

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.



Disconnect here

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

17.04.2020