



Donation after Diagnosis of Death Using Neurological Criteria (Paediatric))

Blood and Transplant

Donor Optimisation Care Bundle

DONOR NO.....Weight.....Height.....

IMMEDIATELY AFTER DIAGNOSIS OF DEATH

- Perform lung recruitment manoeuvre.
- If appropriate use cuffed endotracheal tube and ensure adequate inflation (consider changing to cuffed if indicated).
- Set tidal volume to 6-8mls/kg (<1month old 4-6mls/kg).
- Set optimum PEEP (5 to 10cm H₂O) and PIP <30cm H₂O.
- Add vasopressin (0.0003-0.001U/kg/min. Max dose 4U/hr) where vasopressors are required. Wean or stop catecholamine pressors as able. Use noradrenaline / dopamine only where vasopressin is insufficient and consider esmolol / labetalol in persistent hypertension in the absence of vasopressors.

Time of death..... Signed..... Name..... GMC.....

WITHIN 1 HOUR OF CONSENT/AUTHORISATION

- Administer methylprednisolone (15mg/kg, maximum 1g).
- Request an ECG.
- Request an echocardiogram.
- Request a CXR – post recruitment manoeuvre.

Time completed..... Signed..... Name..... GMC.....

WITHIN 4 HOURS OF CONSENT/AUTHORISATION

- ECG report complete.
- Echocardiogram report complete.
- CXR report complete.
- Measure cardiac output if appropriate (establishing invasive monitoring is rarely indicated)

Time completed..... Signed..... Name..... GMC.....

DRUGS

- See separately sheet for drug dosages

CONTINUOUSLY

- Ensure ongoing lung protective strategy.
- Nurse 30-45 degrees head up.
- Continue physiotherapy including suctioning.
- Review intravascular fluid status and correct hypovolaemia.
- Wean catecholamine pressors.
- Treat DI with DDAVP.
- Continue NG feed, as directed by SNOD and ensure gastric protection as unit protocol.
- Monitor blood glucose and treat as per unit protocol.
- Monitor serum sodium concentration.
- Continue use of thromboprophylaxis as per unit protocol.
- Continue hourly observations.
- Maintain normothermia.
- Stop all unnecessary medications.
- Other tests or therapies may be indicated. SNOD to direct.

GOALS

PaO₂ ≥ 10 kPa (< 1 month PaO₂ ≥ 8kPa) U.O. 0.5 – 2 mls/kg/hr

PaCO₂ 5 – 6.5 kPa

Na < 150 mmol/L

pH >7.25 (<1 month >7.2)

Glucose 4 – 12 mmol/L

MAP – appropriate for age

Temp 36 – 37.5 °C



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DONOR No Weight Height

	Start	+1hr	+2hr	+4hr	+6hr	+8hr	+10hr	+12hr	+14hr	+16hr	+18hr
PaO₂ ≥ 10 kPa (<1 month >8 kPa) (FiO ₂ < 0.4 as able)											
PaCO₂ 5 – 6.5 kPa (or higher as long as pH >7.25 or >7.2 for <1 month)											
Target MAPmmHg											
ScvO₂ > 70 %											
Cardiac index > 2.5 -6 l/min/m² (if applicable)											
Urine output 0.5 – 2 mls/kg/hr											
Temperature 36 – 37.5 °C											
Blood glucose 4 – 12 mmol/L											
Signature											
Surname											
Date											
Time											

PLEASE RECORD ACTUAL VALUES



Donation after Diagnosis of Death using Neurological Criteria (Paediatric Drugs)

Donor No Weight Height

Drug	Standard infusion	Diluent	Rate of infusion	Dose
Dopamine	15mg/kg in 50mls (max 800mg in 50ml)	NaCl 0.9% OR Glucose 5%	1ml /hr = 5 micrograms/kg/min	<10 micrograms/kg/min
Noradrenaline	0.3mg / kg in 50mls	Glucose 5%/ Na Cl 0.9%	1ml/hr = 0.1 micrograms/kg/min (of standard infusion)	0-0.5 micrograms/kg/min (maximum rate = 5mls/hr of standard infusion)
Vasopressin/ Argipressin – as vasopressor	20 units in 50ml diluent	NaCl 0.9% / Glucose 5%	0.0003 units/kg/min = 0.045ml/kg/hr	0.0003- 0.001units/kg/min (Max dose 4 u/hr) ³
Vasopressin – treatment for Diabetes Insipidus ⁴	2-5 units / litre diluent	NaCl 0.9% / Glucose 5%	ml for ml replacement of urine output	N/A
Adrenaline	0.3mg /kg in 50ml	Glucose 5%	1 ml /hr = 0.1micrograms/kg/min (of standard infusion)	0-0.5micrograms/kg/min
Dobutamine	30mg/kg in 50mls	Glucose 5%, 10% / Nacl 0.9%	1ml/hr = 10micrograms/kg/min	5-20 micrograms/kg/min

Methylprednisolone	15milligrams/kg (max 1g)	IV infusion over 1 hour
DDAVP (desmopressin)	1 month – 12 years 400 nanograms 12-18 years 1-4 micrograms	IV bolus Repeat as indicated
Insulin (50 units in 50ml)	0.1units/kg/hr	IV continuous infusion – titrated to response

Esmolol	10mg/ml (pre-diluted)	50-300 micrograms/kg/min (max 500 micrograms/kg/min)	IV continuous infusion – titrated to response
Labetalol	5mg/ml (neat)	0.5 – 3 milligrams/kg/hr (max 5 milligrams/kg/hr)	IV continuous infusion – titrate to response

****It is advised that where local agreed optimisation drug policies are in place these are followed***