

Organ Donation Clinical Pathway

*This Management Process Description replaces
MPD940/2.1*

Copy Number

Effective

03/03/14

Summary of Significant Changes

A date is no longer required for each action. Times are only required when necessary. There is no longer a variance section. Any additional documentation must be completed in the sequence of events. Actions to be completed – A prompt for handover is available.

Policy

The process of facilitating organ donation can be complex and staff must ensure that they have documented processes to guide them in this.

Purpose

To provide guidance for SN-OD and an opportunity for the SN-OD to collate information and record actions during the organ donation process.

Responsibilities

Specialist Nurse - Organ Donation (SN-OD) -

To use the Organ Donation Clinical Pathway as a tool to ensure that all required actions have been completed.

To document the time where required, to provide evidence of action.

To use the Organ Donation Clinical Pathway as a handover tool, when transferring accountability and responsibility of the organ donation process from one SN-OD to another.

Regional Manager

To provide support to the SN-OD and/or TM, where required.

Definitions

Patient - This term refers to the donor/potential donor.

Patient's Family- For the purpose of this document "patients family" refers to the family, friends and significant others of the patient.

SN-OD –Specialist Nurse Organ Donation

TM – Team Manager

HCP - Medical/Nursing Healthcare Professional in critical care, responsible for the patient.

ODST- Organ Donation Services Teams

'Must' refers to an overriding duty or principle.

'Should' is used to provide an explanation of how you meet the overriding duty. Also used where the duty or principle will not

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RM – Regional Manager

NORS - National Organ Retrieval Service

Lead SN-OD – the SN-OD who has facilitated the majority of the donation process, who will be the named contact for ongoing communications

apply in all situations or circumstances, or where there are factors outside the SN-OD's control that affect whether or how you can comply with the document.

Applicable Documents

[MPD921](#) - Handover between Specialist Nurses – Organ Donation

Record keeping Guidance for Nurses and Midwives (2010). Nursing and Midwifery Council: London

[FRM4212](#) – Organ Donation Clinical Pathway

[SOP3859](#) – Management of a Donor File

1. INTRODUCTION

- 1.1. To facilitate the organ donation process, the SN-OD must complete a series of actions to ensure the quality and safety of organs for transplantation. In addition, the SN-OD may be required to provide clinical advice to a variety of healthcare professionals at the donating hospital.
- 1.2. The SN-OD is responsible for providing information and support, where required, to the patient's family, whilst completing formal consent/authorisation for organ and/or tissue donation.
- 1.3. The Organ Donation Clinical Pathway ([FRM4212](#)) must be completed to ensure that all elements/clinical events of the donation process are completed and will form part of the donor record.
- 1.4. The SN-OD must complete the relevant action point in [FRM4212](#) as it occurs, to provide an accurate timeline of clinical events and action.

2. SIGNATURE LOG

- 2.1. All SN-ODs, including SN-ODs/TMs/RMs who are in training or who are shadowing, who are involved in the organ donation process must complete the Signature Log found at the start of [FRM4212](#), identifying their role in the process.
- 2.2. By completing both the full signature and initial boxes of the Signature Log, the SN-OD/TM/RM will then be able to utilise their signature initial rather than full signature when completing actions.

3. COMPLETING SECTIONS

- 3.1. The SN-OD must initial and put the time next to completed action points within each Section of [FRM4212](#) as they occurred during the organ donation process. Not all sections will require completion.
- 3.2. It is recognised that the organ donation process does not occur in a linear fashion, and therefore [FRM4212](#) should be completed as specific actions have been performed to aid the organ donation process.

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4. SEQUENCE OF EVENTS

- 4.1. There may be instances in which the actions of the SN-OD have had to be adapted to facilitate organ and/or tissue donation to proceed.
- 4.2. In addition, there may be circumstances in which certain actions points cannot be completed, due to the impact of other processes. Examples of these include:
 - 4.2.1. Lack of ancilliary diagnostic tests being performed (decision made by healthcare professionals in donating hospitals)
 - 4.2.2. Non proceeding donation due to change of clinical processes (decision made by healthcare professionals in donating hospitals)
 - 4.2.3. Lack of medical history due to family members being unable to provide information or patient not registered with General Practitioner
- 4.3. In these circumstances, the SN-OD must document in the Sequence of Events at the back of [FRM4212](#), which will provide the SN-OD the opportunity to give reason why the action has changed and detail surrounding any alternative action taken.

5. “YES/NO” QUESTIONS

- 5.1. To aid the SN-OD in undertaking specific actions [FRM4212](#) provides the SN-OD some questions that can be answered either “yes” or “no”.
- 5.2. In these instances, the SN-OD is able to initial either yes or no as evidence of completion.

6. HANDOVER BETWEEN SN-ODs

- 6.1. SN-ODs must handover the organ donation process in a professional and consistent manner, consistent with the principles outlined in [MPD921](#) Handover between Specialist Nurses – Organ Donation.
- 6.2. The SN-OD who is handing over the organ donation process must systematically use [FRM4212](#) as a guide to:
 - 6.2.1. Ensure that all actions that have been performed as part of the organ donation process have been evidenced.
 - 6.2.2. Identify all actions that are yet to be completed are highlighted to the incoming SN-OD assuming responsibility for the completion of the organ donation process. (The SNOD may utilise the page “Actions to be Completed – A prompt for handover”).
 - 6.2.3. Confirm that the responsibility of the organ donation process has been formally handed over from one SN-OD to another.
- 6.3. The SN-OD who is handing over the organ donation process over must make an entry in the Sequence of Events section confirming that handover has taken place. The entry must be signed, dated and timed.
- 6.4. The incoming SN-OD who is assuming the responsibility for the organ donation process must complete the Signature Log upon completion of the handover process, time and date their entry onto the Log.

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7. POST DONATION

- 7.1. [FRM4212](#) forms an integral part of both proceeding and non proceeding organ donation records, in conjunction with other mandatory documentation.
- 7.2. The SN-OD who assumes lead responsibility for the proceeding or non proceeding donation process must review [FRM4212](#) to confirm that all relevant Sections and action points have been completed.
- 7.3. If omissions are apparent, then the SN-OD assuming lead responsibility must complete the relevant sections, or contact any other SN-OD involved in the process to complete, sign date and time their action points at the earliest opportunity.
- 7.4. If required, the SN-OD assuming lead responsibility must highlight any issues to their TM.
- 7.5. [FRM4212](#) must be kept for the donor record and stored securely, whether organ and/or tissue donation has proceeded or not. Refer to [SOP3859](#) – Management of a Donor File