

Policy

The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates that a minimum data set must be collected from each patient where organ donation is being considered. The minimum data set is obtained by the **Specialist Nurse (SN)** undertaking a comprehensive physical assessment of the patient to ensure that accurate physical characteristics are identified.

Objective

The purpose of this Management Process Description is to outline the SN (Specialist Nurse) role in obtaining key physical assessment information and characterisation to ensure this information is then communicated with Hub Operations and documented in the visible sections of Donor Path.

Changes in this version

Complete re-write

Roles

Specialist Nurses (SN)

- Where reference is made in this document to SN, this term includes SNOD (Specialist Nurse – Organ Donation), SR (Specialist Requestor), SNFC (Specialist Nurse – Family Care).
- To undertake a comprehensive physical assessment, collate the information gained and document within the visible sections of Donor Path.
- To obtain comprehensive information on medical, behavioural and travel history and document within the visible sections of Donor Path.

Introduction

The therapeutic use of organs for transplantation demands that their quality and safety should be such as to minimise any risks associated with the possible transmission of infections and diseases.

Physical examination and body measurements allow the detection of clinical conditions that might contraindicate the donation and/or suggest laboratory tests to dispel doubts about the eligibility of the donor, in addition to assessing the compatibility between the size of the transplant organ and that of the recipient to prevent size mismatches.

The features to be explored during physical examination include but are not limited to scars/puncture wounds due to illegal drug use, trauma injuries, tattoos, geographic characteristics, masses/enlarged lymph nodes, skin neoplasms and scars derived from past surgical interventions.

The information required for a complete and thorough physical assessment should be obtained by the SN by using a systematic approach. (Guide to the quality and safety of organs for transplantation 7th Edition 2018)

Specialist clinical advice should be sought if concerns are raised through physical assessment/examination. If a previously unidentified clinical condition is found e.g. suspicious mole or testicular lump, then the SN must request expert clinical guidance to quantify what impact, if any, this condition may have on organ suitability.

A copy of FRM5545 must be completed and uploaded onto Donor Path. Any relevant information that has the potential to impact on donation and transplantation must also be accurately documented within the visible sections of Donor Path (caution: Body Map is NOT visible to recipient centres) as per MPD867.

The findings from the physical assessment will complement the other findings undertaken during the donor characterisation process to ensure that a complete medical, physical and social history is obtained by the SN.

NOTE:

This is NOT a medical examination, rather a physical examination/assessment there is no expectation for the SN to undertake the examination in isolation. As such the SN must only work within the sphere of their professional skill, and expertise. and if in any doubt request the appropriate support from colleagues or medical practitioner at the donor hospital, outlining the rationale for such an examination.

All radiological imaging, scans etc. must be reviewed by appropriate medical practitioner and any relevant information that has the potential to impact on donation & transplantation should be documented by SN in visible sections of DonorPath as indicated by Wi-Fi icon



Procedure	Height
Action	<p style="text-align: center;">Lay bed flat and remove pillow Place hard flat surface (clipboard) on extremity Measure from heel to top of head close to patients' body. Measure patient twice – one HCP performs measurement whilst other observes, Reverse for confirmation. HCP to sign and document on Body Map FRM First measurement in cm's, second in inches.</p>
Notes ①	<p style="text-align: center;">If patient on inflatable mattress this should be set to 'hard'. If no hard setting and it is safe and practical to do so, it should be deflated. This ensures patient is measured on as hard a surface as possible with body in correct alignment. Follow DAT3734 when registering donor. If NORS team choose to check donor height they must follow the same procedure.</p>
Procedure	Abdominal Girth
Action	<p style="text-align: center;">Measure girth at point of umbilicus. Request patient is weighed on date of donation, may only be feasible if bed has weighing facility.</p> <p style="text-align: center; color: red;">All paediatric patients should have an accurate measured weight recorded for correct drug dosages & appropriate allocation and offering particularly of size matched.</p>
Notes ①	<p style="text-align: center;">Ensure no restrictions to movement e.g. unstable fractures. If abdominal girth is distended SN should assess reasons why. In circumstances when no weight is known and no resources for them to be weighed then weight should be estimated through discussions with medical practitioner and health care staff. Document if weight is estimated.</p>

