Policy

The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates the ultimate decision to transplant a donated organ lies with the transplanting surgeon. It is therefore imperative that the Specialist Nurse (SN) undertakes a thorough assessment of the patient's medical, behavioural and travel history and communicates clearly all of the information obtained to the recipient points of contact utilising Donor Path and Voice Recording as required.

Objective

The purpose of this document is to outline to the SN their responsibilities in the patient assessment; describe the key information that must be gathered, explain how this information should be documented and communicated to the recipient points of contact. The information obtained from the patient assessment is vital in enabling the transplant surgeon to assess the 'risk-benefit' ratio and make a decision regarding suitability for transplantation.

Changes in this version

Update for microsite

Change from SN-OD to SN in line with other documents within Quality Management System.

Roles

- **Specialist Nurse - (SN)** It is the responsibility of the SN to obtain and document comprehensive information on medical, behavioural and travel history within the visible sections of Donor Path. In circumstances when the SN is communicating directly with the recipient centre points of contact it is their responsibility to ensure that all patient information obtained is communicated clearly and voice recording is used as necessary as outlined in **SOP3649**.
- In circumstances when HUB Operations are communicating directly with the recipient centre points of contact it is the SN's responsibility to ensure that all patient information obtained is communicated clearly to the OAS (Organ Allocation Specialist) and clearly documented within the visible sections of Donor Path.
- **Hub Operations -** In circumstances when HUB Operations are required to inform the recipient point of contact of information regarding the donor it is the responsibility of the OAS to direct the recipient point of contact to the updated information available via the Electronic Offering System (EOS). The OAS is responsible for transferring patient information communicated onto NTxD, ensuring the entry is dated, timed and initialled.
- **Donor Family Care Service -** To ensure closure of the donor file including any additional clinical information received is passed on to the lead SN and uploaded to Donor Path.
- **Recipient Centre Point of Contact -** It is the responsibility of the recipient centre point of contact to relay the donor information clearly to the transplanting surgeon using locally agreed processes.
- **Transplant Surgeon -** It is the transplant surgeon's responsibility to assess the 'risk-benefit' ratio and make a decision regarding suitability for transplantation based on the information provided by the recipient centre point of contact.

Process Description

INTRODUCTION

1.1. Organ transplantation is now the most cost-effective treatment for end-stage renal failure, albeit end-stage failure of organs such as the liver, lung and heart it is the only available treatment. Risks are, however, associated with the use of organs in transplantation. The extensive therapeutic use of organs for transplantation demands that their quality and safety should be such as to minimise any risks associated with the transmission of infections and diseases.

1.2. It is the responsibility of the SN to undertake a thorough assessment of the patient's medical, behavioural, social and travel history. This information is obtained by the SN employing a number of processes, which are described in detail in section 2 of this MPD.

1.3. It is the responsibility of the SN to document all of the information obtained during donor characterisation within the visible sections of Donor Path and to accurately communicate this information to the recipient points of contact. This clinical conversation must be recorded as outlined in **SOP3649**.

1.4. The information obtained during donor characterisation is considered by the transplanting surgeon to determine the associated risks of transplanted organs for recipients. It is important that the SN documents communication with the recipient points of contact accurately in the donor file.

COLLATION OF INFORMATION

2.1. Obtaining an accurate account of the patient's reason for admission, course of illness, diagnosis and history from the Medical Practitioner and Nursing staff is a crucial first step in determining a detailed medical, behavioural, social and travel history.

2.2. A detailed review of the medical and nursing records must also be undertaken both in hard and electronic format. The SN must make enquiries to ascertain if other medical records exist and to trace these where possible.

2.3. The SN is responsible for speaking directly to the patient's General Practitioner (GP) as per **SOP3632** General Practitioner Assessment and documenting findings on Donor Path.

2.4. Other Health Care Professionals (HCPs) caring for the patient pre-admission should also be contacted where applicable for example, drug and alcohol workers, carers, health visitor, social worker, care home staff, or community nurse. If the relevant HCPs are not contactable out of office hours, they should be contacted as soon as possible on the next working day, if required. Additional information obtained from HCPs should be documented on DonorPath. Any additional verbal information shared with the RCPoC by the SN must be done as per **SOP3649** Voice Recording of Clinical Conversations.

2.5. Integral to information gathering is the completion of the Medical and Social History Questionnaire **FRM4211** which must be undertaken by the SN at the family interview. It is important that this information is discussed with and obtained from the most relevant person, as some of the questions are personal in nature in relation to sexual/behavioural history, please refer to **INF947** Rationale Document for Medical and Social History Questionnaire for further detail. It may be necessary for the SN to follow up or make further enquiries in reference to information disclosed during the medical and social history assessment.

