

Emma Little + Dr Pardeep Gill
SNOD and CLOD Ashford and St Peter's NHS Trust

Questions? emma.little@nhsbt.nhs.uk

Background and Investigation

ASPH 14 bed GICU /HDU, with 24hr PCI service. Neurological patients either from Hypoxic Brain Injuries (origin cardiac and non cardiac, eg asphyxiations) CVA, ICB. 72hr prognostication minimum standard, 2 ICU Consultants EOLC decisions, CT Head x2, EEG.

>95% DCD referral rate, and 100% SNOD Collaborative Approach.

We have not always assessed DCD IDA / PTA correctly. 3 cases we know about assessed as IDNA / PTA incorrectly, and donation not offered historically. Yet all 3 died quickly in DCD Kidney timeframe. Morbidity and Mortality meeting discussions with ICU Clinicians and SNODs, open and healthy, differing opinions and levels of confidence in assessing IDNA / PTA, understood Predictive Tools unhelpful historically

Wondered is this happening elsewhere? Took 10 DCD referrals, and polled SE Regional Collaborative, SNODs, ELSE management team

Method: Poll SE Regional Collaborative, SNODs, ELSE Team and Regional Managers

- 10 real DCD Referrals, presented to audiences at Regional Collaborative ICU Consultants, SNODs, TM & RM'S meetings.
- Poll, asking audience to predict if death would be Less or More than 4 hours from Withdrawal of Treatment Time.
- A,B,C,D,E framework was used to present referral information

Referral Characteristics

- Male = 8, Female =2
- Age: Min 39yrs, Max 72yrs, Median 55.5yrs.
- 1 ICB, 9 HBI (origin 4 Cardiac, 3 Hanging, 1 Opiate OD, 1 Food Aspiration)
- None neurologically dead.
- GCS: Lowest 3/15 > Highest 6T / 15.
- PEARL = 6 Cases, Pupils Fixed = 4 cases
- Intact Cough =3 Intact Gag reflex = 4
- No Cough =7 No Gag Reflex = 6

Referral Characteristics

- Modes Ventilation: CPAP = 2, PRVC =8
- Oxygen 25% > 70%
- PEEP 5 >10mmHg
- CVS Meds: Norad = 4 (0.02mcg>0.2mcg) Vasopressin = 1 (2.2units) Labetalol = 1 (5mg/hr), 1 = Labetalol (15.8mg/hr) & Nicardepine (0.63mcg), Unsupported = 3

DCD Referral case	Die Less 4 hours	Die More 4 hours	Actual Dying Time	% Not Accurate
1	36	15	20mins	29%
2	37	13	11min	26%
3	36	12	10mins	25%
4	16	34	4hr 35min	32%
5	42	7	4hr 49min	85%
6	43	5	2hr 5 min	10%
7	16	33	1hr 38min	67%
8	12	37	19min	75%
9	29	20	5min	40%
10	29	20	50min	40%

Outcomes and comment

Dying time is very difficult to predict. In these 10 cases margin of error ranged from 10% – 85%. On average within the cohort of ICU Consultants + SNODs + TM/RM in this poll, prediction of dying times incorrect on average 43% (Median). Levels of Inotrope, Cardiac downtime, Ventilation, Oxygen support, Mechanism injury, GCS, Pupil reaction, we didn't identify any correlation to the dying time. No cases died > 5hours. 1 case above was not offered donation.

Ashford and St Peter's ICU are no longer predicting dying times when GCS 6/15 or less. We will simply offer donation, counsel families that death can be in minutes, hours, days. Follow ODR wishes, Deemed legislation.

What is your level 2 doing currently?