Procedure	Head and Neck Examination (includes but is not limited to)
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Action	<p>Visible injuries to the head, face or neck Previous evidence of any surgery Nasogastric tube present ET note size and placement Mouth Swelling Raised JVP Intravenous lines Neck fractures – if neck collar insitu discuss with medical practitioner if able to be removed for assessment</p>
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Procedure	Chest Examination (includes but is not limited to)
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Action	<p>Listen to chest for bilateral air entry, wheezes, crackles & secretion retention – may require intervention Previous surgeries/scars Location of any existing drains, type, activity Chest trauma Breast assessment for all patients</p>
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Notes ①	<p>Follow SOP3631 regarding imaging Physical and visual examine of patient looking for any changes in the breasts and underarm areas of the body</p>
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Procedure	Abdominal Examination (includes but is not limited to)
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Action	<p>Visualise abdomen note size and shape and any abnormalities Follow SOP3631 regarding imaging Auscultate bowel Palpate bowel Date of last bowel movement</p>
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Notes ①	<p>Note hyperactive/hypoactive bowel sounds Is bowel soft/distended/tense? Any visual signs of pregnancy see MPD891</p>
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Procedure	Pelvis/Groin Examination (includes but is not limited to)
Action	<p>Observe and record any indications of abnormality in pelvic region Central cannula – what type, how many and position Vaginal, penile or anal bleeding or discharge Testicular assessment External evidence of STI's</p>
Procedure	Limbs and Digits Examination (includes but is not limited to)
Action	<p>Fractures External limb fixators Missing limbs/digits Surgical/Non-surgical wound sites Soft tissue damage and swelling Muscle wastage Injection sites "Track Marks" Peripheral cannula Clubbing Micro emboli Capillary refill</p>
Procedure	Skin and Back Examination (includes but is not limited to)
Action	<p>Tattoos & piercings (location and when performed should be ascertained) Surgical emphysema Injection sites Spider naevi Trauma Surgical/non-surgical wounds Healed/purulent wounds Exanthema/rashes Colour, temperature, mottled, skin turgor Curvature or scoliosis of spine Lumbar puncture sites Observe and document any skin abnormalities</p>

Infection Testing

If any suspected infection is identified as part of the physical assessment the SN should confirm that microbiological testing has been requested. If not the SN should speak with medical practitioner to ascertain if this can be facilitated.

If the SN has instigated the testing of any microbiological samples, then they must follow up these results document on DonorPath and ensure these results are shared with all receiving centres as per **SOP4938**

Advice

If during characterisation any clinical information that may impact the quality and safety of organs for transplantation are identified then seek appropriate support from colleagues or medical practitioner at the donor hospital, refer to **POL188** and follow **SOP5003** if appropriate.

If new clinical information is identified post-registration that may impact the quality and safety of organs for transplantation then follow **SOP4938** to ensure clear, effective and timely communication.

If donation does not proceed the SN must document clearly the sequence of events on DonorPath and via the Referral/PDA forms, giving clear details as to the reasons why the donation could not proceed.

Definitions

- **SN** – for the purposes of this document the terminology “SN” will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST)
- **TM** – Team Manager
- **RM** - Regional Manager
- **EOS** - Electronic Offering System
- **PID** – Person Identifiable Data
- **DonorPath** – The secure electronic system that SNs utilise to upload clinical information about the patient.
- Data is shared with EOS, which can be accessed by RCPoC, so decisions can be made on whether to accept organs for transplant.
- **DBD** – Donation following Brain Death
- **DCD** – Donation following Circulatory Death
- **ODST** – Organ Donation Services Team
- **CDDF** – Core Donor Data Form
- **HCP** – Healthcare Professional
- **RCPoC** – Recipient Centre Point of Contact

Related Documents / References

- **FRM5545** – Body Map
- **MPD867** - Patient Information to be Communicated to Recipient Centre Points of Contact
- **SOP3631** - Diagnostics – Imaging

- **SOP4938** – Sharing Clinical Information
- **MPD881** - Findings Requiring Additional Action
- **MPD882** – Findings Requiring Additional Action (Communication with Families)
- The Quality and Safety of Organs Intended for Transplantation Regulations 2012 - <http://www.legislation.gov.uk/uksi/2012/1501/contents/made>
- European Directorate for the Quality of Medicines & HealthCare: Guide to the quality and safety of organs for transplantation 7th Edition 2018
- **MPD891** - Establishing Pregnancy Status and Pregnancy in Donation
- **POL188** - Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation
- **SOP5003** - Suitability Assessment Guidance for Specialist Nurses (Adult DCD and Paediatric DCD/DBD)
- **DAT3734** - Registration call between ODT Hub Operations and Specialist Nurse–Organ Donation