

# Sharing Clinical Information

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# SOP4938/5

**Purpose** - Define a clear communication pathway for all involved in the receipt of organs from one donor


Reduce associated risks with organ transplantation, where all previously unknown findings are immediately clinically assessed and communicated

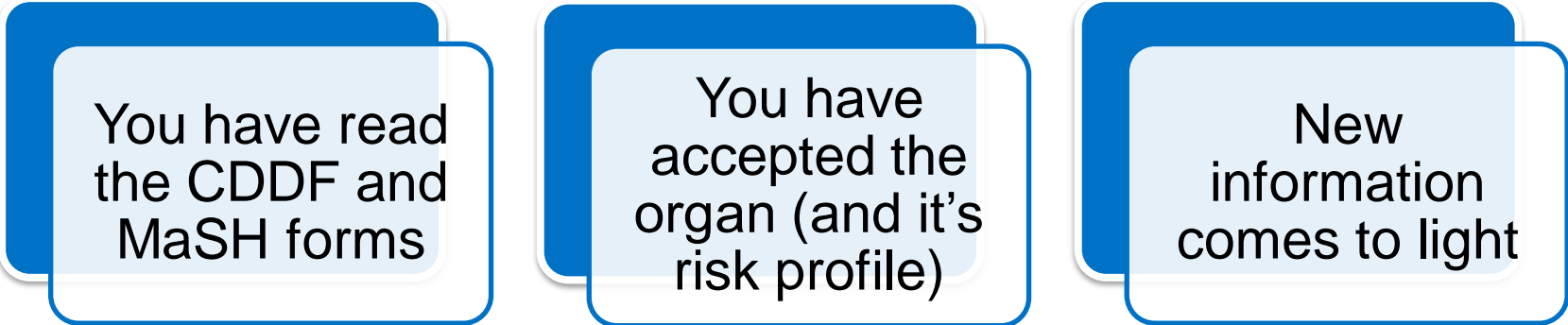
SOP4938/5 – Sharing Clinical Information

  
Blood and Transplant  
Copy No:  
Effective date: 16/08/2021

## **Sharing Clinical Information**

# Standard information sharing

- All available donor information collated into a CDDF and MaSH form
  - Accessible by EOS (soon to be TransplantPath)
  - Photos of reports / organs – via email
  - Some virology results outstanding until post donation
- 
- A thick, solid blue wavy line that curves across the bottom of the slide, starting from the left edge, dipping down, and then rising towards the right edge.

A diagram consisting of three overlapping blue rectangular boxes with rounded corners, arranged horizontally. Each box contains a white text box with a blue border. The text boxes are slightly offset to the right and down from the top-left corner of the blue boxes.

You have read  
the CDDF and  
MaSH forms

You have  
accepted the  
organ (and it's  
risk profile)

New  
information  
comes to light

# What is classed as new clinical information?



## **Clinical Information that DOES require further clinical 'explanation'**

- New clinical information as a result of GP Assessment
- Unexpected finding at bedside patient top to toe assessment
- Additional family / friends being present
- Further volumes of medical notes being sourced
- Unexpected finding at retrieval
- Unexpected vasculature on organ retrieval with implications for an accepting centre
- Significant deterioration or improvement in organ function which may impact on organ offers including recipient centres who may have expressed an interest
- Positive Virology

