

STANDARD OPERATING PROCEDURE SOP5058/3.1

Organ Donation from Infants < 2 years old

This SOP replaces

SOP5058/3

Copy Number

Effective

26/06/19

Summary of Significant Changes

Removal of reference to FRM5012. Change of title relating to FRM5510.

Purpose

To describe the considerations and differences when taking a referral, assessing potential and facilitating donation from infants under 2 years of age.

Responsibilities

SNODs to identify potential for donation and facilitation of the donation process incorporating specific guidance required when facilitating donation from this group of patients.

Restrictions

This guidance should be followed by a qualified and trained SNOD. In the event of a SNOD who is in training using this guidance, it should be used under supervision.

This policy does not apply to cases where the referral is received antenatally in these instances INF1299 should be followed.

Definitions

SNOD – Specialist Nurse Organ Donation

DCD – Donation after Circulatory Death

DBD - Donation after Neurological Determination of Death

PR – Parental Responsibility

CGA – Corrected Gestational Age – Age corrected to allow for prematurity. An infant born at 30 weeks gestation, now 8 weeks old = 38 weeks CGA.

NORS – National Organ Retrieval Service

UKDEC – UK Donation Ethics Committee

SNBTS – Scottish National Blood Transfusion Service

PICS – Paediatric Intensive Care Society

ODST – Organ Donation Services Team

SaBTO – Safety of Blood, Tissues and Organs

RCPCH – Royal College of Paediatric and Child Health

AoMRC – Academy of Medical Royal Colleges

TBV – Total Blood volume

PDA – Potential Donor Audit

En-bloc kidney retrieval - relates to the removal of both kidneys together with the aorta and cava remaining attached.

En-bloc abdominal or multi-visceral retrieval - refers to removal of all abdominal organs as a cluster attached to the aorta. Separation may take place on the back table or at the recipient centre under optimal conditions.

This technique is predominately used in very small donors. This may be used to facilitate donation of specific organs without the intention or possibility to transplant all removed organs.

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Items Required

[POL188](#) - Clinical contraindications to approaching families for possible organ donation

[INF1315](#) - Absolute Contraindications to Tissue donation

[SOP5024](#) – Tissue Referral Process

[SOP3781](#) - Receipt of Referral of Potential Organ Donor

[FRM5510](#) – Infant Donor Assessment and Organ Screening

[MPD901](#)- Approaching Relatives regarding Organ and Tissue Donation

[MPD902](#) - Consent Conversation for Organ and/or Tissue Donation

[MPD598](#) – Management of the deceased donor family donation conversation (Scotland)

[POL164](#) - Consent/Authorisation for Organ and/or Tissue Donation

[FRM4281](#) - Consent - Solid Organ and Tissue Donation

[FRM1538](#) – Authorisation – Solid Organ and Tissue Donation

[MPD875](#) - Patient Assessment (Family Conversation)

[INF947](#) - Rationale Document for Medical and Social History Questionnaire

[MPD873](#) - Physical Assessment

[INF1335](#) – Paediatric and Neonatal Optimisation Care Bundle

[SOP5499](#) – Theatre Manual for Deceased Organ Donors

[MPD1043](#) - National Standards for Organ Retrieval from Deceased Donors

[MPD845](#) - Family Care

Background

Organ donation from donors less than 6 months of age including within the neonatal period has increased since 2012. The reason for this has been attributed to advances in techniques of en-bloc renal transplantation, development of hepatocyte transplantation from this age group and revised guidance, released in April 2015, on neurological determination of death in infants 37 weeks of age to 2 months which has also been instrumental in increasing possibilities in organ donation from this age group.

The donation process is clearly set out in MPD / SOP guidance and this remains unchanged. However, in donation from small infants there are specific considerations and complexities of the donation process which SNODs need to be aware of.

Setting these out clearly in the form of the attached flow charts should assist the SNOD in facilitation of organ donation from these very young donors.

There should be consideration for specific end of life care practices in neonatal and paediatric intensive care units.

There is a potential need for additional support strategies for all professionals involved in the process, including unit staff, NORS teams, theatre staff and donation services teams and this should be considered fully following each process.

The flow charts should be used in conjunction with the stated controlled documents and additional guidance documents as referenced.

