

Organ Donation Quick Reference Guide

Key messages

1. **REFER** all potential donors to the Specialist Nurse – Organ Donation before the withdrawal of mechanical ventilation
2. Always **PLAN** the family approach with the Specialist Nurse – Organ Donation
3. **DO NOT** discuss organ donation with the family until it is clear that they have understood and accepted their loss
4. For potential brain-stem dead donors, **INSTIGATE** donor optimisation as soon as possible.

Identification and referral of potential donors

Always consider organ donation when caring for dying patients who are receiving mechanical ventilation at the point when the very high likelihood of death is recognised, regardless of whether the patient is in an intensive care unit, emergency department or another critical care area.

Refer **as early as possible** all patients who meet any of the criteria below, regardless of age or medical condition.

A decision has been made to perform brain-stem death tests

Catastrophic brain injury (GCS 3-4 and at least one absent brain-stem reflex) which cannot be explained by sedation*

The intention to withdraw life-sustaining treatment which will, or is expected to, result in circulatory death



Initiate **early** discussions with the Specialist Nurse – Organ Donation (SN-OD). Continue ongoing clinical care whilst exploring the patient's wishes regarding organ donation.

*It is recognised that these patients may still be receiving full active treatment. The purpose of notification at this stage is to alert the donor care team to the possibility of donation at a later date.

Approaching the families of potential donors – three stage process

Planning Approach

Who

- **Consultant:** an identifiable consultant should lead all stages of the family approach
- **Bedside nurse:** is likely to be closest to the family and have the best knowledge of specific family issues and dynamics
- **SN-OD:** should **always** be involved at the planning stage, wherever possible in person but as a minimum, and in exceptional circumstances, by telephone.

Why

- Clarify clinical situation
- Seek evidence of prior consent – eg NHS Organ Donor Register (ODR)
- Identify the key family members by name
- Understand the important family issues
- Agree how the approach will be made and who will be involved
- Agree timing and setting, ensuring these are appropriate to family needs
- Involve others as required, eg faith leaders.

When and where

- In private and before meeting the family to confirm understanding and acceptance of loss.

Confirming Understanding and Acceptance

Initial meeting with the family

- Ensure key family members are present
- Consultant introduces all parties, including SN-OD as a member of the team
- Confirm/assess the family's understanding of the clinical situation
- Describe the clinical situation, using sympathetic yet nevertheless unambiguous language
- Confirm understanding:
 - **Brain-stem death:** Ensure the family understand that death has occurred. Spend time with the concept, using diagrams or scans if necessary.
 - **Withdrawal of life-sustaining treatment:** Ensure the family understand that death is judged to be inevitable.
- Give the family time to assimilate information and ask questions
- Specifically assess whether the family has understood the information they have received and accepted the inevitability of their loss. If not, **suggest a break in the conversation.**

Discussing Donation

Transition

- Only consider the transition to organ donation when it is clear that a family have accepted their loss and are ready to consider the next steps
- Decide in advance how the transition to donation will be made and which team member will introduce the possibility of donation
- Re-introduce SN-OD explaining their role in terms end of life options.

Discuss donation

- Re-confirm the family's understanding of the clinical situation
- Provide specific information to the family about organ donation, and answer any questions that they might have
- Avoid negative or apologetic language
- Avoid manipulative or coercive language
- Emphasise the benefits of transplantation – the ability to save lives
- **For patients on the ODR, or who have given their legal consent in other ways, eg donor card:** sensitively explain that consent for donation has already been given; do not mislead the family into believing that their consent is also required
- **For patients whose wishes are not known in advance:** use open questions (for example: How do you think your husband would feel about organ donation?') to ascertain patient's and family's wishes; pre-empt common anxieties (further surgery, delay in funeral arrangements etc); avoid styles that focus exclusively upon the wishes of the patient (because the law passes responsibility for decision making to the family when the patient's wishes are not known).

Explore an initial negative response

- Sensitively explore initial refusals, some of which can be the result of misunderstandings about various elements of the pathway.

Donor Optimisation

Early physiological stabilisation of the brain-stem dead donor improves transplantation outcomes

Priorities to address are:

1. Assess fluid status and correct hypovolaemia with fluid boluses
2. Introduce vasopressin in preference to catecholamine infusions to treat hypotension that is resistant to fluid therapy. Use cardiac output monitoring to guide therapies in refractory cases
3. Perform lung recruitment manoeuvres to correct the basal atelectasis that follows the apnoea test, tracheal suction etc, and apply protective lung ventilatory strategies
4. Identify, arrest and reverse effects of diabetes insipidus
5. Administer methylprednisolone (all donors)
6. Avoid hypothermia and initiate/continue active warming.

Refer to Donor Optimisation extended care bundle for more information – see web link and QR code below.

Additional resources

Additional resources are available at www.odt.nhs.uk/toolkit

Resources include:

- Consent/authorisation best practice guide
- Donor optimisation best practice guide
- Donor optimisation extended care bundle
- Adult and child clinical pathways
- Brain-stem death testing forms



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