## Clinical Information that does NOT require further clinical explanation



UPDATED 2 HOURLY  
ARTERIAL BLOOD GASES  
WITHIN ACCEPTABLE  
PARAMETERS




UPDATED BLOOD RESULTS  
WHICH ARE WITHIN  
NORMAL PARAMETERS



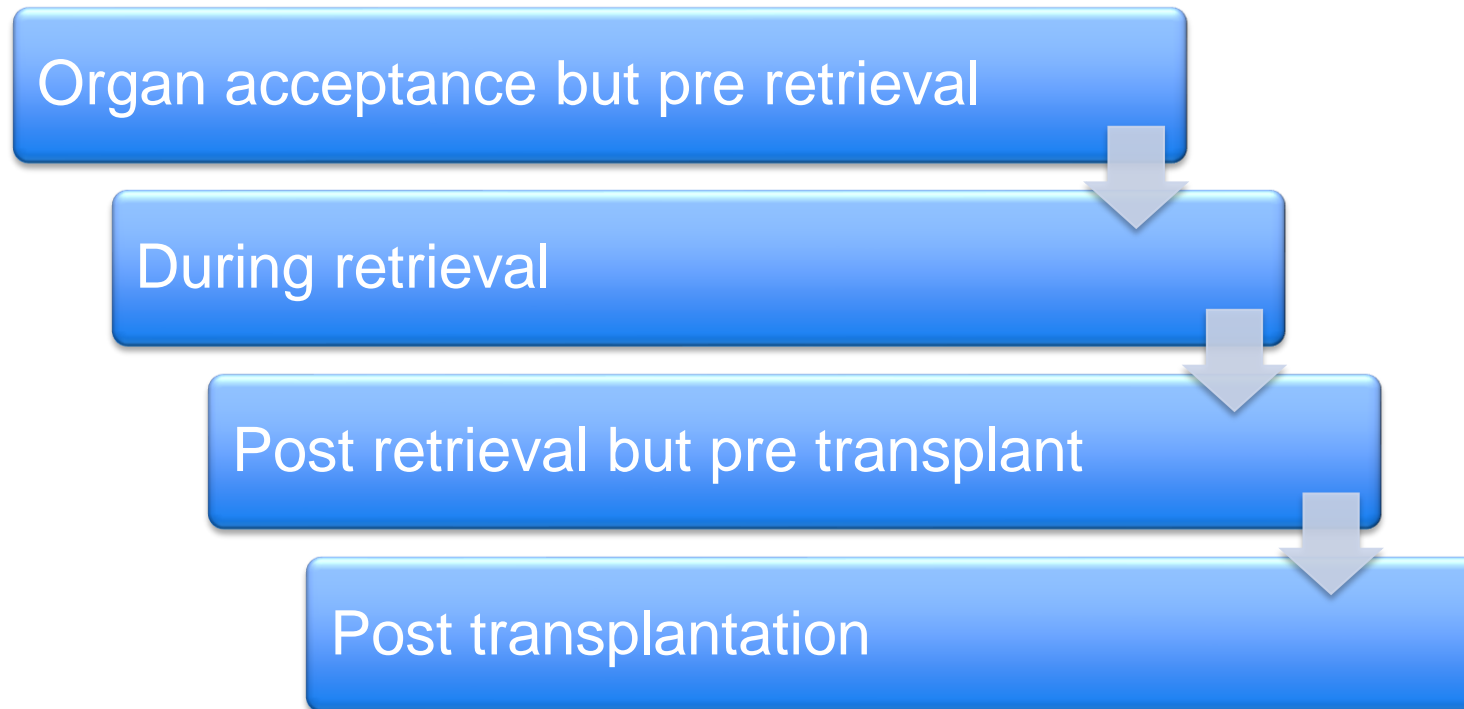
AVAILABILITY OF  
OUTSTANDING  
ECHOCARDIOGRAM  
REPORT

# When can I expect new clinical information?

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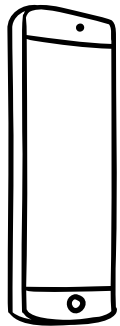


# Time Points

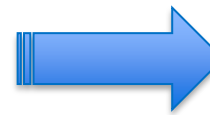


# Transplant Centre Involvement

- Histopathology involvement
- Retesting of donor virology samples
- (Positive transport fluid)

