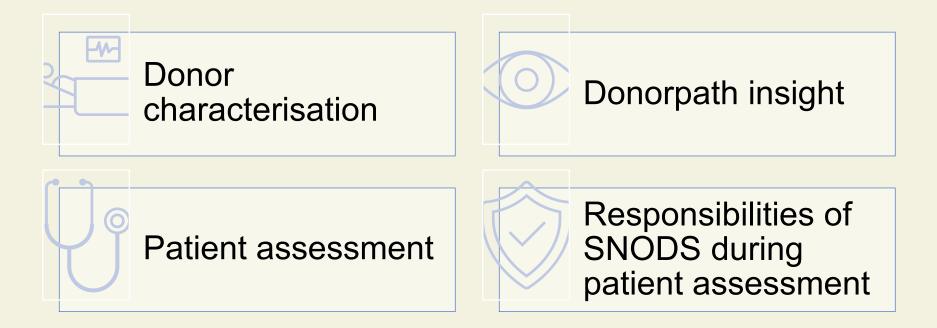


Donor Characterisation

DonorPath v MaSH + CDDF

Session Outline





Donor Characterisation

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Determines whether there is potential to donate

Seeks clarity for organ, tissue and ocular donation

SN & SN Tissue Services – are responsible to collate comprehensive history

SN will explore additional information on conditions/situations which families report

Implanting surgeon – has the responsibility to assess the risk-benefit of transplantation for individual patients

DonorPath Insight – What you see.....

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DONOR ID NHS					
Core Donor Data Blood and Transplant					
Donor type (See code A)					
Donating Hospital Postcode					
Donor basics					
ODT Donor Donor on ODR?					
Donor Donor forename(s)					
Case number Date /Time notified to ODT 2 0 at /(24 n/)					
Date of birth Sex Male = 1 Age years months					
NHS number CHI number Postcode donor residence					
Ethnic origin foode 6 or 7. please specify Occupation					
Donor hospital					
Date of admission 20 1/24 hrp					
Unit where potential donor is being cared for (ie. where the patient died) (See code D)					
Other Please Specify					
Specialist Nurse - Organ Donation Telephone					
Organ Donation Services Team Pager					
Primary diagnosis (see code E)					
Cause of Death (see code E)) Other, please specify					
Details					
Trauma, indicate injuries					
Chest No = 1 Head No = 1 Abdominal No = 1 Trauma (other) No = 1 Yes = 2 Yes = 2 Yes = 2 Trauma (other) Yes = 2 Yes = 2 Yes = 2					
Details - Trauma (other)					
CT scan results, if applicable					
Details					
Patient Measures					
Height cm inches Weight kg Weight estimated or actual Girth cm					
Blood group including, where known, subtypes of A					
ABO Rh ^{Meg = N} Donor type (see code A)					
FRM4193/4 Effective17/07/19 Page 1 of 16					

Tissue Donor Number		ODT Donor Number	
Medical and Questionna		Social History re	
		rections for completion	
	1	This form must be completed in black or dark blue ink by the Specialist Nurse – Organ Donation (SNOD)/Specialist Nurse – Tissue Donation (SNTD)/Tissue Donor Co-ordinator (TDC) and signed where required.	
	2	The original copy should be retained by the SNOD/SNTD/TDC for the donor file.	
	3	In the event of organ and tissue donation, a legible copy should be sent to the relevant Tissue Establishment , where required.	
	N	DTE: The term patient is used throughout the form to refer to the potential donor.	
		The term relative is used throughout the form to refer to the relationship between the patient and the interviewee.	
FRM4211/4 Effective: 10/05/18			1

Educate Develop Empower

NHS **Blood and Transplant**

DonorPath Insight – What the SN is using

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GP Contacts		4	Last sync: 01/10/2020 17:31		
Planning			Past Medical History		
Family		~	Obtained from		
Patient Assessment	2	^	FAMILY ONLY FAMILY & GP UNKNOWN		
Travel & Behaviour	%		NO YES UNKNOWN		
Haemodilution	2		No. of antihypertensives at time of admission		
Haemodynamics	2	~			
Coroner/PF			Cancer or malignancy NO YES UNKNOWN		
Blood Testing	2	~	UTI		
Ventilation	2	~	NO YES UNKNOWN		
Investigations	2	~	NO YES UNKNOWN		
Past Medical History	2		Cardiac Disease		
Status Events		+	NO YES UNKNOWN		

Organ Offer

	NHS
Blood and	Transplant

DONOR ID NHS
Core Donor Data Blood and Transplant
Donor type (See code A)
Donating Hospital Postcode
Donor basics
ODT Donor on ODR? Under See code B)
Donor surname Donor forename(s)
Case number Date /Time notified to ODT 20 at /24 hrg
Date of birth Sex Male = f Pemale = 2 Age years months
NHS CHI number CHI number CHI number
Ethnic origin (See code 6 or 7. please specify Occupation
Donor hospital
Date of admission 20 1/24 hr/ Date/Time of admission 20 0 24 hr/ 24 hr/ 24 hr/
Unit where potential donor is being cared for (ie. where the patient died) (See code D)
Other Please Specify
Specialist Nurse - Organ Donation
Organ Donation Services Team Pager number
Primary diagnosis (see code E)
Other, please specify
Details
Trauma, indicate injuries
Chest No = 1 Head No = 1 Abdominal No = 1 Trauma (other) No = 1
Yes = 2 Details - Trauma (other)
CT scan results, if applicable Details
Patient Measures
Height cm inches Weight kg Weight estimated or actual Girth cm
Blood group including, where known, subtypes of A
ABO Rh ^{Meg = N} Donor type (see code A)
FRM4193/4 Effective17/07/19 Page 1 of 16

What are your thoughts ?





	Blood and Transplant
Tissue Donor Number	ODT Donor Number

Medical and Social History Questionnaire

Directions for completion

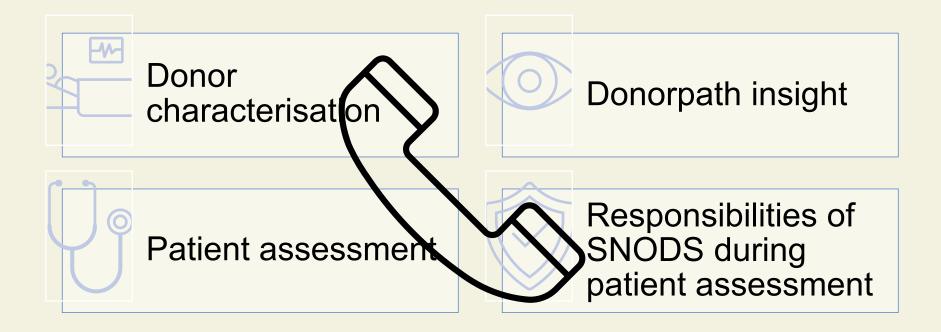
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- 3 In the event of organ and tissue donation, a legible copy should be sent to the relevant Tissue Establishment, where required.
- NOTE: The term patient is used throughout the form to refer to the potential donor.
 - The term relative is used throughout the form to refer to the relationship between the patient and the interviewee.

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And now ?

To conclude









Your facilitator





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