
Policy

Organ donation is a complex process that requires detailed accounts of communication to provide confirmation that consent/authorisation has been ascertained within the legal framework in England, Wales, Northern Ireland and Scotland. It is essential that the Specialist Nurse Organ Donation (SN) documents their actions within the process and a standard medical records entry template.

LET240/LET241/LET242 should be used by the SN in Scotland when documenting in the patient's medical records to capture the pertinent points in the donation process. Clear and accurate documentation helps in communicating significant events in the donation process and maintains open lines of communication to help ensure the safety and quality of organs for transplantation.

Objective

To provide the Specialist Nurse Organ Donation with guidance on the information to be documented in the patient's medical records.

Changes in this version

Addition of Scottish deemed authorisation legislation, update of SNOD to SN
Update of definitions, grammatical errors

Roles

- **SN** to provide a summary of events in the patient's medical record detailing the consent/authorisation conversation and the donation process.
- Where reference is made in this document to SN (Specialist Nurse), this term includes SNOD (Specialist Nurse Organ Donation), SR (Specialist Requestor) SNFC (Specialist Nurse Family Care).
- **Team Manager/Regional Manager** – to provide support and advice to the SN where required.

Items Required

- Access to Genius Scan
- Access to DonorPath

1. England, Wales and Northern Ireland:

1. This MPD should be used as a guide when documenting in the patient's medical record for any proceeding or non-proceeding organ/tissue donor and details the minimum information required. **Navy blue** sections represent non-proceeding guidance.
2. Any additional information must be entered as significant events / communication occurs.
3. The medical record entry must be handwritten or entered electronically.
4. In addition, a copy of Consent **FRM4281** must be securely filed in the patient's medical record.
5. A copy of the medical record entry should be taken for the donor file.
6. Unnecessary abbreviations must not be used in the medical records. (Section 10.4, Nursing and Midwifery Council (2018).

NB. The term family is used in this document to represent any person within qualifying relationships/nominated/appointed representative that is present to have end of life/donation conversations.

Points to include	Guidance notes
Referral and medical considerations	<ul style="list-style-type: none"> • Acknowledge referral. • Acknowledge medical diagnosis and plan. • Note if there are any potential contraindications. <p>As above and:</p> <ul style="list-style-type: none"> • DCD Exclusions. • Screening. • Absolute contraindications. • Logistical challenges.
ODR registration	<ul style="list-style-type: none"> • Findings of Organ Donor Register search. <p>As above and:</p> <ul style="list-style-type: none"> • Opt-out registration and qualifying relationship discussion.
Consultant meeting and planning conversation	<ul style="list-style-type: none"> • Describe any conversations with medical and nursing colleagues.
End of life discussions with family	<ul style="list-style-type: none"> • Diagnosis of death/withdrawal of treatment discussions. • Any concerns/questions raised by family. • Acknowledge acceptance of death/futility.
Donation conversation with family	<ul style="list-style-type: none"> • Family members present. • Family knowledge of patient decision. • Understanding of donation. • Questions/concerns raised. • Outcome of conversation <p>As above and:</p> <ul style="list-style-type: none"> • ODR/expressed decision override • Appointed/nominated representative decline • Reasons for family decline or non-support of deemed consent

MPD910/9 – Medical Records Entry for Proceeding and Non-Proceeding Organ and/or Tissue Donation



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<p>Mode of consent</p>	<ul style="list-style-type: none"> • Expressed decision. <ul style="list-style-type: none"> ○ Via ODR, verbal / written, donor card. • Appointed/nominated representative. <ul style="list-style-type: none"> ○ Available/not, knew decision or made decision. • Deemed consent* <ul style="list-style-type: none"> ○ Supported donation to proceed under deemed consent. • Family consent. <ul style="list-style-type: none"> ○ Did not meet deemed inclusions/refused deemed. • Scheduled/other purposes – also consider local research projects. • Rare/novel transplant consent. • Refer to inclusion of consent form FRM4281 in medical notes for specific organ/tissue consent. <p>* see end of document for country/territory specific framework.</p>
<p>H.M. Coroner (If applicable)</p>	<ul style="list-style-type: none"> • Any discussions with H.M. Coroner. • Any discussions with pathologist/police colleagues (incident number) • H.M. Coroner lack of objection to organ/and or tissue donation • H.M. Coroner placed restrictions <div style="background-color: #1a3d54; color: white; padding: 5px;"> <ul style="list-style-type: none"> • H.M. Coroner objection </div>
<p>Patient assessment</p>	<ul style="list-style-type: none"> • Summary of Medical and Social History (MaSH) conversation • Current patient condition • Physical patient assessment • Any new findings e.g. microbiological/histopathology/physical findings • Contact with any other agencies <div style="background-color: #1a3d54; color: white; padding: 5px;"> <p>As above and:</p> <ul style="list-style-type: none"> • Patient instability/findings that stop donation • All organs declined on offering • Prolonged time to asystole • Organs declined on inspection • Family withdraw consent </div>

