# Retrieval Team Information

# For attending retrieval team

# **General Notes**

- 1 Please complete for each proceeding or nonproceeding donor that your retrieval team agrees a departure time to attend. If your team do not subsequently attend the donor, please complete as much of the form as relevant.
- 2 If both an abdominal retrieval team and a cardiothoracic retrieval team agree to attend, it is expected that one form will be completed per team and each form will contain information relating only to that team.
- If using the <u>paper version</u> of the form then please ensure that the loose card sheet is inserted after the second copy of each sheet as you write, to prevent marking through to the pages below. Please use BLOCK CAPITALS. When complete, please email a copy of the form to <u>odtdatasupportteam@nhsbt.nhs.uk</u> and keep the paper form for your records. If not possible to email, please send the first copy to

ODT Hub Information Services NHS Blood and Transplant Fox Den Road Stoke Gifford BRISTOL BS34 8RR

**Effective: DRAFT** 

and retain the second copy for your files.

- 4 If using the <u>electronic version</u> of the form please open a blank form, complete details and email the form to <u>odtdatasupportteam@nhsbt.nhs.uk</u>, keeping a copy for your records.
- 5 Please complete and return this form to ODT within 3 days.

NORS teams should complete this form electronically and return to ODT Hub Information Services by email. Teams that wish to complete the form on paper must print their own forms. The most recent version of the form can be obtained from ODT Hub Information Services

Telephone 0117 975 7575

## **Retrieval Team Code**

#### **Cardiothoracic Teams**

- 11 Birmingham
- 12 Harefield
- 13 Manchester
- 14 Newcastle
- 15 Papworth
- 16 Glasgow

#### **Abdominal Teams**

- 32 Cambridge
- 33 King's College
- 35 Newcastle
- 37 Birmingham
- 38 Cardiff
- 39 Oxford
- 40 Royal Free
- 41 Leeds
- 42 Manchester
- 43 Edinburgh

#### Other

- 60 Other abdominal team (eg kidney only retrieval team)
- 61 Other cardiothoracic team

## Reason for delay accessing donor theatre

- 1 Waiting for theatre availability
- 2 Waiting for donor staff availability
- 3 Waiting for another retrieval team to arrive
- 4 Donor family requested delay
- 5 Donor in same hospital as retrieval team base
- 6 Back-to-back retrieval at same hospital
- 8 Other, please specify

#### Reason team stood down

- 1 Prolonged time to asystole
- 2 Donor organs declined
- 3 At request of SN-OD
- 8 Other, please specify

# Reason organ not retrieved

- 01 No retrieval intended (eg organ not accepted, no consent for organ)
- 02 Poor function/abnormality on screening tests (eg abnormal bloods; ECG etc)

- 03 Donor co-morbidity noted at laparotomy/thoracotomy (eg malignancy)
- 04 Grossly abnormal appearance (eg trauma; cirrhosis; impaired contractility)
- 05 Poor perfusion
- 06 Prolonged ischaemia
- 07 Kidney not present
- 08 No suitable recipients available (eg for blood group AB organ)
- 09 No facilities (eg ICU beds) available at recipient centres
- 10 DCD donor failed to progress within agreed stand-down time
- 11 Severe donor instability during procedure (eg cardiac arrest)
- 12 Other, please specify

