

**ANNUAL REPORT ON DECEASED DONATION
AND TRANSPLANTATION IN PAEDIATRIC
PATIENTS**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD
1 APRIL 2022 – 31 MARCH 2023**

PUBLISHED SEPTEMBER 2023

EXECUTIVE SUMMARY

- In the year 1 April 2022 to 31 March 2023, there were 1, 234 paediatric deaths audited for the PDA. Of these deaths, 117 and 239 patients met the referral criteria for DBD and/or DCD, respectively and 97% and 88% were referred to a SNOD.
- Of the 117 patients for whom neurological death was suspected, 63% were tested and there were 68 and 190 eligible DBD and DCD, respectively. Of the eligible DCD, 92 were considered medically suitable eligible DCD donors.
- Of the families approached, consent/authorisation was ascertained for 54% eligible DBD donors and 29% of eligible DCD donors. Of these, 97% and 72% respectively, became actual solid organ donors. No families overruled their loved one's known wish to be an organ donor.
- Over the last five years:
 - The testing rate has fallen to 61% but increased slightly in the most recent year.
 - The DBD referral rate has remained consistent, with a rate of 97% in 2022/23.
 - The DBD SNOD presence rate has fallen to 81%.
 - The DBD consent/authorisation rate has fallen to a five year low of 54% in 2022/23.
 - The DCD referral rate has remained consistent, with a rate of 88% in 2022/23.
 - The DCD SNOD presence rate has risen to a five year high of 79% in the most recent year.
 - The DCD consent/authorisation rate has fallen to a five year low of 29% in 2022/23.
- At 31 March 2023, there were a total of 210 paediatric patients on the transplant list, 16 more than 31 March 2022. During 2022/23, 265 paediatric patients received a transplant, a decrease of 17 transplants when compared with the previous year.

1 INTRODUCTION

This report presents Potential Donor Audit (PDA) and UK Transplant Registry (UKTR) information on the financial year 1 April 2022 to 31 March 2023 and summaries of the following are provided:

- POTENTIAL DONOR AUDIT
- TRANSPLANT LIST
- TRANSPLANT ACTIVITY

The PDA dataset used to compile this report includes all audited paediatric deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 7 July 2023. Paediatric patients have been defined as all patients under 18 years of age. Neonatal patients who die in a neonatal unit have been excluded from the report and patients who die on a ward have not been audited.

This report summarises the main findings of the PDA over the 12-month period, in particular the reasons why patients were lost during the donation process.

Data on the paediatric transplant list and transplant activity have been obtained from the UKTR. Organ specific paediatric definitions are provided with the data.

2 DEFINITIONS

Eligible donors after brain death (DBD) are defined as patients for whom death was confirmed following neurological tests and who had no absolute medical contraindications to solid organ donation.

Eligible donors after circulatory death (DCD) are defined as patients who had treatment withdrawn and death was anticipated, with no absolute medical contraindications to solid organ donation.

Absolute medical contraindications to organ donation are listed here:
https://nhsbtddb.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf

SNOD Specialist Nurse in Organ Donation, including Specialist Requesters

The consent/authorisation rate is the percentage of eligible donor donation decision conversations where consent/authorisation was ascertained.

Further definitions to aid interpretation are given in **Appendix 1**.

3 BREAKDOWN OF AUDITED PAEDIATRIC DEATHS

In the 12-month period from 1 April 2022 to 31 March 2023, there were a total of 1,234 audited paediatric patient deaths in the UK. A detailed breakdown for both the DBD and DCD data is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