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Tissues (If applicable)	<ul style="list-style-type: none"> Referral to National Referral Centre Contraindications to tissue donation.
End of life considerations	<ul style="list-style-type: none"> Keepsakes. Details of any requirements in respect of culture, faith and/or beliefs. Specific family requests.
Planning for further communication	<ul style="list-style-type: none"> The next contact with the family will be [state when agreed]
Retrieval and Final Cares	<ul style="list-style-type: none"> Organs retrieved. Appearance of body following Care After Death procedures e.g. body cleaned/invasive lines left insitu or removed/ no oozing/excessive oozing/ incisional site dressing.

Please copy details below directly into the medical notes, changing details in red appropriately.

For any clarification or queries please contact:

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

IMPORTANT NOTE FOR PATHOLOGIST REGARDS A POST MORTEM EXAMINATION:

If a post-mortem (PM) examination is performed, the Pathologist must immediately contact NHS Blood and Transplant ODT Hub Operations on telephone number 0117975 7580 if the PM identifies pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and/or the patient's family. In particular, evidence suggesting a transmissible infection or neoplasm should be communicated as soon as possible.

Many thanks

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

2. Evidential documentation

- 2.1. Information copied from the patient's / donor's hospital records should be done where the SN feels a need for evidential documentation to be stored in the hard copy donor file and a copy uploaded to donor path. This would be to support characterisation already noted within DonorPath in regard to medical history, hospital admission, testing, microbiology etc. For example, a patient that had been reviewed for possible cancer, details would be noted on DonorPath, but the clinic notes / outcome of investigation may be stored as supportive evidence. There is no requirement to copy medical notes that have been thoroughly reviewed and whereby information is clearly documented within DonorPath.

References

Country/Territory	Law
England	Organ Donation (Deemed Consent) Act (2019) Human Tissue Act (2004)
Wales	Human Transplantation (Wales) Act (2013) Human Tissue Act (2004)
Jersey	Human Transplantation and Anatomy (Jersey) Law (2018)
Northern Ireland	Human Tissue Act (2004)
Nursing and Midwifery Council (2018). The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. To be found at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf	

Scotland:

3. Proceeding Organ and / or Tissue Donation Medical Record Entry

- 3.1. The SN should utilise **LET242** for guidance when documenting in the patient's medical record for a proceeding organ and / or tissue donor.
- 3.2. Following formal authorisation, a copy of the Authorisation form (**FRM1538**) must be filed in the patient's medical record.
- 3.3. If any previously unknown, relevant past medical, social, behavioural or travel history is identified during the donor characterisation process, the SN must document this in the patient's medical record.
- 3.4. The SN must document the details of communication with other health care professionals who have provided information or advice as part of the characterisation process.
- 3.5. If the patient is referred to the Procurator Fiscal, the SN must document in the patient's medical record the details of the referral and the subsequent outcome, including detail of any restrictions placed on donation.
- 3.6. The SN must document any planned referral for tissue donation to the Scottish National Blood Transfusion Service (SNBTS) or National Referral Centre (NRC)
- 3.7. The SN must document any specific requests from the family in relation to end of life care for the patient, including items to be kept with the patient, any clothes to be dressed in post donation, or keepsakes such as prints and/or hair locks.
- 3.8. The SN must document any arrangements that have been agreed with the family for further contact and communication.
- 3.9. The SN must ensure that an entry is made for the attention of the pathologist at the end of the medical record entry. This is to request that if a post-mortem examination is performed, that the Pathologist immediately contact Hub Operations should they identify any pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and / or the patient's family. **In particular, evidence suggesting a transmissible infection or neoplasm should be communicated as soon as possible.**
- 3.10. A copy of the medical record entry must be photocopied for the donor file.