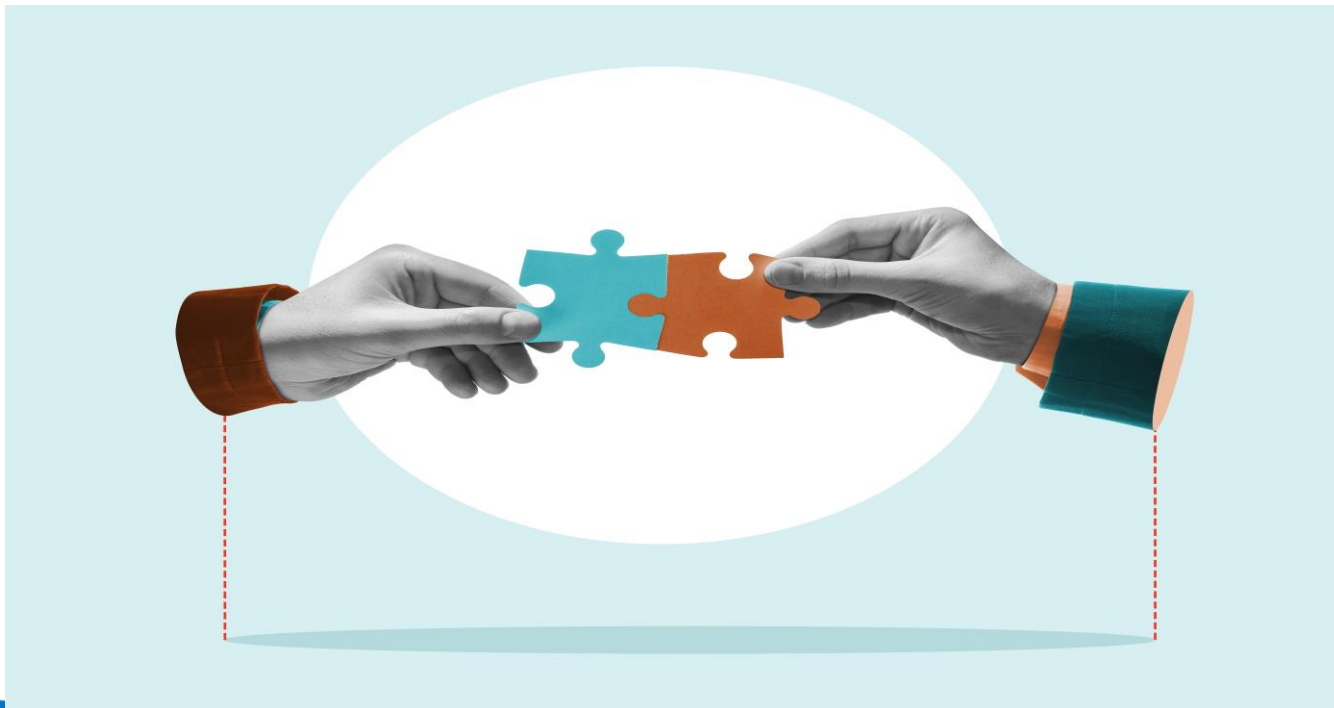


**HUB  
OPERATIONS**

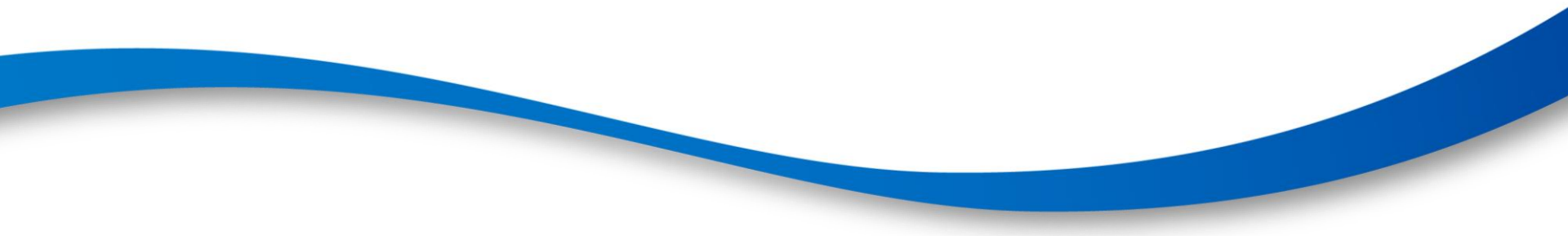


**Other  
accepting  
transplant  
Centres**

# Remember to think of the wider picture



# Histo report

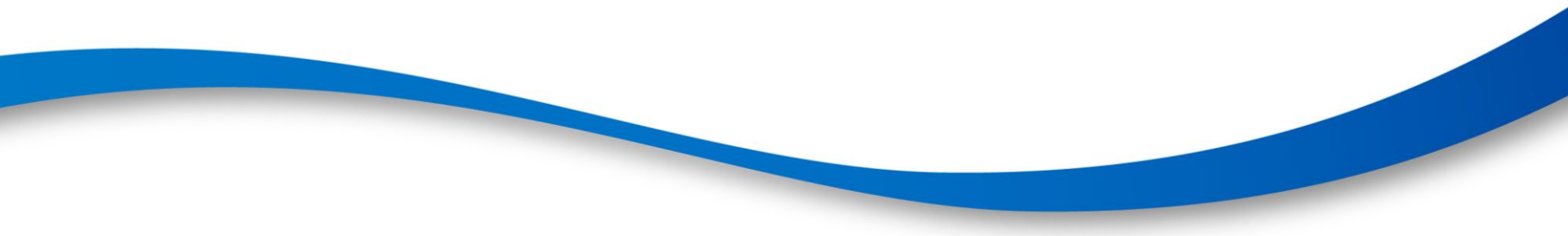
- Time critical communication
  - Impact on other accepting centres
  - Raise alarm with Hub at the point you decode to biopsy
  - Hub will cascade an alert to all other accepting centres
- 