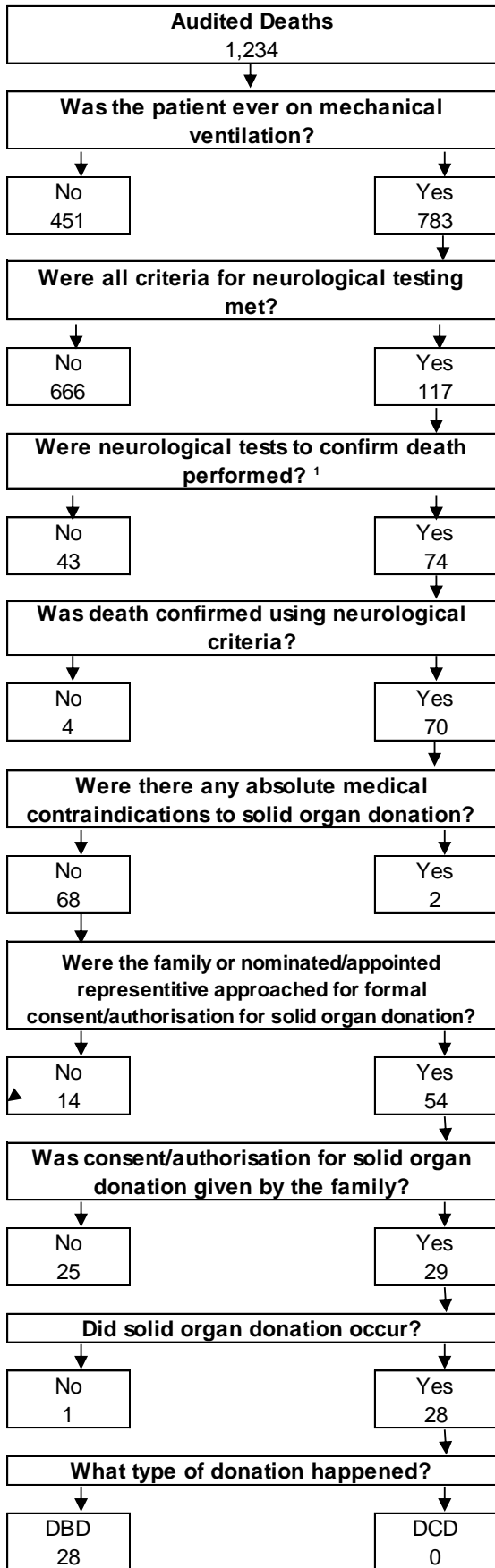
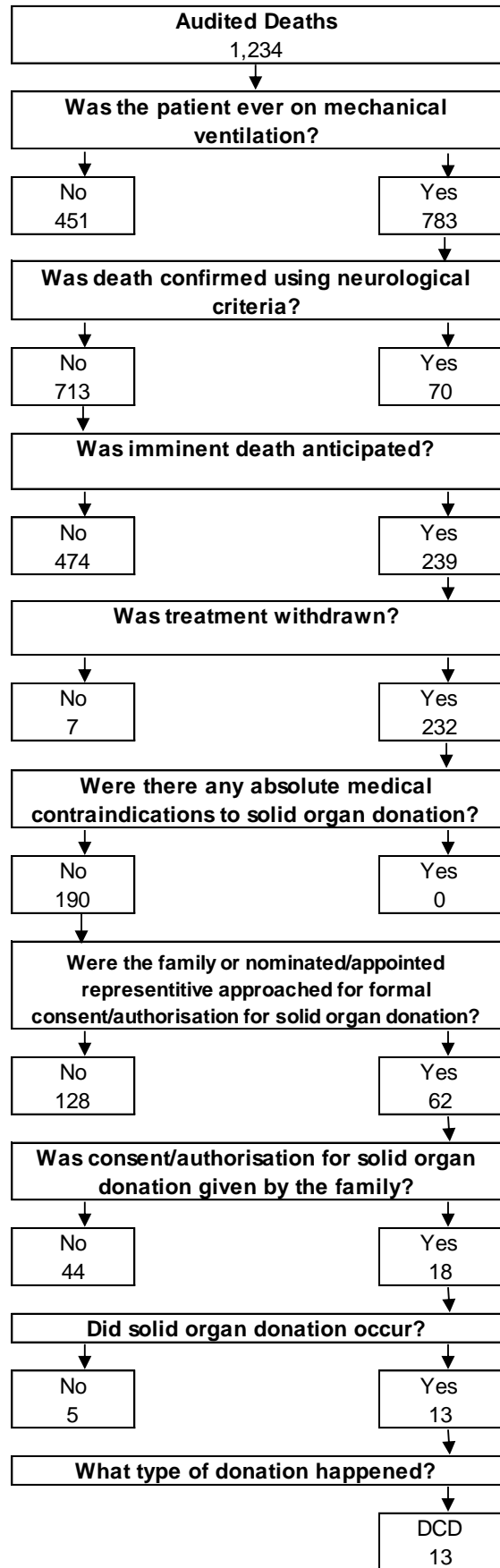


Figure 2 Donation after circulatory death



¹ Patients for whom tests were not performed due to; cardiac arrest despite resuscitation occurred, brainstem reflexes returned, or neonates - less than 2 months post term are excluded from the calculation of the neurological death testing rate

Table 1 Key numbers and rates			
	DBD	DCD	ALL
Patients meeting organ donation referral criteria ¹	117	239	314
Referred to NHS Blood and Transplant	114	210	284
<i>Referral rate %</i>	<i>97.4</i>	<i>87.9</i>	<i>90.4</i>
Neurological death tested	74		74
<i>Testing rate %</i>	<i>63.2</i>		<i>63.2</i>
Eligible donors ²	68	190	258
Family approached	54	62	116
Family approached and SN-OD present	44	49	93
<i>% of approaches where SN-OD present</i>	<i>81.5</i>	<i>79</i>	<i>80.2</i>
Consent/authorisation given	29	18	47
<i>Consent/authorisation rate %</i>	<i>53.7</i>	<i>29.0</i>	<i>40.5</i>
- Expressed opt in	4	1	5
- <i>Expressed opt in %</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
- Other*	25	17	42
- <i>Other* %</i>	<i>56.8</i>	<i>29.3</i>	<i>41.2</i>
Actual donors from each pathway	28	13	41
<i>% of consented/authorised donors that became actual donors</i>	<i>96.6</i>	<i>72.2</i>	<i>87.2</i>
¹ DBD - A patient with suspected neurological death excluding those that were not tested due to reasons: cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur			
² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation. DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation			
* Includes all patients who have not expressed a donation decision and those, aged 16 or 17 in Scotland, where deemed criteria are not met.			

