

A form must be completed every time your retrieval team agrees a departure time to attend a donation, **whether or not you actually leave your base unit.**

It is vital that forms are completed legibly, accurately and with as much information as possible to ensure that your team data and Key Performance Indicators reflect accurately your team activity and performance. All forms should be completed and returned to ODT Hub Information Services within 3 days. Please see General Notes on the front of the form (**FRM4125**) for directions on how to complete the form and see below for advice on completion of the different sections of the form. If any assistance or further clarification is needed, please contact ODT Hub Information Services.

SECTION 1 – DONOR DETAILS

Date Donor notified (*mandatory field*)

- Date when the NORS team received their first call from the SNOD/Hub Operations.

ODT Donor Number (*mandatory field*)

- Donor number must be completed in every case as there is no other information on the form to identify the donor.

Donor Hospital (*mandatory field*)

- Full name of the hospital must be completed, not simply the name of the town or city.

SECTION 2 – RETRIEVAL TEAM ATTENDING

Team Code (*mandatory field*)

- Team code must be completed using codes listed on the coversheet.
- Complete free text box if team is not listed (use code 60/61).

Time agreed with Hub that fully staffed team should leave base hospital (*mandatory field*)

- Always enter the date and time you were asked to leave base.
- If you are already at the hospital because you are attending another retrieval there, or it is your base unit, enter the time that you agree to leave for the theatre.

Time that fully staffed team actually left base hospital

- Always enter the date and time your team left base.
- If already at that hospital, enter time as the time you left for the donor theatre.

Reason for delay (if > 30 mins)

- Full reason must be provided if the delay is more than 30 minutes between the agreed time and the actual departure time. This will be referred to when investigating whether a breach to the 90 minute muster time has occurred.

Time agreed with Hub that fully staffed team should arrive at donor hospital

- Always enter the date and time you were asked to arrive at donor hospital.
- If you are already at the hospital because you are attending another retrieval there, or it is your base unit, enter the time that you agree to arrive at the theatre.

Time that fully staffed team arrived at donor hospital

- Only enter the date and time that your complete team (i.e. all members of the retrieval team) arrived, prior to unloading vehicle and transferring to theatre.

Reason for delay (if > 30 mins)

- Full reason must be provided if the delay is more than 30 minutes after expected arrival time.
- This will be referred to if a delay is identified on the KPI reports.

Was there a flight involved in the journey from the base hospital to donor hospital?

- Enter 1 for No.
- Enter 2 for Yes.
- If you are already at the hospital that you originally flew to because you have attended another retrieval there, then enter 2 (Yes).

Time that your team gained access to donor theatre

- Enter time that you were able to access donor theatre.

If delay >1 hour from arrival at hospital to accessing donor theatre, please state reason why.

- Enter appropriate reason code listed on the coversheet.
- If other (code 8), you **must** complete the free text box stating the reason for delays.

Was your team intending to use warm perfusion in the donor hospital?

- Enter 1 for No – you did not intend to use warm perfusion in the donor hospital.
- Enter 2 for Yes – you did intend to use warm perfusion in the donor hospital, even if you did not subsequently use it.

If yes, in-situ

- Enter 1 for No – in-situ warm perfusion use not intended.
- Enter 2 for Yes – in-situ warm perfusion use intended.

Ex-situ

- Enter 1 for No – ex-situ warm perfusion use not intended.
- Enter 2 for Yes – ex-situ warm perfusion use intended.

Retrieval team membership - name of lead surgeon for your team

- Forename and surname of the lead retrieval surgeon must be legible and provided in block capitals.

Please indicate:

Number of assisting surgeons

- The **number** of assisting surgeons must be provided.

Scrub nurse

- Enter 1 for No – if no scrub nurse present.
- Enter 2 for Yes – if scrub nurse was present.

Theatre practitioner

- Enter 1 for No – if no theatre practitioner present.
- Enter 2 for Yes – if theatre practitioner was present.

Advanced Perfusion Specialist

- Enter 1 for No – if no advanced perfusion specialist present.
- Enter 2 for Yes – if advanced perfusion specialist was present.

Names of assisting surgeons for your team

- Forename and surname must legible be provided in block capital letters for all surgeons in your abdominal/cardiothoracic team.
- **Exclude** staff provided by the local hospital.

SECTION 3 – RETRIEVAL INFORMATION

Did your team stand down from this donor before knife to skin?

- Enter 1 for No.
- Enter 2 for Yes.

If yes, time that your team stood down

- Enter the date and time that team stood down.
- This should be the time when abdominal/cardiothoracic organ donation is no longer considered.