## Positive Transport Fluid

- Any isolates detected in organ transport fluid must be reported by the centre to HO
  - No need for SN involvement
  - HO will disseminate info to other centres that transplanted/accepted organs
- Mainly from kidneys and livers (by nature of being in abdomen)
- Think about implications for wider recipients (differing ischaemic times)
- <https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/25525/frm5964.docx>

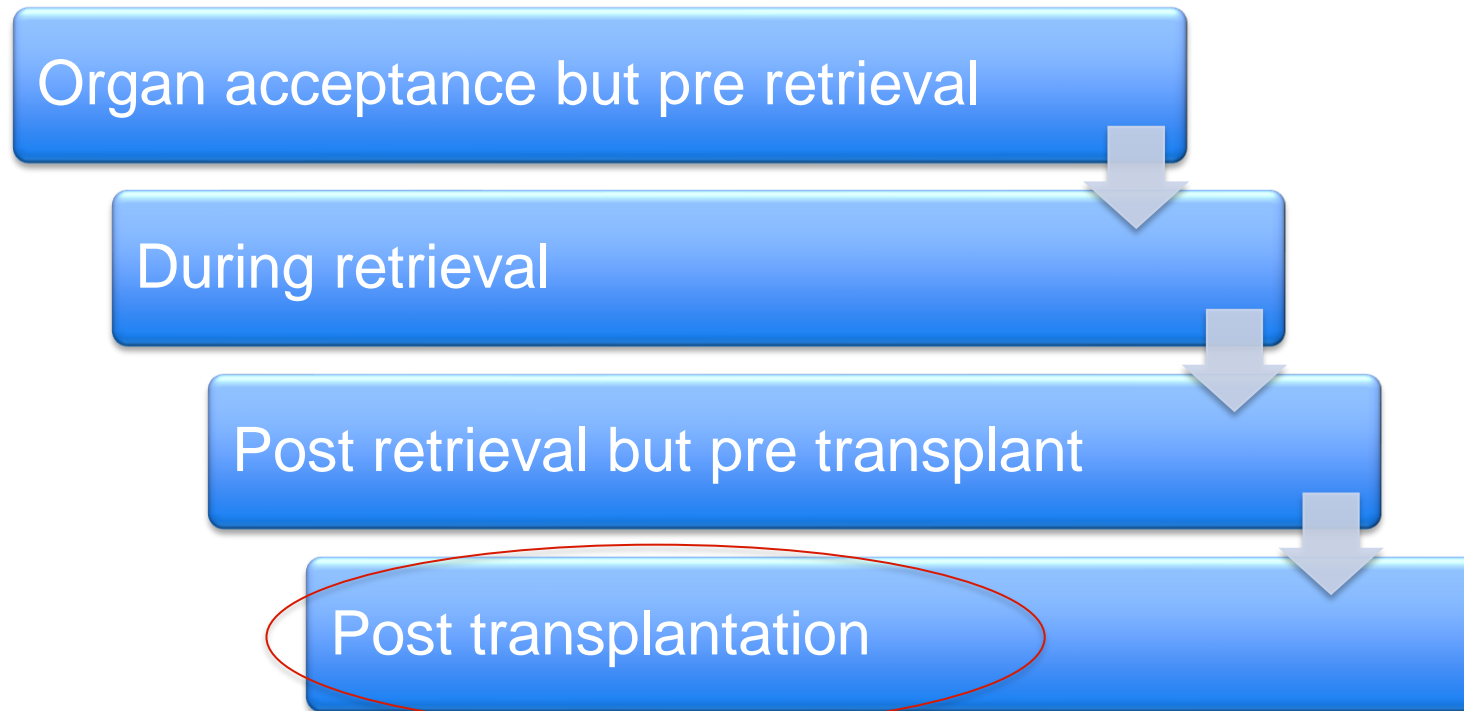
# Micro results sent on email

- Taken at time of donation
  - Results won't be back until after donation
  - HEV, HHV-8 longer turn around time
  - Results need actioning
  - Best practice to cross check (even negative results)
  - Sent to group email address (nhs.net or equivalent encryption)
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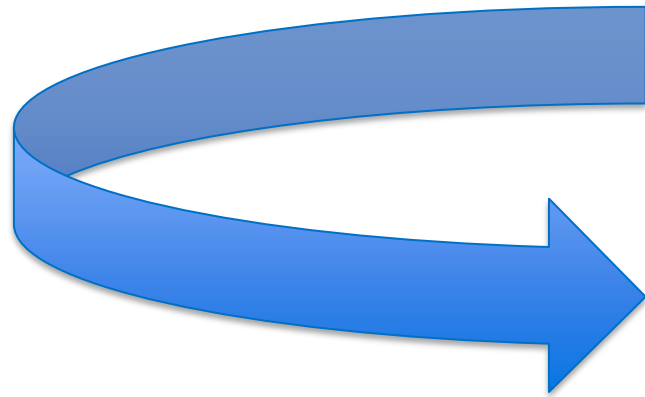
**Stop,  
pause,  
check**