4 NEUROLOGICAL DEATH TESTING RATE

The neurological death testing rate was 63%, this is the percentage of patients for whom neurological death was suspected that were tested. To be defined as neurological death suspected, the patients were indicated to have met the following criteria - invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Patients for whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 43 patients (37%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

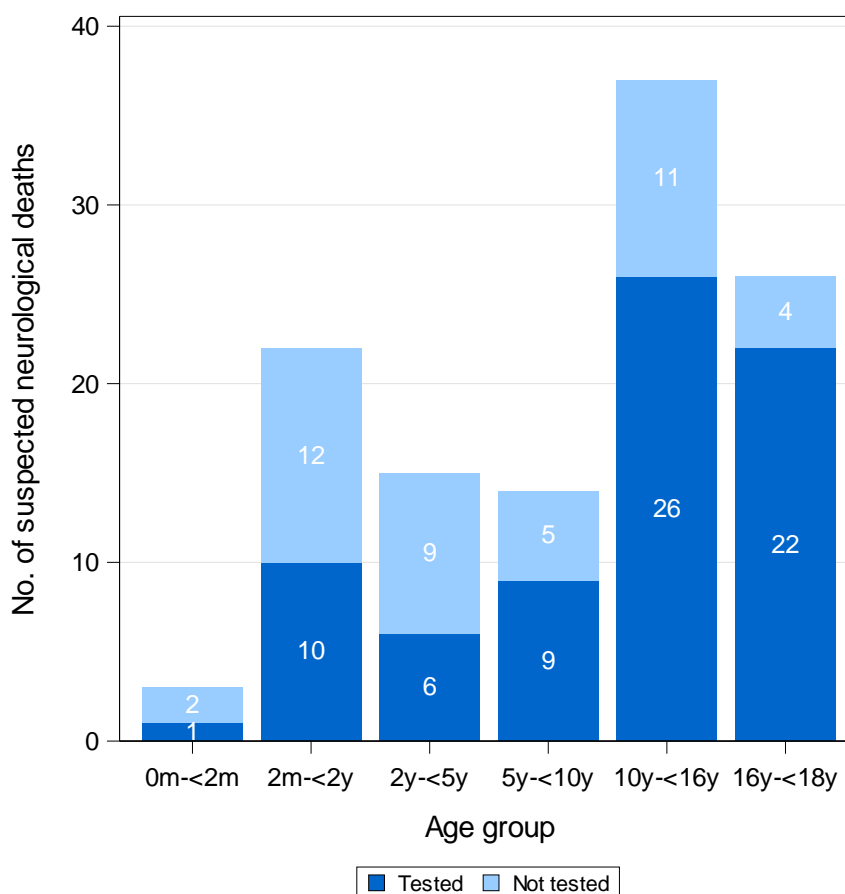
The most common reason for not testing was family pressure not to test. This was given as the reason for not testing 12 (28%) patients. The patient being haemodynamically unstable was given as the reason for not testing 8 (19%) patients.

Table 2 Reasons given for neurological death tests not being performed		
	N	%
Family pressure not to test	12	27.9
Patient haemodynamically unstable	8	18.6
Clinical reason/Clinician's decision	6	14.0
Family declined donation	4	9.3
Treatment withdrawn	4	9.3
Other	4	9.3
Biochemical/endocrine abnormality	3	7.0
Inability to test all reflexes	2	4.7
Total	43	100.0

4.1 NEUROLOGICAL DEATH TESTING RATE BY PATIENT AGE

Age is represented by a categorical variable with intervals <2 months, 2 months - <2 years, 2-<5 years, 5-<10 years, 10-<16 years and 16-<18 years. There were a total of 117 neurological deaths suspected in paediatric patients in the UK from 1 April 2022 – 31 March 2023 and a total of 74 deaths where neurological tests were performed (63%). **Figure 3** shows the number of neurological death tests performed by age group. The 16 - <18 year old age group had the highest testing rate of 85%.

Figure 3 Neurological death testing by age group



5 REFERRAL RATE

A patient for whom neurological death is suspected or for whom imminent death is anticipated, i.e., receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated, should be referred to a Specialist Nurse Organ Donation (SNOD). The DBD referral rate was 97% and the DCD referral rate was 88%.

Table 3 shows the reasons given why such patients were not referred. One patient can meet the referral criteria for both DBD and DCD and therefore some patients may be counted in both columns. Referral criteria are defined in **Appendix 1**.

For the 3 DBD patients who met referral criteria but were not referred, the reason given for non-referral for one patient was the patient was not identified as a potential donor/organ donation was not considered. For one patient the reason for non-referral was the family declined donation following the decision to remove treatment and for one patient it was uncontrolled death pre referral trigger. For patients who met the DCD referral criteria but were not referred, the reason given for non-referral of 19 (66%) patients was the patient was not identified as a potential donor/organ donation was not considered. For 4 (14%) DCD patients the reason given for non-referral was patient thought to be medically unsuitable.

Table 3	Reasons given why patient not referred			
	DBD		DCD	
	N	%	N	%
Not identified as potential donor/organ donation not considered	1	33.3	19	65.5
Family declined donation following decision to remove treatment	1	33.3	1	3.4
Uncontrolled death pre referral trigger	1	33.3	2	6.9
Medical contraindications	-	-	1	3.4
Thought to be medically unsuitable	-	-	4	13.8
Other	-	-	2	6.9
Total	3	100.0	29	100.0

6 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 79% of DBD and 33% of DCD cases. This rate is considerably lower for DCD donor families than DBD, as the DCD assessment process identifies many eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2022/23, 98 eligible DCD donors were excluded by this process. Families of the remaining 92 medically suitable eligible DCD donors were asked to make or support a patient's organ donation decisions in 67% of cases. The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached.

The main reason given for not approaching families of eligible DBD donors, in 9 (64%) cases, was the Coroner/Procurator Fiscal refused permission. In 2 (14%) cases the reason for not approaching was the family stated they would not consent/authorise prior to the donation decision conversation. In a further 2 (14%) cases the reason was deemed medically unsuitable.

For medically suitable eligible DCD donors not approached, 14 (47%) were because the Coroner/Procurator Fiscal refused permission and 10 (33%) were because the patient was not identified as a potential donor.