2.6. In order to minimise the risk of transmission of COVID-19 all potential deceased organ donors must be fully assessed for risk of COVID-19 from the point of referral as per **SOP5869** SARS-CoV-2 Deceased Organ Donor Screening. Assessment is inclusive of completion of FRM6439 COVID-19 SNOD Checklist.

2.7. The SN must undertake a physical assessment of the patient as per Physical Assessment **MPD873** - and complete a detailed body map using **FRM5545**.

2.8. All of the information obtained in points 2.1 to 2.7 must be fully documented on Donor Path prior to registration with ODT HUB Operations.

2.9. Should any new clinical information as per MPD881 come to light at any point during the deceased donation process this information must be shared following the pathways as per SOP4938 Sharing Clinical Information.

2.10. All relevant information for recipient centres must be documented within the visible sections of Donor Path. Any notes documented on behalf of the SNOD should be recorded in Donor Path Sequence of Events. Traceability of the aforementioned communication is vital in keeping with the Quality and Safety of Organs Intended for Transplantation Regulations 2012.

ADVICE
The WiFi symbol in Donor Path represents sections which are visible to Recipient Centres. Information entered in sections without this symbol CANNOT be seen by Recipient Centres.

2.11. In addition to documenting and communicating the information established when assessing the medical, behavioural, social and travel history, It is equally important to notify the recipient points of contact of any information that is unavailable at the time of donor characterisation, such as a second set of medical records. Any outstanding results known at the time of donation must be followed up by the SN post donation as per **MPD881**. All information should be communicated and documented and where verbal communication is required voice recorded as per **SOP3649**.

KEY INFORMATION TO BE COMMUNICATED TO ALL RECIPIENT CENTRES

In addition to the information listed above, consideration must be given to providing the recipient centre points of contact with a detailed medical, behavioural, social and travel history. This is ensured by documenting all relevant information on Donor Path. Guidance is offered in the list below:

3.1. The following is not an exhaustive list.

- Re-confirm Blood Group
- Diagnosis/Cause of Death (If Hypoxic Brain Injury detail mechanism of injury)
- If cardiac arrest- include all details such as length of ‘down time’, drugs received and whether in-hospital or out-of-hospital arrest, detailing whether bystander or medically trained professional performing Cardio Pulmonary Resuscitation (CPR).
- If Bacterial Meningitis state start time of first dose of antibiotics, if Encephalitis detail presentation/travel history
- Detailed Past Medical History (PMH)
    - Cancers –detail the type, grade, date of diagnosis, prognosis, evidence of spread and treatment given, information contained in follow up letters and Consultant details. SN-OD may need to discuss the history with the patients Consultant Oncologist to ascertain possibility of transmission. A follow up conversation may be undertaken by the transplanting surgeon as necessary.
    - Details of Investigations undertaken and follow up received (if follow up not yet received, document clear timelines / expected timeline of results on Donor Path). Known outstanding results must be followed up by the SN post donation as per **MPD881**.
    - Previous hospital admissions of significance
    - Unexplained weight loss
    - Physical description of patient appearance in addition to height, weight and BMI, for example very large abdomen/muscular, amputee or wheelchair bound
    - Hypertension defined as a systolic pressure above 140 with a diastolic pressure above 90
    - Hypercholesterolemia when diagnosed, details of medication and compliance if known
    - Sepsis whether of known or unknown aetiology and details of treatment given and response to treatment
    - History of organ disease/injury/failure

- Previous/recent surgery
- Current and past 3 months- precise medications including compliance, dose, length of time being taken and for what reason
- History of illicit drug use and details
- History of confirmed/unconfirmedH1N1, COVID-19 risk utilising SOP5869 and FRM6439 or any other flu like symptoms

- Include microbiology results. Any additional specimens sent by the SN/unit or known about at the time of donation must be documented on Donor Path and results followed up post donation as per **MPD881** and tracked by local SN team.
- Biopsy results-including information regarding planned biopsies post mortem for example an undiagnosed brain tumour. These results must be followed up by the SN as per **MPD881** post donation.
- All blood results taken as per **SOP3630** must have final results followed up as per **SOP3579**.
- CT Scan results/reports (record who is providing the information radiologist or neuro radiologist)
- Any significant changes in haemodynamic status must be communicated
- Method and location for withdrawal of treatment (DCD donors)

Social and Family History:

- Familial history-significance of hereditary diseases/rare conditions which the donor may be at risk of and subsequent transmission to the recipient.

COMMUNICATION TO RECIPIENT CENTRE POINTS OF CONTACT

4.1. Recipient centre points of contact are reliant on the information communicated to them by SNs when ascertaining donor suitability and recipient selection.

