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## Guidance for use:

1. This INF should be used as a guide when documenting in the patient's medical record when organ donation does not proceed and details the minimum information required
2. Any additional information should be entered as significant events / communication occur
3. The medical record entry must be handwritten or entered electronically
4. In addition, a copy of [FRM4281](#) must be securely filed in the patient's medical record
5. Anything in **(RED)** indicates free text
6. Anything in **BOLD** indicates an option needs to be chosen
7. Unnecessary abbreviations must not be used in the medical records as per Nursing Midwifery Council (NMC) guidance on record keeping for Nurses and Midwives

Thank you for referring **(insert name of patient)** as a potential **organ and / or tissue** donor. I note the patient's medical history and note the **cause of death / diagnosis** to be **(insert cause of death / diagnosis)**.

### Non Proceeding Organ Donation - Pre Consent

Upon further discussion with **(insert name and title of Medical Practitioner)** and on further examination of the patient's past **medical / behavioural / social / travel** history, organ donation is not possible **(insert detail as to why including specifics about any absolute medical contradictions and / or discussions with Recipient Centre Points of Contact)**.

I have **explained this to the family / not approached the family for donation / approached the family to offer tissue donation**.

### Non Proceeding Organ Donation - Post Consent:

I have approached the patient's family and ascertained the decision regarding **organ and / or tissue** donation. During the conversations I asked the family if they had any further questions regarding **brain stem death testing / withdrawal of life sustaining treatment**.

**(Insert family member's name)** had the following / did not have any questions regarding the information they had been given **(insert details of any questions)**.

**(Insert family member's name)**, the **(relationship to patient)** of **(insert name of patient)** has **given / accepted the consent** for **organ and / or tissue** and this is documented on the NHS Blood and Transplant **consent** form filed in the patient's medical records.

If applicable: **(Insert family member's name)**, the **(relationship to patient)** of **(insert name of patient)** has given consent for the removal of the following relevant material **(insert named organs and/or tissues)** for the following specific research study:**(insert research study title)** and this is also documented in the NHS Blood and Transplant consent form.

Following **consent**, it was not possible for organ donation to proceed due to **(insert detail as to why including specifics about any absolute medical contradictions and / or discussions with Recipient Centre Points of Contact)**.

# INF964/5.1 – ODT Medical Record Entry for Non Proceeding Organ Donation



Blood and Transplant  
Copy No:  
Effective date: 15/06/2020

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## Non-Proceeding Organ Donation - All Cases:

If applicable: A referral has been made to the National Referral Centre/ When this patient dies please contact the National Referral Centre on pager 08004320559, who will facilitate the retrieval of any tissues to be donated.

I have thanked the family and asked them if they have any specific requests in relation to end of life care. The family **have requested** (details of any religious requirements / keepsakes / follow up required) / **do not have any specific requests**.

My next communication with the family will be (insert details of agreed communication).

For any clarification or queries please contact:

(insert name), Specialist Nurse Organ Donation  
(insert region) Organ Donation Services Team  
Pager (insert number)

### IMPORTANT - FOR THE ATTENTION OF THE PATHOLOGIST REGARDING POST MORTEM EXAMINATION FOLLOWING TISSUE DONATION:

If a post mortem examination is performed, please contact NHS Blood and Transplant on 0117 975 7580 as a matter of urgency, should the post mortem identify pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and / or the patient's family.

Many thanks

(insert signature), (print name)  
Specialist Nurse Organ Donation  
(insert region) Organ Donation Services Team