Table 4	Reasons given why family were not asked to make or support patient's organ donation decision				
	Eligible DBD		Medically suitable eligible DCD		
	N	%	N	%	
Coroner/Proc Fiscal refused permission	9	64.3	14	46.7	
Family stated they would not consent/authorise prior to donation decision conversation	2	14.3	2	6.7	
Deemed medically unsuitable	2	14.3	2	6.7	
Other	1	7.1	-	-	
Not identified as a potential donor	-	-	10	33.3	
Cardiac arrest before approach could be made	-	-	2	6.7	
Total	14	100.0	30	100.0	

7 OVERALL CONSENT/AUTHORISATION RATE

The consent/authorisation rate is based on eligible donors whose families were asked to make or support a patient's organ donation decision. The consent/authorisation rate is the proportion of eligible donors for whom consent/authorisation for solid organ donation was ascertained.

During the financial year, the DBD consent/authorisation rate was 54% and the 95% confidence limits for this percentage are 40% - 67%. The DCD consent/authorisation rate was 29% and the 95% confidence limits for this percentage are 18% - 40%. The overall consent/authorisation rate was 41% and the 95% confidence limits for this percentage are 32% - 49%.

Five children were known to have registered their wish to donate on the Organ Donor Register (ODR) at the time of the formal organ donation discussion. Three of these children was younger than 16 years old. Consent/authorisation was ascertained for all donors registered on the ODR. No families overruled their loved one's known wish to be an organ donor.

The consent/authorisation rate was 41% where patients have not expressed a donation decision and where deemed criteria are not met.

For the 10 DBD families who were asked to make or support a patient's organ donation decision, where the SN-OD was not present, consent/authorisation was ascertained for three patients. For DCD patients, consent/authorisation was ascertained for one of the 13 eligible DCD patients when the SN-OD was not present. The overall consent/authorisation rate was 46% when the SN-OD was present compared to 17% when the SN-OD was not present.

The reasons why the family did not support organ donation are shown in **Table 5**. The main reasons given that families of eligible DBD patients did not support organ donation were that the family felt it was against their religious/cultural beliefs, 4 (16%), other reason, 4 (16%), patient had previously expressed a decision not to donate, 3 (12%) and strong refusal, 3 (12%). The main reasons that families of eligible DCD patients did not support

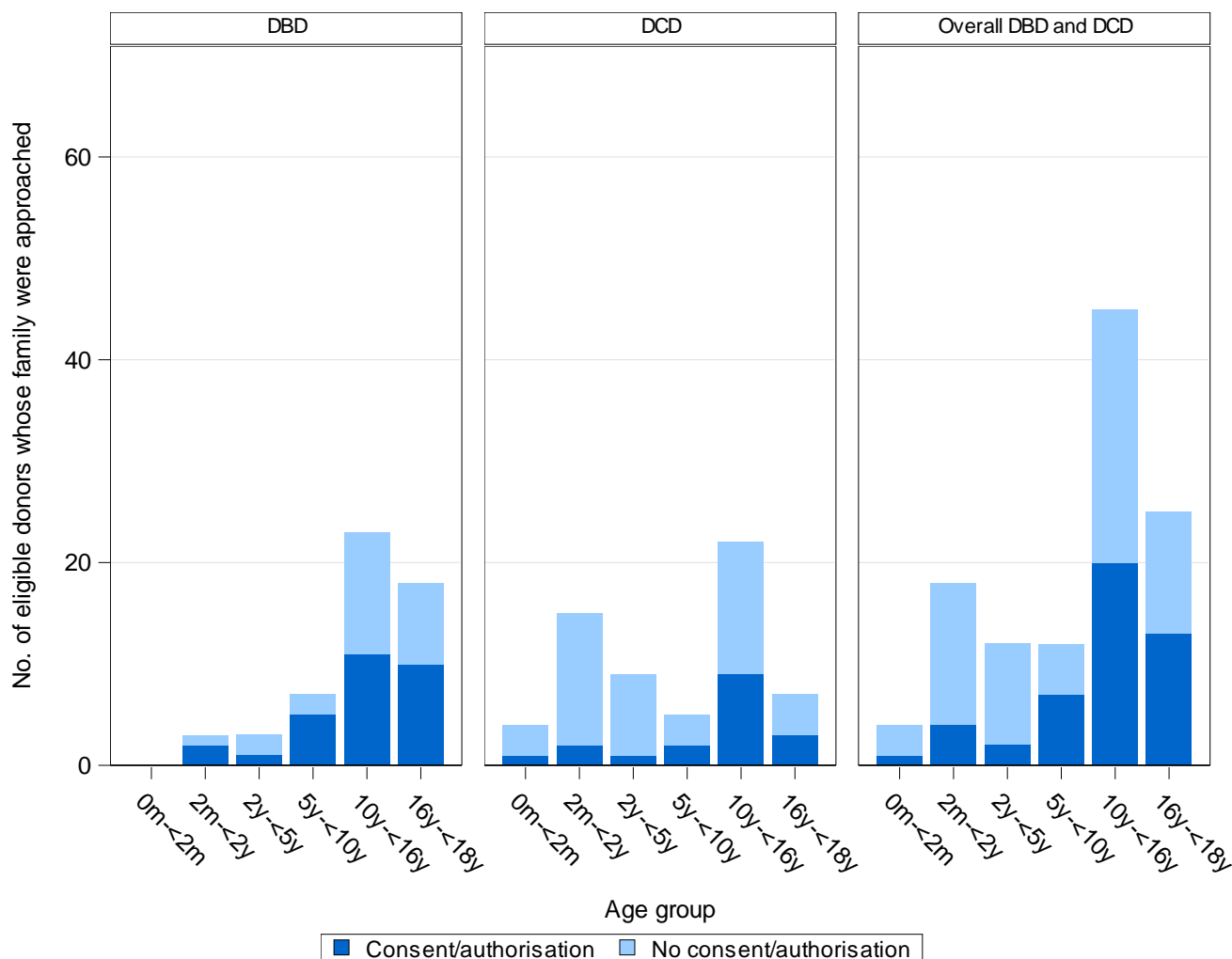
organ donation were other, 8 (18%), the family wanted to stay with the patient after death, 7 (16%), the family felt the patient had suffered enough, 6 (14%), and strong refusal, 5 (11%).