4. Non-Proceeding Organ Donation Medical Record Entry

- 4.1. The SN must ensure that a medical record entry is completed in the patient's medical record for a non-proceeding organ and / or tissue donor should utilise **LET241** for guidance.

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- 4.2. Following formal authorisation, a copy of the Authorisation form (**FRM1538**) must be filed in the patient's medical record.
 - 4.3. If any previously unknown, relevant past medical, social, behavioural or travel history is identified during the donor characterisation process prior to donation being stood down, the SN must document this in the patient's medical record.
 - 4.4. The SN must document the details of communication with other health care professionals who have provided information or advice as part of the characterisation process.
 - 4.5. The SN must confirm any additional family care and support provided following the decision not to proceed with organ and / or tissue donation.
 - 4.6. The SN must document if a referral for tissue donation has been made to the NRC or SNBTS.
 - 4.7. The SN must document any specific requests from the family in relation to end of life care for the patient, including items to be kept with the patient, any clothes to be dressed in, after they have died or keepsakes such as prints and/or hair locks.
 - 4.8. The SN must document the arrangements that have been agreed with the family for further contact and communication.
 - 4.9. The SN must ensure that an entry is made for the attention of the pathologist at the end of the medical record entry. This is to request that if a post-mortem examination is performed, that the Pathologist immediately contact Hub Operations should they identify any pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and / or the patient's family. **In particular, evidence suggesting a transmissible infection or neoplasm should be communicated as soon as possible.**
 - 4.10. A copy of the medical record entry must be photocopied for the non-proceeding donor file.

5. Family decline medical record entry

- 5.1. The SN must ensure that a medical record entry is completed for the patient's medical records if the family object to / decline donation and should utilise **LET240** for guidance.
- 5.2. The SN must outline the reason why the family declined the option of donation.
- 5.3. The SN must confirm any care / support provided to the family following the decision not to proceed with donation.
- 5.4. The SN must document any specific requests from the family in relation to end of life care for the patient, including items to be kept with the patient, any clothes to be dressed in, after they have died or keepsakes such as prints and/or hair locks.

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- 5.5. The SN must document if arrangements have been agreed with the family for further contact and communication.
 - 5.6. The SN must either attach the medical record entry to DonorPath or, ensuring 3 points of identification, photocopy the entry and post it to the [Donor Family Care Service](#) for scanning and attaching to DonorPath.

6. Evidential documentation

- 6.1. Information copied from the patient's / donor's hospital records should be done where the SN feels a need for evidential documentation to be stored in the hard copy donor file and a copy uploaded to donor path. This would be to support characterisation already noted within DonorPath in regard to medical history, hospital admission, testing, microbiology etc. For example, a patient that had been reviewed for possible cancer, details would be noted on DonorPath, but the clinic notes / outcome of investigation may be stored as supportive evidence. There is no requirement to copy medical notes that have been thoroughly reviewed and whereby information is clearly documented within DonorPath.

References

Country/Territory	Law
Scotland	Human Tissue (Authorisation) (Scotland) Act 2019
Scotland	Human Tissue (Scotland) Act 2006

Definitions

- **PID** – Person Identifiable Information
- **NRC** – National Referral Centre
- **SNBTS** – Scottish National Blood Transfusion Service

Related Documents / References

- **LET240** - Family Decline Medical Record Entry Scotland
- **LET241** - Non-Proceeding Medical Record Entry Scotland
- **LET242** - Proceeding Medical Record Entry Scotland
- **FRM1538** - Authorisation – solid organ and tissue donation (Scotland)
- **FRM4281** - Consent - for Organ and/or Tissue Donation
- [Advisory Committee on the Safety of Blood, Tissues and Organs \(SaBTO\)](#) – SaBTO
- <http://www.legislation.gov.uk/asp/2006/4/contents> - HT Scotland Act
- <http://www.legislation.gov.uk/asp/2006/4/notes/contents> - HT Scotland Act (Explanatory Notes)
- <https://www.nmc.org.uk/standards/code/record-keeping> - Record keeping Guidance for Nurses and Midwives
- <http://nhsbtweb/userfiles/final%20%20IG%20proofs.pdf> - NHSBT Guidance on Handling Person Identifiable Information