

Objective

The purpose of this document is to provide guidance to the **Specialist Nurse** or Team Manager when completing the Donor Assessment and **Suitability Assessment for a potential DCD in adults** OR completing the Infant Donor Assessment and Organ Screening Form for **both DBD and DCD**.

Changes in this version

- SNOD now SN.
- Updated titles and section numbers.
- Sections 3, 8 and 9 Clarification on screening
- Change of terminology to match DonorPath
- Change to the lower age criteria for solid organ donation

Roles

- Specialist Nurse/SN - to receive a referral of a potential donor, to complete DonorPath, assess for donor suitability using the suitability assessment section on DonorPath or FRM5510 as appropriate.
- Team Manager/TM - to receive a referral of a potential donor, to complete DonorPath, assess for donor suitability using the suitability assessment section on DonorPath or FRM5510 as appropriate. To provide advice and guidance if a SN contacts them for advice regarding a referral.

Restrictions

- DonorPath and FRM5510 are intended for use as an operational decision-making tool and should be used as guidance on donor suitability.
- The guidance may be **overruled** if there is a clinical indication to undertake formal donor characterisation and organ offering. This should be documented in DonorPath and/or **Section 11** of FRM5510.
- The SOP does not specifically mention all sections of DonorPath or FRM5510. Specific sections have been highlighted as these sections require more guidance to complete.
- DonorPath suitability assessment should not be used for adults and children 2 years and over for assessment for DBD donation.**

Items Required

- DonorPath
- FRM5510 Infant Donor Assessment and Organ Screening
- SOP5874 OTDT Paediatric Manual

1. Receive incoming potential DCD or infant donor referral.

- 1.1 Follow procedure for receipt of a referral from critical care areas **as per** SOP3781.
- 1.2 Complete sections **1-6 on DonorPath Assessment** thoroughly in all cases **as this will then allow DonorPath to implement any absolute contraindications or DCD exclusions.**
- 1.3 **If the referral of the potential donor is under 2 years, utilise SOP5874 OTDT Paediatric Manual for further guidance. FRM5510 must be completed in ALL referrals aged <2years . Complete sections 1 and 2 of FRM5510.**

2. Does DonorPath highlight that the potential donor has an absolute contraindication or DCD exclusion as per POL188 to donation?

- 2.1 If an exclusion is identified this should be clearly documented and the referral declined for organ donation.
- 2.2 If Multi Organ Failure or Septicaemia/Sepsis with organ dysfunction is selected the SN should only regard these as an exclusion if all listed organs are affected. The SN should be satisfied by the clinician that there is sufficient evidence from the clinical status, blood test results, dependency on supportive therapies (including renal replacement therapy, assist devices and medications) and/or other tests to demonstrate organ dysfunction/failure.
 - [If Yes go to Step 3](#)
 - [If No go to Step 4](#)

ADVICE

If a patient has a DCD exclusion you can decline them for ALL organs for potential organ donation (other than the exception of multi organ failure or sepsis and multi organ dysfunction as described in point 2.2).

3. Absolute Contraindication or DCD Exclusion identified.

- 3.1 Record absolute contraindication or DCD exclusion using the dropdown list on DonorPath.
- 3.2 If appropriate, on FRM5510 indicate that you have identified an exclusion using the tick box
- 3.3 Decline patient for organ donation as per SOP3781.
 - [go to section 13](#)

4. Complete all sections in DonorPath as thoroughly as possible.

- 4.1 Data should be collected to determine suitability and in preparation for any required organ screening.

ADVICE

Utilise the information section in DonorPath suitability assessment for additional age guidance for what organs to screen as below:

Patient aged < 65 then consider as a potential multi organ donor.

Patient aged 65-75 then consider as potential liver and kidney donor.

Patient aged >75 then consider as potential kidney donor. If kidneys suitable, then liver should be offered if family support/give consent/authorisation. Consider organ specific contraindications.

5. Can suitability of the potential donor be ascertained without further assessment?

- [If No go to section 6](#)
- [If Yes go to section 12](#)

6. Seek guidance from a Team Manager. If not available, go to section 8 (or section 9 for infants under 2 years of age).

- 6.1 Document reason for concern about suitability.
- 6.2 If available, contact a team manager to discuss patient suitability.
- 6.3 Record team manager's name.

7. Does the Team Manager classify the potential donor as suitable for attendance?

- [If Unsure go to Step 8](#)
- [If No go to Step 12](#)
- [If Yes go to Step 13](#)

- 7.1 If no TM is available, select this option in the dropdown list and undertake organ screening as per Step 8.

 **ADVICE**

Whilst kidney screening is often the first organ of choice to assess for donor suitability, there may be occasions when the SN/TM feels the liver may be suitable without screening, therefore screening would not be required in this case, accept the referral as per SOP3781.