Table 5 Reasons why the family did not support organ donation					
	DBD		DCD		
	N	%	N	%	
Family felt it was against their religious/cultural beliefs	4	16.0	4	9.1	
Other	4	16.0	8	18.2	
Patient had previously expressed a wish not to donate	3	12.0	1	2.3	
Strong refusal - probing not appropriate	3	12.0	5	11.4	
Family were not sure whether the patient would have agreed to donation	2	8.0	1	2.3	
Family did not believe in donation	2	8.0	2	4.5	
Family felt patient had suffered enough	2	8.0	6	13.6	
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	2	8.0	1	2.3	
Family had difficulty understanding/accepting neurological testing	1	4.0	-	-	
Family felt the length of time for the donation process was too long	1	4.0	4	9.1	
Family believe patient's treatment may have been limited to facilitate organ donation	1	4.0	-	-	
Patient had registered a decision to Opt Out	-	-	2	4.5	
Family did not want surgery to the body	-	-	3	6.8	
Family wanted to stay with the patient after death	-	-	7	15.9	
Total	25	100.0	44	100.0	

7.1 CONSENT/AUTHORISATION RATES BY DEMOGRAPHICS

The consent/authorisation rates for the six age groups (for the 54 eligible DBD and 62 eligible DCD whose families were approached) are illustrated in **Figure 4**. The highest overall consent/authorisation rate for eligible donors occurred in the 5 - <10 year old age group (58%). The lowest consent/authorisation rate was in the 2 - <5 years group (17%).

Figure 4 Number of families approached by age group



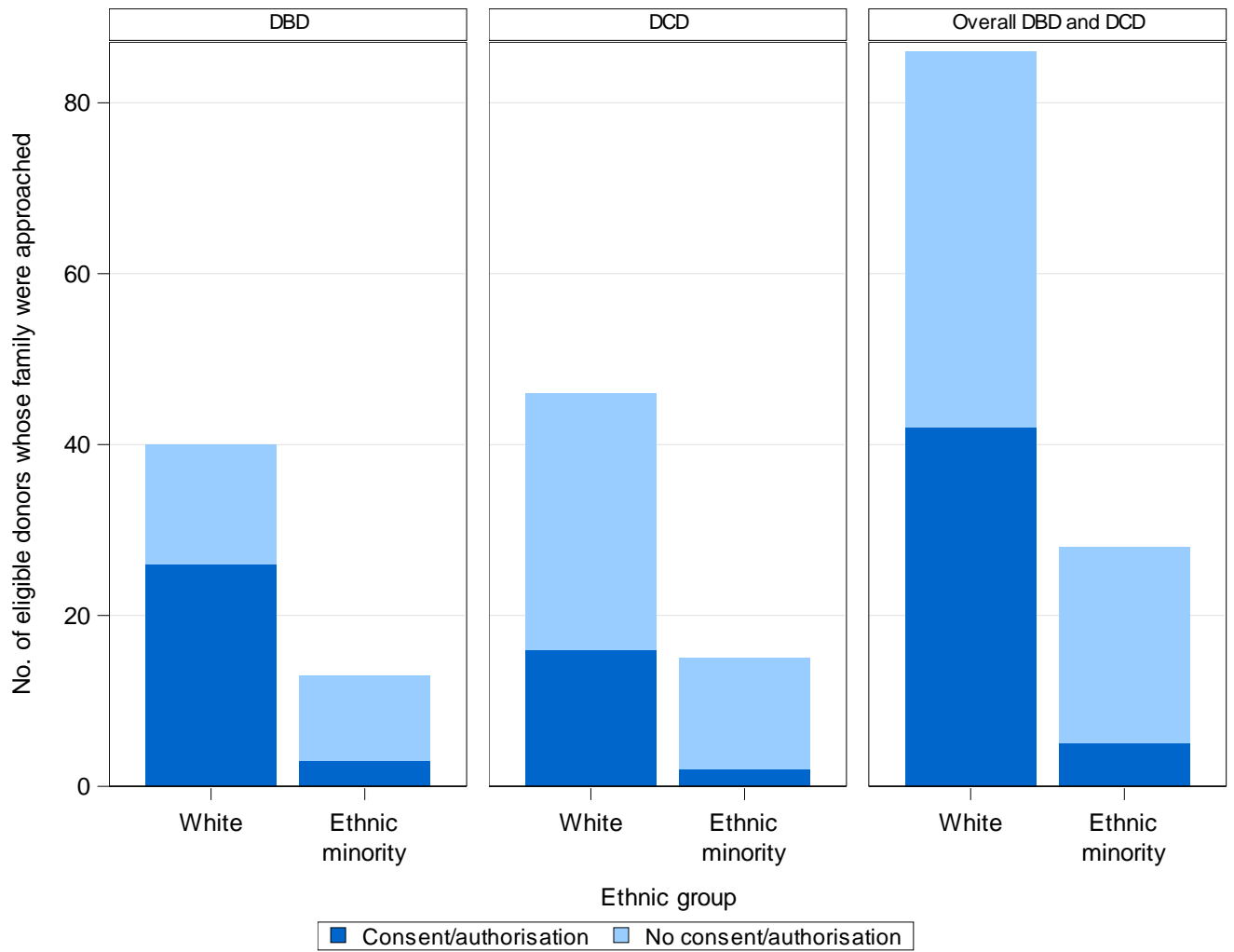
Consent/authorisation rates for patients from the white ethnic community are compared with patients from Black, Asian, Mixed Race and Minority Ethnic (BAME) communities and are shown in **Figure 5**. There were a total of 28 approaches to families of BAME patients, 13 DBD and 15 DCD. Note that there were an additional 2 family approaches where the ethnicity was not known or not reported (1 DBD and 1 DCD).