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# Time Points



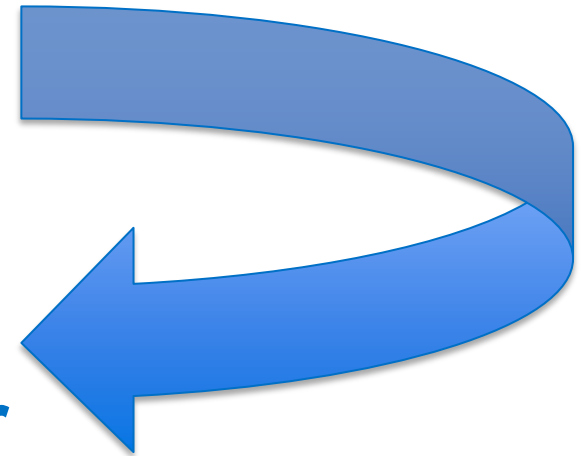




**SNOD**

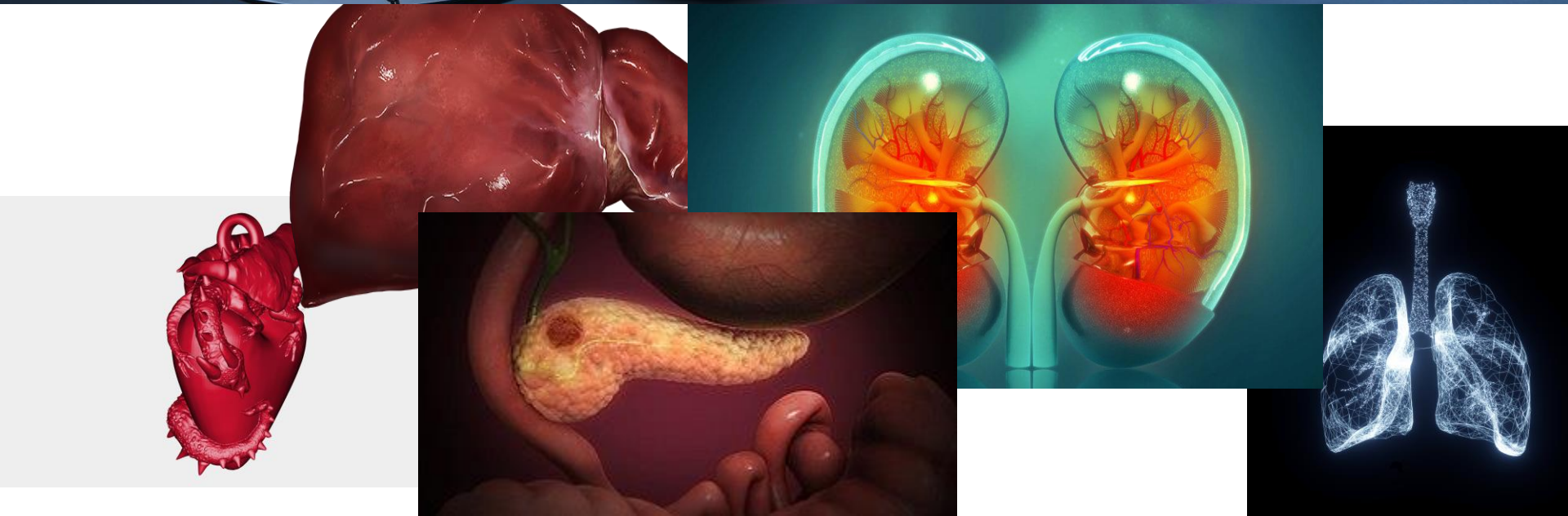
**Hub  
Operations**

**Recipient  
Coordinator**





**Donor XXXXXX Urgent –  
Lesion requiring biopsy  
identified during retrieval.  
Clinical update will be  
provided shortly by SN.  
Currently sourcing  
histopathology.**











# TransplantPath



## What will change?

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PHOTO UPLOAD DIRECT TO  
DONOR FILE



ALERTS OF NEW INFORMATION  
SINCE LAST VIEW