Recommended practice for airway management in WLST for DCD during COVID-19 pandemic

- Deceased donation is proceeding in the patient because, as far as can be known, COVID-19 infection is considered very low risk. This conclusion will have been based on a comprehensive SNOD screening history and negative respiratory tests. Where there is any doubt discussion with NHSBT’s virologist will have occurred.

- **Always ensure comfort and dignity of the patient are prioritised. Follow all your other usual end of life care practices.**

- **Always follow local PPE infection control guidance.**

**Two Recommended Options**
**Choose the most appropriate for your unit and patient.**

**Extubation**
- May be considered to be preferable if family present.
- Less likely to artificially prolong the dying process.
- Extubation is a familiar practice in many ICUs and allows the most natural dying process.

**Leaving endotracheal tube in situ**
- Option if there is concern regarding aerosol and droplet generation.
- Ensure this plan is made clear during organ offering.

**Steps**

1. Stop ventilator
2. Disconnect the ventilator leaving the HMEF attached at the patient side
3. If HMEF obviously soiled or waterlogged – replace.

Guidance from the Clinical Leads for Organ Donation represented on the National Organ Donation Committee.
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