documentation Practice

SOP3632 - GP Assessment

MPD891 - Pregnancy in Donation

NHSBT Guidance on Handling Person Identifiable Information:

http://nhsbtweb/userfiles/22474%20Guidance%20of%20Confidential%20Comms%206pp%20DL.pdf

http://nhsbtweb/userfiles/final%206%20IG%20proofs.pdf

1. INTRODUCTION

1.1. The therapeutic use of organs for transplantation demands that their quality and safety should be such as to minimise any risks associated with the possible transmission of infections and diseases. The patient characteristics obtained during the physical assessment are vital when considering suitability of organs for transplantation and recipient selection.

1.2. It is the responsibility of the SNOD to undertake a thorough physical assessment of the patient. This information is obtained by the SNOD employing a systematic approach, which is described in detail in section 2 of this MPD.

1.3. It is the responsibility of the SNOD to request **expert help** if a clinical condition has been potentially identified during the physical assessment process that has not previously been confirmed following the review of medical notes, or other aspects of the donor characterisation process.

1.4. It is the responsibility of the SNOD to document all of the information obtained during the physical assessment on the NHSBT body map, upload a copy to DonorPath and accurately communicate this information to ODT Hub Operations, RCPoC's and Tissue Establishments. It is important that the SNOD documents communication with the RCPoC's accurately on DonorPath; (NMC, 2009),**MPD867** Patient Information to be communicated to RCPoC's.

In the event that DonorPath / IT networks are unavailable then SNODs should follow the procedure described in **SOP3925**.

1.5. The findings from the physical assessment will complement the other findings undertaken during the donor characterisation process, **SOP3631**, **SOP3630**, **MPD872** and **SOP3632** to ensure that a complete medical and social history is obtained by the SNOD.

2. COMMUNICATING WITH THE DONOR FAMILY

2.1. The SNOD will inform the family that a physical assessment of the patient must be undertaken to support the donation process and address any questions within their scope of responsibility.

2.2. If required, the SNOD should inform the family that they may need to obtain further information from them following the physical assessment, and agree a plan on who and how the appropriate family member should be contacted if the family wishes to leave the hospital.

3. MEASURING HEIGHT

3.1. The purpose of measuring a patient's height is to determine a suitably matched recipient for the donor organs.

3.2. The SNOD must use the tape measure provided by NHSBT which allows height to be determined with one measurement, preventing the need to "split" the process and reducing potential error. If, in unusual circumstances, this is not possible the measurement may be broken down into stages, for example - heel to hip, hip to shoulder, shoulder to top of head. This process must be repeated in the same manner each time the height is measured.

3.3. The bed should be laid totally flat and the pillow removed - if the patient is on an inflatable mattress this should be set to the 'hard' setting. If the mattress does not have a hard setting,

and it is safe and practical to do so, it should be deflated. This ensures that the patient is measured on as hard a surface as possible with the body in correct alignment.

3.4. The measurement must be taken from the heel to the top of the head, close to the patient's body in a straight line.

3.5. In order to ensure that the measurement is taken from the correct extremity on the heel and the top of the head it is recommended that a hard flat surface, for example a clipboard, is placed across these areas.

3.6. When measuring the patient, the SNOD and Health Care Professional (HCP) must undertake the measurement from the same side of the patient.

3.7. The patient must be measured twice and witnessed by an appropriate qualified HCP to ensure accuracy. Best practice indicates that one HCP will perform the measurement whilst the other observes. These roles must be reversed for confirmation.

3.8. The first measurement should be read in centimetres and documented. The second measurement should be read in inches and documented. The height should **not** be converted arithmetically or with use of an electronic conversion system.

3.9. The name and designation of the HCP who performed and witnessed the height measurement must sign and document on the body map **FRM5455**.

3.10. If a common height cannot be ascertained, the SNOD should ensure that there is no limb malposition, or anatomical difference, for example scoliosis/amputation. If this is the case, then an explanation should be documented onto DonorPath and relayed to the ODT Hub Operations and RCPoC.

3.11. The height must be documented onto DonorPath in centimetres and inches. If there is a validation error on DonorPath (the measurements do not match) then the SNOD must repeat both measurements of the patient.

3.12. When the SNOD has completed the DonorPath record, they **must** contact ODT Hub Operations and confirm the height of the patient in centimetres and inches to prevent transcription error.

3.13. The tape measure must be cleaned with the appropriate surface disinfectant to maintain infection control.

3.14. If the NORS team choose to check the donor height in theatre they must use the NHSBT procedure as indicated in 3.2-3.13.

4. MEASURING ABDOMINAL CIRCUMFERENCE (GIRTH)

4.1. The patient's abdominal circumference is measured to ascertain suitability of abdominal organs for transplantation. Inaccurate measurement of the girth can contribute to transplant recipients being called into hospital and the transplant not proceeding.

4.2. Abdominal circumference must be measured at the point of the umbilicus.

4.3. The SNOD must ensure that there are no restrictions to movement when measuring the patient, for example unstable pelvic fractures, unstable chest.