For eligible DBD, the consent/authorisation rates were 65% for eligible white donors and 23% for eligible BAME donors. For eligible DCD, the consent/authorisation rates were 35% for eligible white DCD and 13% for eligible BAME DCD.

The overall consent/authorisation rates were 49% for eligible white donors and 18% for eligible BAME donors. The 95% confidence limits for overall consent/authorisation rates are 38% - 59% for eligible white donors and 4% - 32% for eligible BAME donors.

Additional information on trends in organ donation and transplantation by ethnicity can be found in the Annual report on ethnicity differences in Organ Donation and Transplantation here: <https://www.odt.nhs.uk/statistics-and-reports/>.

Figure 5 Number of approaches by patient ethnicity



8 SOLID ORGAN DONATION

Of the eligible donors whose families consented to/authorised donation, 97% of the eligible DBD and 72% of the eligible DCD went on to become actual solid organ donors. **Table 6** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

The reason for one consented/authorised eligible DBD not proceeding was next of kin (NOK) withdrew consent/authorisation. The main reason given for consented/authorised eligible DCD not proceeding was prolonged time to asystole (PTA) post withdrawal of life-sustaining treatment (WLST), 2 (40%).

Table 6	Reasons why consented/authorised eligible donors did not proceed to donate			
	DBD		DCD	
	N	%	N	%
Consent / Auth - NOK withdraw consent / authorisation	1	100.0	1	20.0
Clinical - Patient actively dying	-	-	1	20.0
Clinical - PTA post WLST	-	-	2	40.0
Clinical - Organs deemed medically unsuitable by recipient centres	-	-	1	20.0
Total	1	100.0	5	100.0

9 FIVE YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 6, 7, 8 and 9 illustrate the five-year trends in key numbers and rates across the UK. Note that patients who met the referral criteria for both DBD and DCD donation will appear in both DBD and DCD bar charts in Figure 7.

The testing rate has declined in recent years to 61% in 2021/22 but has increased slightly to 63% in the most recent year. The number of patients tested increased to the highest in 5 years, while the number not tested has increased slightly in the most recent year. The DBD and DCD referral rates have remained stable at 97% and 88% respectively. The actual number of missed referrals for DBD is very low, with only 3 in 2022/23. The actual number of missed referrals for DCD has decreased to 29 in 2022/23, compared to 39 in 2019/20. The percentage of DBD family approaches where a SNOD was present fell to 81% in the most recent year, the lowest in 5 years. However, for DCD, the SNOD presence rate has increased to a 5 year high of 79%. The actual number of DBD missed opportunities to have a SNOD present for the family approach has increased to the highest level in the past 5 years. The true number of missed opportunities for a SNOD to be present for DCD donation has decreased from 18 in 2018/19 to 13 in 2022/23. There have been decreases in both the DBD and DCD consent/authorisation rates. The DBD consent/authorisation rate has fallen from 66% in 2021/22 to 54% in 2022/23. The DCD consent/authorisation rate has fallen from 44% in 2021/22 to 29%.

Figure 6 Number of patients with suspected neurological death, 1 April 2018 – 31 March 2023

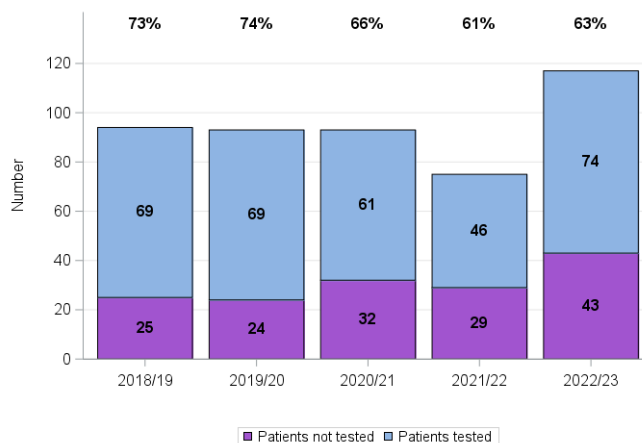


Figure 7 Number of patients meeting referral criteria, 1 April 2018 – 31 March 2023