# **UK TRANSPLANT REGISTRY**



DONOR DETAILS		Section	on 1		
Date donor notified DDDMMYYYYY					
Donor Hospital					
RETRIEVAL TEAM ATTENDING		Section	on 2		
Team code If other ( (see codes on inside cover) please s					
Time agreed with Hub that fully staffed team should leave base hospital		at (24 hr) HH: MM	/		
Time that fully staffed team actually left base hospital		D D M M Y Y Y Y at (24 hr) H H: M N	/		
Reason for delay (if > 30 mins)					
Time agreed with Hub that fully staffed team should arrive at donor hospital		DDMMYYYYY at (24 hr) HH:MM	/		
Time that fully staffed team arrived at donor hospital		DDMMYYYYY at (24 hr) HH:MM	/		
Reason for delay (if > 30 mins)					
Was there a flight involved in the journey from base hospital to donor hospital?	No = 1 Yes = 2				
Time that your team gained access to donor theatre		DDMMYYYYY at (24 hr) HH:MM	/		
If delay > 1 hr from arrival at hospital to access theatre, please state reason (see codes on inside		If other, please specify			
Was your team intending to use warm perfusion in the donor hospital?	No = 1 Yes = 2				
If yes: In-situ	No = 1 Yes = 2	Ex-situ			
Retrieval team membership - name of lead surgeon attendance for your team (please provide forename a surname only)					
Please indicate: Number of assisting su	ırgeons	Scrub nurse $No = 1$ Yes = 2 Theatre practitioner $No = 1$ Yes = 2			
Advanced Perfusion Specialist	No = 1 Yes = 2				
Name(s) of assisting surgeon(s) for your to (please provide forename and surname or					
	2.				

RETRIEVAL I	NFORMATION		Section 3		
Did your team	stand down from this donor				
before knife to	skin? No = 1 Yes = 2				
If Yes,	Time that your team stood down	at (24 hr)	H H: M M		
	Reason your team stood down (see codes on inside cover)	If other, please specify			
If No,	Time that your team started operating (knife to skin)	at (24 hr)	H H: M M		
	Time that donor operation ended (skin closure) (if relevant for your team)	at (24 hr)	H H: M M		
Time that team	left donor theatre	at (24 hr)	H H: M M		
Time team arriv	ved back at base	at (24 hr)	H H: M M		
If DCD heart retrieved and team members travelled onwards with DCD heart:					
Time those	team members left donor theatre	at (24 hr)	H H:M M		
Time team r	members arrived back at base	at (24 hr)	H H: M M		
ORGAN DETAILS - complete this section only if team did not stand down before knife to skin					
For all retrieved organs, grade of damage after retrieval must be reported using the codes below:					

- 10. No Effect/No Damage. Surgical damage is absent or has no clinical effect.
- 11. Mild Effect. Damage is present but organ can be repaired for transplant.
- 12. Moderate Effect. Damage may contribute, with other significant factors, to a decision not to use the organ.
- 13. Severe Effect. Damage is severe and would be sufficient in isolation to result in decline for transplantation. The organ could have been used if no damage was present.

Organ

Retrieved by your team? \*

Organ

Retrieved by your team? \*

Grade of yes = 2\*\*

No = 1 Yes = 2\*\*

No = 1 Yes = 2\*\*

Primary

Secondary

Tertiary

Right Kidney

Left Kidney

Liver

Pancreas

No =1
Yes =2\*\*
Yes, for tissue = 3

Left Lung

Right Lung

Abdominal teams should not complete information for lungs. Cardiothroacic teams should not complete information for abdominal organs.

<sup>\*</sup>code as 'No' for organs returned to the body and not dispatched from theatre.

<sup>\*\*</sup> organs removed for transplant or research purposes.

# **UK TRANSPLANT REGISTRY**

**COMMENTS (BLOCK CAPITALS ONLY)** 

attended the donor prior to the complete team attending.

**ODT** Donor number



Section 6

ORGAN IMAGING					Section 5
For each organ, was an electronic image taken by the SNOD or NORS team during the organ retrieval surgery and/or back-table work?	No = 1 Yes = 2	Right Kidney	Left Kidney	Liver	Pancreas
		Heart	Left Lung	Right Lung	
If yes, has the image been sent for onward transmission to recipient team(s)?	No = 1 Yes = 2	Right Kidney	Left Kidney	Liver	Pancreas
		Heart	Left Lung	Right Lung	

Please note any comments about delays, difficulties at donor hospital, transport problems etc. For cardiothoracic teams, please note if a scout from the team

FORM COMPLETER DETAILS		Section 7
Form completed by		
Contact telephone number	Date	D D M M Y Y Y Y

Please complete and return this form to ODT within 3 days - email odtdatasupportteam@nhsbt.nhs.uk