4.4. The SNOD must use the NHSBT tape measure that is long enough to measure the abdominal circumference.

4.5. The SNOD should assess reasons why an abdominal girth could be distended, for example:

- Ascites
- Intestinal obstruction
- Haemorrhage
- Intra-abdominal pathology
- Pregnancy **MPD891** – Pregnancy in Donation

4.6. The SNOD must document any findings on DonorPath and communicate additional findings to ODT Hub Operations / RCPoC's **MPD881** **MPD867**

5. MEASURING WEIGHT

5.1. The SNOD should request that the patient is weighed on the day of donation (or ascertain a weight from the date closest).

5.2. There may be circumstances in which there is no known weight for the patient and no resources for them to be weighed. An estimated weight must be ascertained through discussions with the medical practitioner and nursing staff.

5.3. The SNOD must document their findings (including if the weight is estimated) and confirm these with the ODT Hub Operations / RCPoCs verbally and via DonorPath.

6. EXTERNAL PHYSICAL ASSESSMENT

6.1. The purpose of the physical assessment is to identify the suitability of organs for transplant by a process of observation and physical investigation.

6.2. When undertaking the physical assessment, this should be done in a systematic manner to ensure that all relevant information is collated to minimise any potential risk to the quality and safety of organs for transplant. The following sections will divide the assessment into the relevant anatomical groups.

6.3. The criteria provided in Section 7 and onward are intended as a guide for the SNOD during the donor characterisation process, so that they are able to request and facilitate detailed examinations where a clinical indication has been identified and requires confirmation.

6.4. The SNOD must document all of the physical characteristics obtained from the assessment process onto DonorPath. including the physical examination as recorded on the body map, the verbal contact with the GP and that recorded on **FRM1602**. If requested the SNOD should fax or send a scanned copy of **FRM1602** using the genius scan app and send via secure NHSBT/NHS.net account to ODT Hub Operations, RCPoCs and Tissue Establishments as required. Refer to National standards for PID.

NOTE:

IT IS THE SNOD'S RESPONSIBILITY TO CARRY OUT A THOROUGH PHYSICAL ASSESSMENT

This is NOT a medical examination, rather a physical examination/assessment. As such the SNOD must only work within the sphere of their professional skill, and expertise. The SNOD must only consider specific detailed examinations if they have the knowledge and skills required. They are not expected to have to undertake the examination in isolation. If they are in any doubt or have any concerns, they must request the appropriate support and expert advice from a medical practitioner at the donor hospital, outlining their rationale for such an examination.

7.1 Examination of the head could include, but is not limited to:

- Visible head injuries
- Previous neurosurgery – clips/sutures/scars (internalised VP/VA shunts)
- Facial injuries
- Facial skin appearance – patchiness/swelling/temperature/clammy
- Ear injuries – haemorrhage/CSF leak/tissue leak
- Eye injuries – are the eyes swollen shut/bruised/damaged
- Nose – reddened skin around nostrils
- Nasogastric (NG)/Orogastric (OG) tube present – ongoing feeding?
- Endotracheal Tube/Tracheostomy – note size and placement (cm's at lips/teeth)
- Mouth – inspection of dental hygiene, oral trauma (tongue)

8. NECK

8.1 Examination of the neck could include, but is not limited to:

- Swelling
- Raised JVP
- Trauma – cuts/bruises
- Intravenous neck lines – what type, how many and position
- Neck fractures – consider if the patient has a "neck collar" in situ. Discuss with medical practitioner if able to be removed for assessment.

9. CHEST

9.1. The SNOD should follow **SOP3630** Diagnostic Tests **SOP3631** Imaging, to ascertain and ensure that the patient has had a chest x-ray on the date of donation. Where available, the SNOD should ascertain if the patient had a thoracic CT scan during this admission and that it has been reviewed by the appropriate medical practitioner.

9.2. If upon completion of the SNOD's thorough physical assessment/examination they have any concerns but do not have the relevant skills or expertise to carry out further assessment, advice should by sought by the SNOD from the medical practitioner. Examination of the chest could include, but is not limited to:

- Chest Auscultation
  - Bilateral air entry, wheezes, crackles, consolidation, secretion retention (if treatment is required then the SNOD should request/perform relevant interventions)
- Chest Palpation
- Previous surgeries/scars:
  - Confirmation of types of surgery with family/medical records if not originally identified
- Location of any existing drains, type, activity (intercostal chest drains)
- Chest Trauma – external bruising/lacerations/wounds
- Breast assessment for female and male patients

10. ABDOMEN

10.1. The SNOD should follow **SOP3631** Diagnostics – Imaging to ascertain if the patient has had an abdominal x-ray / CT scan / US scan during this admission and that these have been reviewed by appropriate medical practitioners.

10.2. If upon completion of the SNODs thorough physical assessment/examination they have any concerns but do not have the relevant skills or expertise to carry out further assessment, advice should be sought by the SNOD from the medical practitioner. Examination of the abdomen could include, but is not limited to:

- Bowel auscultation
- Hyperactive/hypoactive bowel sounds
- Bowel palpation
  - Is the bowel soft / distended / tense?
  - Pregnancy – the SNOD should ascertain if pregnancy could potentially be a possibility. **MPD891 –** Pregnancy in Donation
- Observe and record any clinical indications of abnormality in the abdominal region
- Date of last bowel movement.

