

**NHSBT Board Meeting**  
23 July 2020

**A Patient Story: Organ Donation during the Pandemic**

**Caring during COVID-19**

This is the story of a young man (known as 'B' to preserve anonymity) in his 30's, originally admitted to hospital following a cardiac arrest, secondary to attempted suicide. Due to the generosity of his family B became an organ donor saving the lives of 4 people during the most challenging of circumstances. B was admitted via the "yellow" (COVID-19 suspected or incubated patients) Emergency Department before being transferred to "yellow" ITU whilst awaiting COVID-19 test results. It was from this location that he was referred to the organ donation team as a potential organ donor.



COVID-19 had brought significant challenge and change to the entire NHS and the process of assessing and supporting a potential organ donor was not immune. ITU was split between Yellow (potential COVID-19) and Green (none COVID-19), the split encompassing both patients and staff. The need for increased ITU resource also saw nurses without ITU experience moved there, making the care of complex cases such as a potential organ donor even more challenging.

As the plan to care for B would involve moving him from the Yellow area to the Green area as soon as practicable it was necessary to innovate to ensure ongoing optimal care while he waited for the COVID-19 test results. The embedded Specialist Requester (SR) could not assess him in person, as once in the Yellow area she would not be able to accompany him across to the Green area. Adding to the complications his bedside nurse was not ITU trained and remote support was offered to help her optimise his care. Electronic patient records were utilised in the absence of contact nursing, B's results were continually reviewed, and a call placed to the bedside nurse whenever additional care was required. The results of his COVID-19 tests were continually chased in the hope that Brain Stem Death Testing could take place in Green ITU, with the opportunity for the SR to attend, however timings did not align, and B's death was confirmed while still in Yellow ITU.

Throughout this process the family had been unable to visit. The COVID-19 restrictions forcing them to keep in touch by phone as their loved one was treated. Initial plans were for

his family to be informed of B's death by phone. However, recognising how difficult this would be for the family, along with the additional difficulties of an approach for organ donation by phone, the Requester, Consultant and Nursing team negotiated. It was agreed that since his COVID-19 test had come back negative he could be moved to the Green area. This allowed his family to be invited to visit the hospital and say their farewells.

### **Approach for Donation in COVID-19**

Allowing the family to spend time with their loved one prior to any approach for organ donation is a vital part of the family's journey to acceptance, and a donation decision. Close co-operation with the nursing team facilitated the access to a family room which was closed due to COVID-19. The nurse in charge kindly allowed B's family to visit in staggered groups to allow social distancing. Sadly, one of B's close relatives was shielding and therefore unable to visit. All visitors were required to wear masks, gloves and aprons. This in itself presented a challenge with one close relative having several episodes of near fainting which were attributed to wearing PPE.

The SR joined the Consultant to confirm to them that B had passed away and brain stem death was explained to his family. Aware that one of his close relatives was on their own shielding the decision was made to include them in all conversations by loudspeaker on a mobile phone. The family were supported to say their final goodbyes, Facetime being used to allow B's shielding relative to see him one last time. Once the family were ready, they were taken back to the family room in order to have the donation discussion. Despite still being 'face to face' this was a challenging conversation for the SR to lead. Much of the response to the organ donation conversation is unsaid, facial and physical reactions are key guides for a SR to help them support and guide a family. However, when that family is in full PPE those key messages are lost.

A difficult family discussion followed but consent to organ donation was given. The family uniting around the feeling that if possible something positive should come from the terrible event of B's death.

### **Donating Organs for Transplant in COVID-19**

The SR was honest with B's family regarding the length of the donation process, recognising that the process will take longer due to the challenging environment. By keeping a relatively open time frame the family's expectations were easier to manage. This openness extended to the medical team caring for B, all of whom understood that COVID-19 was making an already complex process far more challenging however the team were committed to supporting the family's wish.

The Green ITU was at capacity, and largely staffed by non-ITU Nurses who were struggling to cope. The SR stayed overnight with the Specialist Nurse in order to try and reduce the length of the process. Taking the necessary samples and checks at the bedside and supporting B's relatives and in doing so helped to free up the bedside nurse to care for other challenging patients on the unit. Further samples were taken for COVID-19 testing and due to the urgency of organ donation these were expedited, without them the offering and acceptance of the organs could not take place. There were delays but when B's results were finally confirmed the process began and despite the difficulties transplant centres were facing trying to keep units open and protect their patients, his Heart, Liver and Kidneys were all accepted.

The SNOD present for theatres had made an early check of theatre and current PPE requirements to ensure that the National Organ Retrieval Service Teams (NORS) were fully

informed prior to mobilisation. They were able to bring all their own PPE supplies to prevent using already limited hospital supplies. A safe 1-way system was operating in theatres and the theatre staff were very supportive to ensure the safety of staff, donor and ultimately recipients.

There were delays through the process as recipient centres and surgical complications led transplant centres to request delays to retrieval. The family were kept fully informed and supported, and their determination to achieve something positive from B's death ensured that their commitment to donation never wavered.

The donation operation was difficult. The heat in theatre in full PPE was challenging for the entire team and the general noise level in theatre made it very difficult to hear what the NORS Team were saying. It was also difficult to take calls from co-ordinators and Hub Operations and relay their requests to the NORS surgeons. Most conversations required repeating several times for clarity and safety.

Despite the challenges, and delays as a result of the COVID-19 pandemic, B's family remained fully supportive throughout the process. B went on to successfully donate to 4 people. Two individuals received a kidney transplant, a person in their 60's received his heart and a person in their 30's his liver. This brought an enormous amount of comfort to his family and pride to the extended One NHS team who had battled to make this donation happen, whatever the difficulties faced.

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