
Policy

Organ donation is a complex process that requires detailed accounts of communication to provide confirmation that consent/authorisation has been ascertained within the legal framework in England, Wales, Northern Ireland and Scotland. It is essential that the Specialist Nurse Organ Donation (SN) documents their actions within the process and a standard medical records entry template.

LET240/LET241/LET242 should be used by the SN in Scotland when documenting in the patient's medical records to capture the pertinent points in the donation process. Clear and accurate documentation helps in communicating significant events in the donation process and maintains open lines of communication to help ensure the safety and quality of organs for transplantation.

Objective

To provide the Specialist Nurse Organ Donation with guidance on the information to be documented in the patient's medical records.

Changes in this version

Streamline the information that is required to be documented for England, Wales and Northern Ireland.
Clarification regarding multiple SN entries and evidential documentation.
Additional of Guernsey and Northern Ireland legislation.

Roles

- **SN** to provide a summary of events in the patient's medical record detailing the consent/authorisation conversation and the donation process.
- Where reference is made in this document to SN (Specialist Nurse), this term includes SNOD (Specialist Nurse Organ Donation), SR (Specialist Requestor) SNFC (Specialist Nurse Family Care).
- **Team Manager/Regional Manager** – to provide support and advice to the SN where required.

Items Required

- Access to Genius Scan
- Access to DonorPath

1. England, Wales and Northern Ireland:

1.1 This MPD should be used as a guide when documenting in the patient's medical record for any proceeding or non-proceeding organ/tissue donor and details the minimum information required.

1.2 Sections may be documented by different SN's due to the involvement at different parts of the donation process.

1.3 The medical record entry must be handwritten or entered electronically.

1.4 In addition, a copy of Consent **FRM4281** must be securely filed in the patient's medical record.

1.5 A copy of the medical record entry should be taken for the donor file.

1.6 Unnecessary abbreviations must not be used in the medical records. (Section 10.4, Nursing and Midwifery Council (2018)).

NB. The term family is used in this document to represent any person within qualifying relationships/nominated/appointed representative that is present to have end of life/donation conversations.

Please use this as a guide for the minimum information that should be documented in the patient's medical records changing details in red as appropriate.

Thank you for your referral of **insert name** as a potential organ and/or tissue donor.

The medical notes have been reviewed and there are no known exclusions to donation for transplantation

OR the patient is not medically suitable for organ and/or tissue donation due to absolute contraindication/relative contraindication/following screening with transplant centres.

WHERE APPLICABLE The coroner raised no objection to donation **OR** restricted donation to **insert information** **OR** did not support donation proceeding.

AS APPLICABLE First person/nominated representative/deemed/family consent was obtained. Please see consent form FRM4281 for further information **OR** family were approached and felt unable to support organ and/or tissue donation

Donation after Brain Death/Donation after Circulatory Death proceeded on **insert date** **OR** did not proceed due to **insert information**

WHERE APPLICABLE Include information on any additional findings eg microbiology/histopathology/physical findings.

WHERE APPLICABLE Include any instructions for unit personnel regarding tissue donation requirements.

The Specialist Nurse's next communication with the family will be **insert date or timeline** **OR** the family do not wish for any further information from the Organ Donation Services Team.

For any clarification or queries please contact:

(insert name, print name),
Specialist Nurse Organ Donation
(insert region) Organ Donation Services Team
Messaging service **(insert number)**

In ALL cases of consented organ and tissue donors OR where tissue only donation is a possibility please copy details below directly into the medical notes, changing details in red as appropriate.

IMPORTANT NOTE FOR PATHOLOGIST REGARDS A POST MORTEM EXAMINATION:

If a post-mortem (PM) examination is performed, the Pathologist must immediately contact NHS Blood and Transplant ODT Hub Operations on telephone number 0117 9757580 if the PM identifies pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and/or the patient's family. In particular, evidence suggesting a transmissible infection or neoplasm should be communicated as soon as possible.

Many thanks

(insert signature, print name)

Specialist Nurse Organ Donation

(insert region) Organ Donation Services Team

2. Evidential documentation

- 2.1. Should the SN feel the need to obtain a copy of evidential documentation from the patient's/ donor's hospital records this should be stored in the hard copy donor file and a copy uploaded to donor path. This would be to support characterisation already noted within DonorPath in regard to medical history, hospital admission, testing, microbiology etc. For example, a patient that had been reviewed for possible cancer, details would be noted on DonorPath, but the clinic notes / outcome of investigation may be stored as supportive evidence. There is no requirement to copy medical notes that have been thoroughly reviewed and whereby information is clearly documented within DonorPath.

References

Country/Territory	Law
England	Organ Donation (Deemed Consent) Act (2019) Human Tissue Act (2004)
Wales	Human Transplantation (Wales) Act (2013) Human Tissue Act (2004)
Jersey	Human Transplantation and Anatomy (Jersey) Law (2018)
Northern Ireland	Human Tissue Act (2004) Organ and Tissue Donation (Deemed Consent) Act (Northern Ireland) 2022
Guernsey	The Human Tissue and Transplantation (Bailiwick of Guernsey) Law 2020.
Nursing and Midwifery Council (2018). The Code. Professional Standards of Practice and Behaviour for Nurses, Midwives and Nursing Associates. To be found at: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc- code.pdf	

Scotland:

