Organ Donation from Infants < 2 years old

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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References


Referral received from critical care area
Is the infant >36 weeks – corrected gestational age (CGA)?

No

Consider heart valve donation if >32 weeks CGA and >2.5kgs: INF1315 / SOP5024
National Referral Centre: 0800 432 0559
SNBTS: 07623513987

Yes

SOP3781
Commence Donor Path
Is the infant a potential donor? POL188

No

Advise unit to proceed with end of life care as hospital policy. Complete referral and PDA

Yes

Discuss use of appropriate age-related guidance documents for neurological determination of death:
Royal College of Paediatric and Child Health (37 weeks CGA – 2months post term) 1
Academy of Medical Royal Colleges (> 2months post term) 2

Has neurological death been confirmed?

No

Yes

Complete Infant Donor Assessment and Organ Screening for all potential donors FRM5510
Does this confirm provisional acceptance of any organs?

No

Consider heart valve donation if >32 weeks CGA and >2.5kgs: INF1315 / SOP5024
National Referral Centre: 0800 432 0559
SNBTS: 07623513987

Yes

Agree planned approach to family with multi-disciplinary team MPD901. PICS standards on organ donation 3
Seek consent / authorisation for organ donation POL164. Guidance on Parental Responsibility 4
In the event of any concerns regarding Parental Responsibility seek advice from local social work team and discuss with ODT regional manager.

Has verbal consent / authorisation for organ donation been obtained?

No

Yes

Complete formal consent /authorisation for organ and tissue donation:
POL164 / FRM4281 / FRM1538 / MPD902 / MPD598 / Donor Path
Consider need for abdominal en-bloc retrieval MPD1043
Complete infant and maternal assessment on Donor Path according to MPD875, INF947, and SaBTO Guidance 5
Liaise with tissue typing and microbiology (if required) labs regarding appropriate blood sample size from the infant. Maternal microbiology sampling may be required.
Consider total circulating volume of infant 6. Mean TBV 85mls/kg.

Advise unit to proceed with end of life care as hospital policy. Complete referral and PDA.
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**DBD Pathway**
Complete full patient assessment according to MPD873
Include information from maternity notes and any available antenatal anomaly scans.
Discuss parameters with local ITU team, age and condition specific variations will apply.
Instigate donor optimisation care bundle INF1335 or agreed local optimisation policy, recognise and work within limits of your competence NMC Guidance
Complete offering and allocation according to policy.

**DCD Pathway**
Complete full patient assessment according to MPD873, UKDEC position paper
Include information from maternity notes and any available antenatal anomaly scans.
Discuss parameters with local ITU team, age and condition specific variations will apply.
Complete offering and allocation according to policy.
Discuss local practices policy and expectations around end of life care and withdrawal of treatment.

**Preparation for retrieval SOP5499**
Inform retrieval team of infant details. Clarify details of any en-bloc technique planned, organs for removal and appropriate consent.
Establish any concerns around retrieval and advise liaison with accepting transplanting centres.
Direct discussion between accepting surgeon and NORS surgeon may be necessary. MPD1043
Lung retrieval – ensure anaesthetist is experienced in intubation of infants
Consider blood sampling in relation to circulating volume of infant, Liaise with recipient centres regarding minimal quantities. Consider timings of blood sampling just prior to withdrawal of treatment or cross clamp. Mean TBV 85mls/kg.

**Withdrawal of treatment**
Consider locations of theatres particularly if nearest theatres are maternity theatres / position of withdrawal of treatment and normal end of life practices / family wishes. UKDEC position paper
Consider need for second supporting SNOD if appropriate. Does donation proceed?

**DCD / DBD Proceeding Donation**
Complete retrieval process according to SOP5499
End of life care in conjunction with unit following completion of theatre process.

**Non – Proceeding DCD Donation**
Return to unit for continued end of life care.
Complete tissue services referral and ensure blood available if appropriate.

**Follow Family Care Policy MPD845**
Consider Support Strategies as required:
Liaise with neonatal/paediatric units regarding debriefing sessions.
Discuss debrief with ODST team managers.