

UK National Organ Retrieval Service (NORS)
Scout Pilot Project

Directorate of Organ Donation & Transplantation,
NHS Blood and Transplant

Scout Pilot Project

The objective of this project is for one or more member(s) of the NORS zonal cardiothoracic donor organ retrieval team to travel to the donor hospital ICU, within one hour of obtaining consent for organ donation in DBD donors, to assist with the initiation of donor management according to the Extended Care Bundle.

- The Scout(s) will work collaboratively and sensitively with the ICU staff, sharing the common aim of providing the donor with optimal care.
- The Scout(s) may be a Transplant Fellow, a Donor Care Physiologist (DCP/DMP) &/or a Specialist Nurse in Organ Retrieval (SNOR).
- The Scout(s) will bring all the necessary equipment and drugs required to initiate early donor management.

This project has been approved by the Cardiothoracic Advisory Group, National Organ Donation Committee and NHSBT Senior Management Team. Assent for donor management will be obtained from the donor family as part of the end-of-life care pathway supporting the patient's wishes to donate organs. As soon as a suitable donor is identified, the SNODs will make sure that local staff know a scout is available to attend.

Inclusion criteria

1. DBD Donors <65 years of age
2. No previous history of MI/IHD
3. Within 2 hrs of road travel from the zonal cardiothoracic retrieval team (NHSBT to issue the list of hospitals)
4. Consent for organ donation is available

Exclusion criteria

1. Donors in hospitals > 2 hrs of road travel time from the nearest retrieval centre
2. Multiple donors in one night where the zonal cardiothoracic retrieval team has already dispatched member(s) of their team to another donor
3. Donors >65 year of age &/or with known history of MI/IHD
4. Donors where there is no consent for cardiothoracic organs/Abdominal organs only retrieval
5. Donors where there is no consent for heart with good gas exchange

Scout attendance

The SNOD attending the donor will be requested to contact the zonal cardiothoracic NORS team as soon as a DBD donor is identified and consent for organ donation is available. If the donor is in a hospital within 2 hours of road travel time from the retrieval centre, the Scout will be sent out. NHSBT will be issuing the list of all hospitals that will be included in the Scout pilot project. The Scout(s) will be required to leave within one hour of receiving the request.

Donor management

The Scout will initiate donor management after insertion of required invasive monitoring lines (CVP and PA catheter) and perform bronchoscopy. The Scout will then manage the donor in the ICU along with the local ICU nurse and deliver the protocol based donor management (Extended Care Bundle) which has been endorsed by the National Organ Donation Committee. The Scout will also perform a transthoracic echocardiogram (when possible) using portable equipment. The SNOD should continue with organ offering and arranging theatre time while the Scout initiates donor management. This process must not delay the retrieval of organs for other teams. Therefore, the SNOD is encouraged to contact the local team as soon as possible. However, if an initially rejected cardiothoracic organ is deemed suitable following the Scout intervention, the organs should be re-offered simultaneously to all centers. The fast track system should be used and the organ should be offered as per centre rota. The rest of the cardiothoracic retrieval team will join the Scout once the donor heart/lungs are accepted for transplant and the theatre time is set.

Data collection

This project is expected to start from 1 April 2013 and will run for a year initially. During that time, data will be collected prospectively to evaluate the number and the quality of thoracic organs retrieved. The total duration of donor management and time spent in operating theatre will also be collected. The data will be compared with contemporary donors not attended by Scouts and also from historic controls. The potential effect of Scout attendance on abdominal organs will also be reviewed.

Outcome

We aim to increase the number of donor hearts retrieved and transplanted along with improvement in quality of all the retrieved organs. A successful pilot will in future lead to roll out of the Scout scheme to all DBD donors in the UK.

References

1. Venkateswaran RV, Patchell VB, Wilson IC, Mascaro JG, Thompson RD, Quinn DW, Stockley RA, Coote JH, Bonser RS. Early donor management increases the retrieval rate of lungs for transplantation. *Annals Thorac Surg.* 2008; 85: 278-286.
2. Venkateswaran RV, Steeds RP, Quinn DW, Wilson IC, Mascaro JG, Thompson RD, Townend JN and Prof. Bonser. The haemodynamic effects of adjunctive hormone therapy in potential heart donors: A prospective randomized double blind factorially designed controlled trial. *Eur Heart J*, 2009; 30 (14):1771-80.
3. *Mandersloot G. D. Donor optimisation guidelines for management of the brain-stem dead donor.*