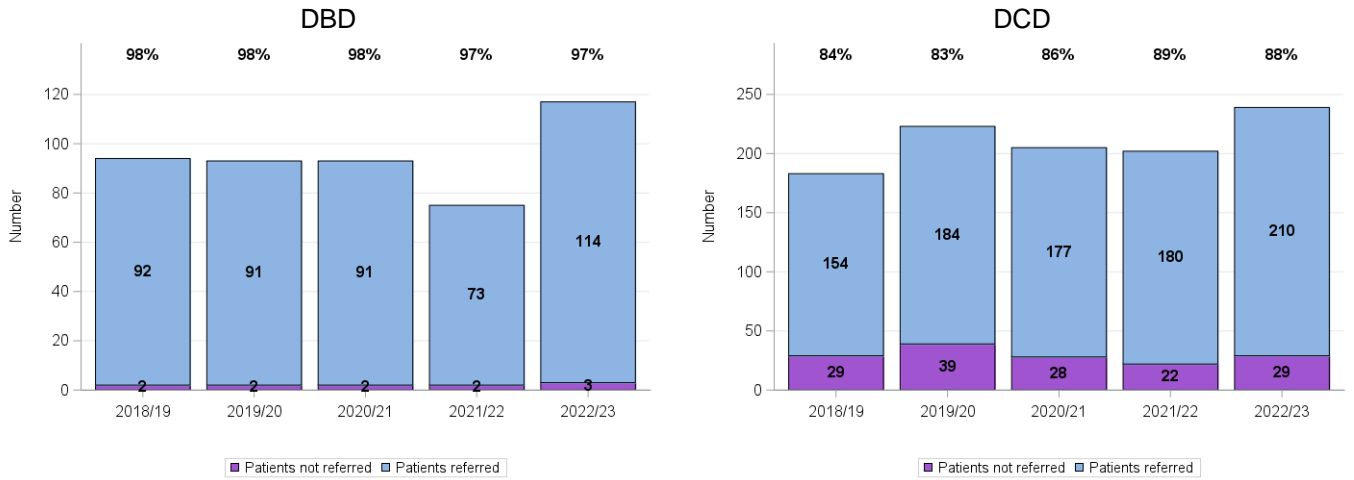


Figure 8 Number of families approached by SNOD presence, 1 April 2018 – 31 March 2023

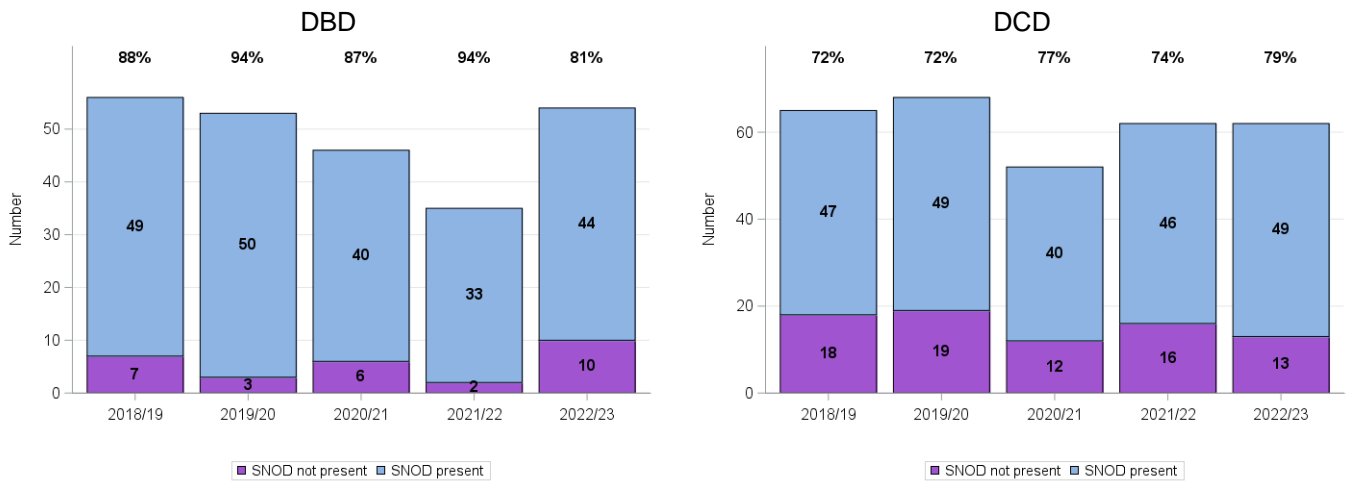
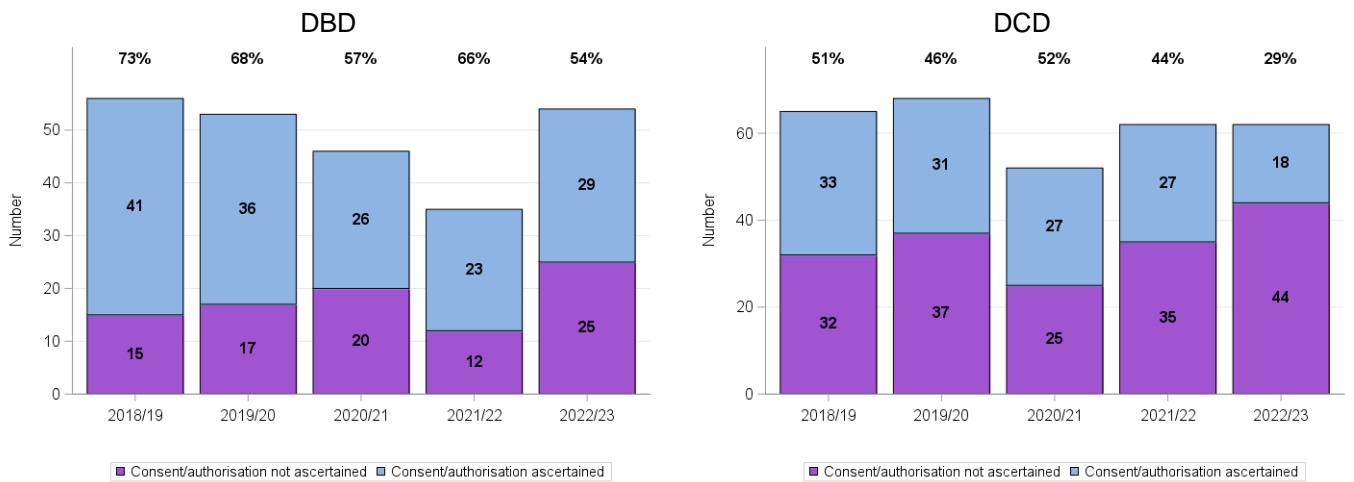