10.3. If any abnormalities are found then medical records should be reviewed, including discussions with appropriate medical practitioners.

11. PELVIS/GROIN

11.1. The SNOD should follow **SOP3631** to ascertain and if the patient has had a pelvic x-ray and/or CT scan during this admission and that these have been reviewed by appropriate medical practitioners.

- Observe and record any indications of abnormality in the pelvic region.

11.2. If upon completion of the SNODs thorough physical assessment/examination they have any concerns but do not have the relevant skills or expertise to carry out further assessment, advice should by sought by the SNOD from the medical practitioner. Examination of the pelvic/groin could include, but is not limited to:

- Central cannula – what type, how many and position
- Vaginal Bleeding
- Vaginal, penile or anal discharge
- Testicular assessment
- External evidence of STIs
- PR Bleeding
- Injection sites “Track Marks”.

12. LIMBS AND DIGITS

12.1. The SNOD should follow **SOP3631** to ascertain if the patient has had any x-rays/CT scans of their limbs during this admission and that these have been reviewed by appropriate medical practitioners

12.2. If upon completion of the SNODs thorough physical assessment/examination they have any concerns but do not have the relevant skills or expertise to carry out further assessment, advice should by sought by the SNOD from the medical practitioner. Examination of the limbs/digits could include, but is not limited to:

12.2.1. LIMBS

- Limb fractures
- External limb fixators
- Missing limbs
- Surgical/Non-surgical wound sites
- Soft tissue damage and swelling
- Muscle wastage
- Injection sites “Track Marks”
- Peripheral cannula – what type, how many and location

12.2.2. DIGITS

- Needle Marks between fingers and toes in nail beds
- “Clubbing” of the fingers
- Micro emboli
- Capillary refill of the digits

13. SKIN and BACK

13.1. The SNOD should undertake a full visual examination of the patient's skin. If upon completion of the SNODs thorough physical assessment/examination they have any concerns but do not have the relevant skills or expertise to carry out further assessment, advice should be sought by the SNOD from the medical practitioner. Examination of the skin/back could include, but is not limited to:

- Tattoos – location and when performed should be ascertained from patient's family
- Piercings – location and when performed should be ascertained from patient's family
- Surgical emphysema
- Injection sites
- Spider naevi
- General rashes
- Observe and document any abnormalities to the skin
- Colour, temperature, mottled, skin turgor.

13.2. The SNOD **must** ensure that they do not undertake any physical movement of the patient without the necessary training and resources to do so safely. The SNOD must maintain their own health and safety at all times.

13.3. The SNOD should undertake a full visual examination of the patient's back, buttocks and back of legs. In addition to considering the criteria above when checking the skin, other criteria can be considered

- Curvature or scoliosis of the spine
- Lumbar puncture sites
- Lumbar drains – in situ?
- Trauma
- Surgical/non-surgical wounds.

14. INFECTION TESTING

14.1. The SNOD should confirm that microbiological testing has been requested for any suspected infection identified as part of the physical assessment. If not, then the SNOD should speak with the relevant medical practitioner to ascertain if this can be facilitated. **MPD872** Diagnostics – Infection.

14.2. If the SNOD has instigated the testing of any microbiological samples, then they must follow these up for results.

14.3. The SNOD **must** update Donor Path/RCPoCs /Tissue Establishments with any results as they are received and document such results in the donor file.

15. NON-PROCEEDING DONATION

15.1. If the SNOD has identified a medical, behavioural, social or travel reason that may impact the quality and safety of organs for transplantation, they **must** immediately contact the ODT Hub Operations/RCPoCs and Tissue Establishments, to inform them of their findings.

15.2. If all recipient centres/tissue establishments decline the offer of organs and/or tissues for donation, then the SNOD must stand the donor process down. **MPD882** Findings Requiring Additional Action **(**Communication with families) **MPD881** Findings Requiring Additional Action.

15.3. If the SNOD requires support in the case of non-proceeding donation, they should contact their ODT team manager/regional manager/on call regional manager as appropriate.

15.4. If advised by the ODT team manager/regional manager or on call regional manager, the SNOD must record this incident on the electronic Clinical Governance system at the earliest opportunity post process, so that the management team can analyse the sequence of events, and reasons for non-donation. Guidance on how to report a clinical incident can be found in **SOP3888**.

15.5. The SNOD must document clearly the sequence of events on DonorPath and via the Referral/PDA forms, giving clear details as to the reasons why the donation could not proceed.

16. RECORDING OF INFORMATION

16.1. The SNOD must record details of findings of the physical assessment onto DonorPath for review by the relevant RCPoCs and Tissue Establishments.

16.2. If this is not possible, or if requested by the RCPoC, the SNOD must send a copy of **FRM1602** to a secure fax or send using secure email. The use of Genius Scanning app via NHSBT iPad is permitted in this instance. Consider the potential information governance risk in faxing potential PID.