Another scenario could be the kidneys have an organ specific contraindication, the SN/TM feels the liver is suitable, therefore donor suitability would not need to occur, accept the referral as per SOP3781.

8. For adults and children over 2 years contact centres as indicated on DonorPath to seek advice on suitability. Complete the suitability assessment section in DonorPath.

- 8.1 If kidneys are to be assessed for suitability, contact the local designated kidney centre for the hospital to seek advice, explaining to the centre that this is a screening call and asking the defined question as per the form.
- 8.2 If the local designated centre would not consider transplanting a kidney from this donor, then call the designated regional centre.
- 8.3 If an organ is accepted as having the potential to transplant, then you do not need to carry on further screening, accept the referral as per SOP3781.
- 8.4 If kidneys are not accepted, then repeat steps 1 & 2 for liver screening if applicable.
- 8.5 If the local kidney and/or liver Centre is also the designated regional centre, then you do not need to ring any other local centre to screen.
- 8.6 If no centre accepts the patient as being suitable for further assessment, then document **ALL** the reasons for decline on the donor suitability form.

9. For a potential infant donor aged under 2 years follow the guidance in Section 4 of FRM5510 to indicate the organ screening age criteria.

- 9.1 All infants >37 weeks corrected gestational age should be considered for potential organ donation including a full assessment for the determination of death by neurological criteria in line with the guidance from the Royal College of Paediatric and Child Health.
- 9.2 Consider any organ specific contraindications and undertake organ screening following FRM5510.
- 9.3 If screening kidneys contact the designated screening centre within region. If the local designated centre would not consider transplanting an organ from this donor, then call the second centre on the list.
- 9.4 If liver screening is to occur, contact one of the centres on the list, if needed then contact the second centre on the list. Consideration should be given for hepatocyte screening as only Kings provide this service.
- 9.5 If cardiothoracic screening is required, contact one of the centres on the list, if needed then contact the second centre on the list.
- 9.6 As per FRM5510 if the potential donor is DBD, suitability for multi visceral donation should be considered and discussed with Hub Operations and screened if appropriate.
- 9.7 If any organ is accepted as having the potential to transplant, then you do not need to carry on further screening, accept the referral as per SOP3781 and consider all organs for consent/authorisation unless there is an organ specific contraindication.
- 9.8 Complete sections 5-10 of FRM5510 as appropriate, for all infants > 37 weeks corrected gestational age.
- 9.9 If no centre accepts the patient as being suitable for further assessment, then document **ALL** the reasons for decline on the donor suitability form.

10. Do the centres think it is a suitable donor?

- [If No go to Step 11](#)
- [If Yes go to Step 12](#)

11. If there are no suitable organs, DECLINE the referral.

- 11.1 Ensure all potential for donation of other organs has been explored and give advice and relevant **information** for potential tissue donation (if appropriate).
- 11.2 Give reasons to the referring personnel for not proceeding with **organ** donation.
- 11.3 Document on DonorPath the reason for decline.
 - [go to Step 13](#)

12. Accept the referral

12.1 Follow **SOP3781** [Receipt of Referral of a Potential Organ Donor](#)

→ [go to Step 13](#)

13. Complete DonorPath Assessment for all referrals and section 11 of FRM5510 for infants.

13.1 Indicate whether a SN assessed the potential donor in person.

13.2 Indicate whether an identified exclusion was over-ruled. This information is collected to monitor occurrences and outcomes of Donor Assessment over-rules.

13.3 Indicate whether organ donation proceeded. If no, please specify reason.

13.4 [For referrals aged under 2 years](#), if a donor number is generated record the number on **FRM5510**. This information will be used to cross reference referrals and donation activity.

13.5 Send form **FRM5510** by email to neonatal.assessment@nhsbt.nhs.uk If sending via an iPad ensure to choose ORIGINAL COPY not a flattened copy. Information will be used to monitor the effectiveness of the DCD and Infant assessment tools and gain further evidence for future modifications.

 **End of Procedure**

Definitions

- DonorPath – The secure electronic system that a SN/TM utilises to upload clinical information about a patient.
- DBD – Donation after Brain Death
- DCD – Donation after Circulatory Death

Related Documents/Reference

- **SOP3781** – Receipt of Referral of a Potential Organ Donor
- **FRM5510** - Infant Donor Assessment and Organ Screening
- **POL188** – Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation
- **SOP5874** OTDT Paediatric Manual
- [Royal College of Paediatric and Child Health: The diagnosis of death by neurological criteria in infants less than two months old](https://www.rcpch.ac.uk/sites/default/files/2019-03/2015_dnc_-_full_clinical_guideline.pdf) https://www.rcpch.ac.uk/sites/default/files/2019-03/2015_dnc_-_full_clinical_guideline.pdf