Figure 9 Number of families approached by consent/authorisation ascertained, 1 April 2018 – 31 March 2023



10 TRANSPLANT LIST

Table 7 shows the number of paediatric patients on the active transplant list as at 31 March 2023 and 31 March 2022.

In total there were 210 patients waiting for a transplant, 102 (49%) of which were waiting for a kidney transplant. The number of patients waiting for a transplant is higher than as at 31 March 2022, with 194 waiting.

Table 7 Active paediatric transplant list in the UK, as at 31 March 2023 (31 March 2022)		
	Active transplant list	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Heart	48	(44)
Lung	13	(9)
Heart/Lung	3	(1)
Total cardiothoracic	64	(54)
Renal paediatric patients (<18 years at time of registration)		
Kidney	102	(101)
Kidney/pancreas	-	(-)
Total renal	102	(101)
Liver paediatric patients (<17 years at time of registration)		
Liver	37	(30)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	4	(4)
Multi-organ paediatric patients (<18 years at time of registration)		
	3	(5)
Total	210	(194)

11 TRANSPLANT ACTIVITY

The number of paediatric transplants performed in the UK, from 1 April 2022 to 31 March 2023 are presented in **Table 8**. In the 12-month period, there were a total of 265 transplants performed. Of these, 168 were deceased donor transplants and 111 were from living donors.

Table 8 Paediatric transplants in the UK, 1 April 2022 – 31 March 2023 (2021/2022)		
	Transplant numbers	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Deceased heart	28	(27)
Lung only – DBD	0	(2)
Lung only - DCD	1	(0)
Total cardiothoracic	29	(29)
Renal paediatric patients (<18 years at time of registration)		
Kidney - DBD	40	(37)
Kidney - DCD	10	(15)
Kidney – living donor	77	(102)
Total kidney	127	(154)
Liver paediatric patients (<17 years at time of registration)		
Liver - DBD	78	(74)
Liver - DCD	6	(2)
Liver – living or domino donor	20	(14)
Total liver	104	(90)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	1	(3)
Multi-organ paediatric patients (<18 years at time of registration)		
	4	(6)
Total	265	(282)

Appendix I - Definitions

PDA patient selection criteria from April 2013 onwards: Deaths in critical or emergency care in patients aged 80 years and under (prior to 81st birthday).

Data excluded: Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.

Donation after brain death (DBD)	
Suspected neurological death	A patient who meets all of the following criteria: invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex Excluding those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – below 37 weeks corrected gestational age' Previously referred to as brain death
Neurological death tested	Neurological death tests were performed to confirm and diagnose death
DBD referral criteria	A patient with suspected neurological death
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including ; Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient with suspected neurological death referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DBD donor	A patient with suspected neurological death
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Donation decision conversation	Family of eligible DBD asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual donors: DBD	Patients who became actual DBD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Actual donors: DCD	Patients who became actual DCD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donation for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were referred to the SNOD
Donation decision conversation rate	Percentage of eligible DBD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

Donation after circulatory death (DCD)	
Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving invasive ventilation, in whom a clinical decision to withdraw treatment has been made and a controlled death is anticipated within a time frame to allow donation to occur (as determined at time of assessment)
DCD referral criteria	A patient for whom imminent (controlled) death is anticipated following withdrawal of life sustaining treatment (as defined above)
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient for whom imminent death is anticipated who was referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DCD donor	A patient who had treatment withdrawn and imminent death was anticipated within a time frame to allow donation to occur
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DCD donor to be assessed	A patient who had treatment withdrawn and imminent (controlled) death was anticipated, with no absolute medical contraindications to solid organ donation
DCD exclusion criteria	DCD specific criteria determine a patient's suitability to donation when there are no absolute medical contraindications (see absolute contraindications documentation above)
DCD screening process	Process by which an organ may be screened with a local and national transplant centre to determine suitability of organs for transplantation
Medically suitable eligible DCD donor	An eligible DCD donor to be assessed considered to be medically suitable for donation (i.e. no DCD exclusions and not deemed unsuitable by the screening process)
Donation decision conversation	Family of medically suitable eligible DCD donor who were asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual DCD	DCD patients who became actual DCD as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Referral rate	Percentage of patients for whom imminent (controlled) death was anticipated who were referred to a SNOD
Donation decision conversation rate	Percentage of medically suitable eligible DCD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

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