3. Proceeding Organ and / or Tissue Donation Medical Record Entry

- 3.1. The SN should utilise **LET242** for guidance when documenting in the patient's medical record for a proceeding organ and / or tissue donor.
- 3.2. Following formal authorisation, a copy of the Authorisation form (**FRM1538**) must be filed in the patient's medical record.
- 3.3. If any previously unknown, relevant past medical, social, behavioural or travel history is identified during the donor characterisation process, the SN must document this in the patient's medical record.
- 3.4. The SN must document the details of communication with other health care professionals who have provided information or advice as part of the characterisation process.
- 3.5. If the patient is referred to the Procurator Fiscal, the SN must document in the patient's medical record the details of the referral and the subsequent outcome, including detail of any restrictions placed on donation.
- 3.6. The SN must document any planned referral for tissue donation to the Scottish National Blood Transfusion Service (SNBTS) or National Referral Centre (NRC)
- 3.7. The SN must document any specific requests from the family in relation to end of life care for the patient, including items to be kept with the patient, any clothes to be dressed in post donation, or keepsakes such as prints and/or hair locks.
- 3.8. The SN must document any arrangements that have been agreed with the family for further contact and communication.
- 3.9. The SN must ensure that an entry is made for the attention of the pathologist at the end of the medical record entry. This is to request that if a post-mortem examination is performed, that the Pathologist immediately contact Hub Operations should they identify any pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and / or the patient's family. In particular, evidence suggesting a transmissible infection or neoplasm should be communicated as soon as possible.
- 3.10. A copy of the medical record entry must be photocopied for the donor file.

4. Non-Proceeding Organ Donation Medical Record Entry

- 4.1. The SN must ensure that a medical record entry is completed in the patient's medical record for a non-proceeding organ and / or tissue donor should utilise **LET241** for guidance.

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- 4.2. Following formal authorisation, a copy of the Authorisation form (**FRM1538**) must be filed in the patient's medical record.
 - 4.3. If any previously unknown, relevant past medical, social, behavioural or travel history is identified during the donor characterisation process prior to donation being stood down, the SN must document this in the patient's medical record.
 - 4.4. The SN must document the details of communication with other health care professionals who have provided information or advice as part of the characterisation process.
 - 4.5. The SN must confirm any additional family care and support provided following the decision not to proceed with organ and / or tissue donation.
 - 4.6. The SN must document if a referral for tissue donation has been made to the NRC or SNBTS.
 - 4.7. The SN must document any specific requests from the family in relation to end of life care for the patient, including items to be kept with the patient, any clothes to be dressed in, after they have died or keepsakes such as prints and/or hair locks.
 - 4.8. The SN must document the arrangements that have been agreed with the family for further contact and communication.
 - 4.9. The SN must ensure that an entry is made for the attention of the pathologist at the end of the medical record entry. This is to request that if a post-mortem examination is performed, that the Pathologist immediately contact Hub Operations should they identify any pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and / or the patient's family. In particular, evidence suggesting a transmissible infection or neoplasm should be communicated as soon as possible.
 - 4.10. A copy of the medical record entry must be photocopied for the non-proceeding donor file.

5. Family decline medical record entry

- 5.1. The SN must ensure that a medical record entry is completed for the patient's medical records if the family object to / decline donation and should utilise **LET240** for guidance.
- 5.2. The SN must outline the reason why the family declined the option of donation.
- 5.3. The SN must confirm any care / support provided to the family following the decision not to proceed with donation.
- 5.4. The SN must document any specific requests from the family in relation to end of life care for the patient, including items to be kept with the patient, any clothes to be dressed in, after they have died or keepsakes such as prints and/or hair locks.

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- 5.5. The SN must document if arrangements have been agreed with the family for further contact and communication.
 - 5.6. The SN must either attach the medical record entry to DonorPath or, ensuring 3 points of identification, photocopy the entry and post it to the Donor Family Care Service for scanning and attaching to DonorPath.

6. Evidential documentation

6.1 Should the SN feel the need to obtain a copy of evidential documentation from the patient's/ donor's hospital records this should be stored in the hard copy donor file and a copy uploaded to DonorPath. This would be to support characterisation already noted within DonorPath in regard to medical history, hospital admission, testing, microbiology etc. For example, a patient that had been reviewed for possible cancer, details would be noted on DonorPath, but the clinic notes / outcome of investigation may be stored as supportive evidence. There is no requirement to copy medical notes that have been thoroughly reviewed and whereby information is clearly documented within DonorPath.

References

Country/Territory	Law
Scotland	Human Tissue (Authorisation) (Scotland) Act 2019
Scotland	Human Tissue (Scotland) Act 2006

Definitions

- **PID** – Person Identifiable Information
- **NRC** – National Referral Centre
- **SNBTS** – Scottish National Blood Transfusion Service

Related Documents / References

- **LET240** - Family Decline Medical Record Entry Scotland
- **LET241** - Non-Proceeding Medical Record Entry Scotland
- **LET242** - Proceeding Medical Record Entry Scotland
- **FRM1538** - Authorisation – solid organ and tissue donation (Scotland)
- **FRM4281** - Consent - for Organ and/or Tissue Donation
- [Advisory Committee on the Safety of Blood, Tissues and Organs \(SaBTO\)](#) – SaBTO
- <http://www.legislation.gov.uk/asp/2006/4/contents> - HT Scotland Act
- <http://www.legislation.gov.uk/asp/2006/4/notes/contents> - HT Scotland Act (Explanatory Notes)
- <https://www.nmc.org.uk/standards/code/record-keeping> - Record keeping Guidance for Nurses and Midwives
- <http://nhsbtweb/userfiles/final%206%20IG%20proofs.pdf> - NHSBT Guidance on Handling Person Identifiable Information