Reason your team stood down

- Enter appropriate code listed on the coversheet.
- If other (code 8), you **must** complete free text box.

Time that your team started operating (knife to skin)

- Enter time of knife to skin.
- If another team performed knife to skin, enter the time your team began operating.

Time that donor operation ended (skin closure)

- Complete only if relevant to your team.
- Leave blank if your team did not perform skin closure.

Time that team left donor theatre

- If the team gained access to the donor theatre, then the date and time your team left the donor theatre must be provided.
- You must complete this even if the team are going to another retrieval at the same hospital.

Time team arrived back at base

- Enter the date and time that your team arrived back at base hospital.
- Leave blank if your team was attending a subsequent retrieval (without return to base).

If DCD heart retrieved and team members travelled onwards with DCD heart:

Time those team members left donor theatre

- Enter time team members travelling on with DCD heart left theatre.

Time team members arrived back at base

- Enter time team members travelling on with DCD heart arrived back at base hospital.

SECTION 4 – ORGAN DETAILS

Organs Retrieved by your team?

- Complete this section if the team proceeded to knife to skin.
- Do not complete this section if the team stood down before knife to skin (it is non-proceeding for that team).
- Abdominal teams should complete information for kidneys, liver, pancreas, and if they retrieved the heart for research or tissue purposes.
- Cardiothoracic teams should complete information for heart and lungs.
- Leave blank if not relevant.
- If any organ is not dispatched from the theatre and returned to the body, it should be recorded as **not** retrieved (code 1).
- If an organ was removed for the purpose of research, it should be recorded as retrieved (code 2).
- If organs within your remit were retrieved by another team, e.g. you retrieved the liver but the kidneys were retrieved by another team, please note this in the comments section below.
- **Heart for tissue:** If there was never an intention for the heart to be transplanted and it was only taken for tissue, heart should be recorded as retrieved for tissue (code 3).
- **Partial Pancreas:** If part of the pancreas is taken along with the small bowel then the pancreas should be recorded as **not** retrieved as the whole pancreas has not been taken as a whole organ (code 1).
- **Multi-visceral retrievals:** This retrieval will be attended by the accepting intestinal team who will retrieve all abdominal organs, as detailed in the NORS Standards document (**MPD1043** - National Standards for Organ Retrieval from Deceased Donors).

If retrieved, grade of damage after retrieval and additional damage information

- Enter 10 – for no effect/no damage (if surgical damage is absent or has no clinical effect).
- Enter 11 – for mild effect damage (damage present but organ can be repaired for transplant).
- Enter 12 – for moderate effect damage (damage may contribute, with other significant factors, to a decision to not use the organ).
- Enter 13 – for severe effect damage (damage would be sufficient in isolation to result in decline for transplantation and could have been used if no damage was present).
- If code 11, 12, or 13 is entered, a description of damage must be provided.
- Only surgical damage should be reported.
- Do not record if organs are damaged for any other reason than surgical damage.
- Poor perfusion **must not** be recorded as surgical damage but must be reported to the implanting surgeon. The quality of the perfusion is recorded on the HTA-A form accompanying the abdominal organs.

If not retrieved, reason(s) including supplementary information if required

- Enter codes listed on the coversheet.
- If offered organ is not retrieved, a Primary code must be provided.
- Use the Secondary or Tertiary boxes as appropriate.
- Supplementary text if provided must be legible.

SECTION 5 – ORGAN IMAGING

For each organ, was an electronic image taken by the SNOD or NORS team during the organ retrieval surgery and/or back-table work?

- Complete this section if the team proceeded to knife to skin.
- Do not complete this section if the team stood down before knife to skin (it is non-proceeding for that team).
- Abdominal teams should complete information for kidneys, liver, pancreas, and if they retrieved the heart for research or tissue purposes.
- Cardiothoracic teams should complete information for heart and lungs.
- Leave blank if not relevant.
- Enter 1 for No if no images were taken.
- Enter 2 for Yes if any images were taken, including videos.

If yes, has the image been sent for onward transmission to recipient team(s)?

- Only complete for organs that have had images taken.
- Enter 1 for No.
- Enter 2 for Yes.

SECTION 6 – COMMENTS

Comments

- It is important to detail any issues involved with this retrieval (e.g. delays, difficulties at donor hospital, transport problems, etc).
- For cardiothoracic teams: Note if a scout from the team attended the donor prior to the complete team attending.
- Ensure all text is legible for data inputting purposes.

SECTION 7 – FORM COMPLETER DETAILS

Form completer details

- Enter name and contact number of the person completing the form so that any queries can be directed to that person.
- Enter date form completed.