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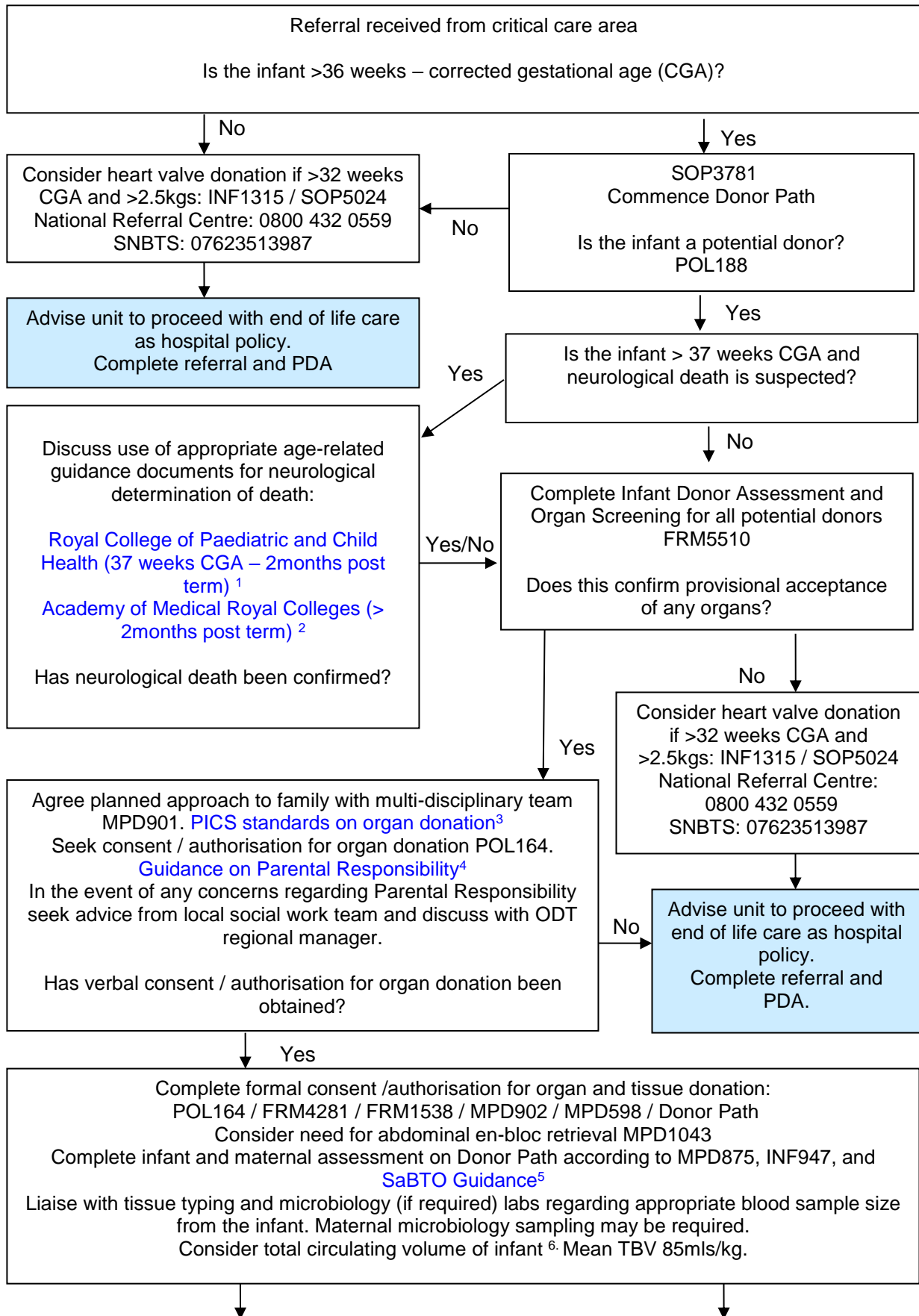
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References

1. RCPCH Guidance <http://www.rcpch.ac.uk/system/files/protected/page/DNC%20Guide%20FINAL.pdf>
2. AMORMC Guidance http://www.aomrc.org.uk/doc_details/42-a-code-of-practice-for-the-diagnosis-and-confirmation-of-death
3. Paediatric Intensive Care Society Standards on organ donation <http://picsociety.uk/wp-content/uploads/2015/09/PICS-standards-for-organ-donation.docx>
4. Parental Responsibility: Guidance from the British Medical Association, Ethics Department. October 2008. <http://www.bma.org.uk/support-at-work/ethics/ethics-a-to-z>
5. SaBTO guidance on the microbiological safety of human organs, tissue and cells used in transplantation <https://www.gov.uk/government/publications/guidance-on-the-microbiological-safety-of-human-organs-tissues-and-cells-used-in-transplantation>
6. Howie (2011) Blood sample volumes in child health research: review of safe limits *Bulletin of the World Health Organization* 2011; 89:46-53. doi: 10.2471/BLT.10.080010
7. UKDEC Position paper on Donation after Circulatory Death in Children <http://www.aomrc.org.uk/general-news/ethical-issues-in-paediatric-organ-donation-a-position-paper-by-the-uk-donation-ethics-committee-ukdec.html>
8. NMC guidance – <https://www.nmc.org.uk/standards/code/> Recognise and work within the limits of competence Section 13.

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