4.2. It is the SN's responsibility to document all of the information obtained from the Medical and Social History Questionnaire **FRM4211**, physical assessment **MPD873**, GP Medical Report **FRM6432** (Scotland) or **FRM1602** (England, Wales and Northern Ireland), body map within FRM5545, key information outlined in section 3 and a review of the medical records (both hard copies and electronic) accurately onto visible sections of Donor Path.

4.3. In circumstances where it is not possible to record all of the information obtained onto Donor Path or there is a requirement to discuss information verbally with the recipient point of contact, the SN must ensure that all clinical communication is voice recorded as per **SOP3649**. ODT HUB Operations must also be made aware of the information being communicated verbally directly between the SN and recipient point of contact.

4.4. In circumstances that require the SN to communicate verbally with the recipient centre points of contact key clinical information regarding for example a biopsy report this must be undertaken as per SOP4938 and all clinical conversations must be voice recorded as per **SOP3649**.

4.5. The SN must document all communications in Donor Path Sequence of Events including with whom the conversation took place and the information shared. Any clinical information of relevance to recipient centres must be documented within the visible sections of Donor Path (Sequence of events is only visible to the SN).

4.6. In circumstances where new clinical information comes to light during the deceased donation process it is the responsibility of the SN to follow **SOP4938**. Utilisation of **SOP4938** will enable a structured approach to clinical information sharing to all receiving centres and follow-up of final results.

4.7. Guidance on good documentation can be found in **MPD385** and examples of good documentation in **INF135**.

4.8. It is the responsibility of the recipient centre point of contact to document and share information with the retrieving / implanting surgeon as per locally agreed policies.

CLOSURE OF THE DONOR FILE

5.1. The DFCS is responsible for ensuring the GP Medical Report for Organ and Tissue Donation **FRM1602**/**FRM6342** is returned and uploaded to Donor Path as per **SOP5049**.

5.2. The SN is responsible for ensuring that clinical information contained in **FRM1602**/**FRM6342** is checked against the information documented on Donor Path under Patient Assessment or on the MaSH form (**FRM4211**).

5.3. The SN is responsible for follow-up of all known microbiological and biopsy samples sent by the organ donation team for the purposes of donor assessment or any relevant samples that remain outstanding at the time of donation proceeding. All Regional organ donation teams must have systems in place to ensure that results are followed up in a timely manner with the donating hospitals.

5.3.1. Examples include but are not exclusive to:

5.3.1.1. Blood cultures (consideration must be given to any cultures sent during DCD Heart retrieval or A-NRP).
5.3.1.2. Sputum samples
5.3.1.3. Urine samples
5.3.1.4. Outstanding histopathology performed at donor hospital

5.4. Where results are outstanding and require additional action as per **MPD881** SNODs should refer to **SOP4938** to ensure that all results are shared with all recipient/tissue/research centres.

Definitions

- **SN** Specialist Nurse
- **PMH** Past Medical History
- **EOS** Electronic Offering System
- **HCP** Health Care Professional
- **CCU** Critical Care Unit
- **GP** General Practitioner
- **DFCS** Donor Family Care Service

Related Documents / References

- **FRM1602** - Fax - General Practitioner Medical Report for Organ/Tissue Donation
- **MPD873** - Physical Examination
- **SOP3630** - Diagnostics-Blood Tests
- **MPD942** - Receipt and Management of Microbiological blood results in the Organ/Tissue Donor
- **MPD385** - Good Documentation Practice
- **INF135** - Examples of Good Documentation Practice
- **MPD881** - Findings Requiring Additional Action
- **POL162** - Donor Characterisation
- **FRM6439** - COVID-19 SNOD Checklist
- **SOP5869** - SARS-CoV-2 Deceased Organ Donor Screening
- **FRM5545** - Body Map
- **SOP4938** - Sharing Clinical Information
- **SOP3579** - Management of Final Microbiology Results
- **FRM6432** - GP Report Scotland
- **SOP5917** – Abdominal NRP
- **FRM4212** - Organ Donation Clinical Pathway
- **SOP3649** - Voice Recording of Organ Donor Clinical Conversations
- **FRM4211** - Medical and Social History Questionnaire
- **INF947** - Rational Document for Medical and Social History Questionnaire
- **National DCD Protocol** https://www.odt.nhs.uk/retrieval/policies-and-nors-reports/
- The Quality and Safety of Organs Intended for Transplantation Regulations 2012 http://www.legislation.gov.uk/uksi/2012/1501/contents/made
- NHSBT Guidance on Handling Person Identifiable Information: http://nhsbtweb/userfiles/22474%20Guidance%20of%20Confidential%20Comms%206pp%20DL.pdf http://nhsbtweb/userfiles/final%206%20IG%20proofs.pdf
- Record keeping Guidance for Nurses and Midwives (2009). Nursing and Midwifery Council: London