



Glossary of Terms
for
Deceased Organ and Tissue Donation
and Transplantation
in the
United Kingdom



British Transplantation Society
and
National Organ Donation Committee

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“Words are sacred. If you get the right ones in the right order, you can nudge the world a little.”

Tom Stoppard, playwright

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Glossary of Terms for Deceased Organ and Tissue Donation and Transplantation in the United Kingdom

Introduction

Words are important, no more so than when talking about subjects as emotive as the end of life. Organ and tissue donation and transplantation, like any specialist area of medicine comes with its own language. This approved glossary of terms has been compiled by the National Organ Donation Committee of NHS Blood and Transplant in association with the British Transplantation Society (BTS) to nudge us all into using the right words in the right way when talking to patients, families and each other as healthcare professionals. It is hoped this glossary is a useful resource for all - new and established - working in this field.

Healthcare being devolved in the United Kingdom and the different legislative bodies passing their own Acts related to the use of human tissues and deemed legislation for organ donation means there are subtle but important differences in language across the United Kingdom. Terms that apply to specific nations within the United Kingdom are marked accordingly with England, Wales and Northern Ireland abbreviated to 'E, W & NI'. The Glossary takes the opportunity to explain and highlight some of these differences.

It will be noted that for many definitions two or more versions are offered. Multiple entries more commonly arise where there are existing definitions by relevant authorities or organisations. All versions of such definitions in the Glossary can be considered acceptable to use. Throughout the Glossary the reader will also find a BTS and National Organ Donation Committee (NODC) definition which has been written to either consolidate multiple previous definitions or where we think the definition can and should be improved.

Finally, the Glossary should be considered a working document. The intention is to review and update it annually.

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Appointed representative Wales - see 'nominated representative' for England (no equivalent in Scotland)

- A A person may have chosen when they had capacity in regard to organ donation, to appoint a representative/s to act on their behalf under section 8 of the Human Transplantation (Wales) Act. When this is the case, the consent of the appointed representative is required.

[Human Transplantation \(Wales\) Act](#)

Authorisation for organ donation Scotland - see 'Consent for organ donation' for E,W & NI

- A The [Human Tissue (Scotland)] 2006 Act is based on the principle of 'authorisation', an expression which is intended to convey that people have the right to express, during their lifetime, their wishes about what should happen to their bodies after death, in the expectation that those wishes will be respected. Authorisation equates to the principle of 'consent' on which the Human Tissue Act 2004 is based.

[Human Tissue \(Scotland\) Act 2006](#)

Benefit

- A There shall be no intervention in the affairs of an adult unless the person responsible for authorising or effecting the intervention is satisfied that the intervention will benefit the adult and that such benefit cannot be reasonably achieved without the intervention.

[Adults with Incapacity Scotland Act 2000- code of practice](#)

Best interests E,W & NI - see 'benefit' for Scotland

- A An assessment of a person's best interests takes into account not only the risks and benefits of a proposed intervention, but also its wider emotional, psychological and social aspects.

[HTA's Code of Practice A Guiding principles and the fundamental principal of consent](#)
[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Clinical stabilisation

- A The use of intensive care treatments and interventions to maintain patient physiological stability while allowing time to assess **best interests** and donation potential.

[Donation Actions Framework](#)

Cold ischaemic time

- A Length of time that elapses between an organ being removed from the **donor** to its transplantation into the recipient.

[NHSBT Organ and Tissue Donation and Transplantation Annual Activity Report 2021/22](#)

Consent for organ donation E,W & NI - see 'Authorisation for organ donation' for Scotland

A Defined in the Human Tissue Act (2004) by reference to the person who may give consent. This is broadly either the consent of the person concerned, their **nominated/appointed representative, deemed consent** or (in the absence of any of these) that of a person in a **qualifying relationship** to them immediately before they died.

[HTA Code of Practice F Part 2](#)

B Organ donation may only proceed with consent. There are three forms of consent:

1. First person consent when the individual themselves has consented to donation via the organ donor register, their **appointed/nominated representative** or via a **last known decision** (written or verbal).
2. **Deemed consent** where the person can be considered not to have objected to organ donation, isn't in an excluded group and dies in a country/territory where deemed consent legislation applies.
3. Family consent where a person in a **qualifying relationship** consents to organ donation on the patient's behalf.

NODC and BTS

Consent/authorisation rate

A Percentage of families or **nominated/appointed representatives** approached for formal organ donation discussion where consent/authorisation was ascertained

[Annual report on the potential donor audit 2021/22, NHSBT](#)

B The percentage of donation decision conversations where consent/authorisation was ascertained

[Opt out summary report June 2021, NHSBT](#)

Death

A Death entails the irreversible loss of those essential characteristics which are necessary to the existence of a living human person and, thus, the definition of death should be regarded as the irreversible loss of the capacity for consciousness, combined with irreversible loss of the capacity to breathe ... therefore irreversible cessation of the integrative function of the brainstem equates with the death of the individual.

[A Code of Practice for the Diagnosis and Confirmation of Death, AoMRC](#)

Deemed authorisation Scotland - see 'deemed consent' for E,W and NI

A Deemed authorisation applies if a person who died in Scotland has not expressed, in writing, an organ donation decision either to opt in or opt out, is aged 16 or over, has lived in Scotland for longer than 12 months and is **ordinarily resident** there, and had the capacity to understand the notion of deemed authorisation for a significant period before their death. Note that, in Scotland, a patient who has verbally expressed an opt in decision is included as a deemed authorisation, whereas a patient who has verbally expressed an opt out decision is not included

Deemed Consent ^{E,W and NI - see 'deemed authorisation' for Scotland}

- A Deemed consent means that all individuals over 18 in England, [Wales, Northern Ireland, Jersey or Guernsey] will be considered to have agreed to become an organ and tissue donor after their death, unless they made a decision to not donate their organs and/or tissue, i.e. they have opted out; they have nominated a representative to make a decision on their behalf after death about whether to donate; or are excluded from deemed consent. Deemed consent does not apply to people who lack mental capacity for a significant period before their death, children under 18 and people not **ordinarily resident** for at least 12 months immediately before their death.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

- B Deemed consent applies if a person who died in Wales, Jersey, Northern Ireland, Guernsey or England has not expressed an organ donation decision either to opt in or opt out, nominate/appoint a representative, is aged 18 or over, has lived in the country/territory in which they died for longer than 12 months and is **ordinarily resident** there, and had the capacity to understand the notion of deemed consent for a significant period before their death.

NODC and BTS

Diagnosis and confirmation of death

- A The determination of death by health care professionals using either circulatory (cardio-respiratory) criteria after cardiorespiratory arrest, or neurological criteria (DNC) in mechanically ventilated patients after devastating brain injury. The procedures required to satisfy these criteria are set out in the 2008 Academy of Medical Royal Colleges' Code of Practice for the Diagnosis and Confirmation of Death (AoMRC 2008) and for infants less than 2 months old in whom death is being diagnosed by neurological criteria, in the 2015 recommendations of the Royal College of Paediatrics and Child Health (RCPCH 2015).

[Donation Actions Framework](#)

Directed donation

- A A form of donation where a person, usually a living person, donates an organ or part organ to a specific, identified recipient with whom they have a genetic or pre-existing emotional relationship.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Direct recovery and perfusion (DRP)

- A In a **donation after circulatory death**, the organ is removed from the donor and perfusion is re-established ex-situ using a machine perfusion device. Also known as Direct Procurement and Perfusion (DPP).

NODC and BTS

Donation actions

- A Activities or interventions carried out in relation to a potential organ donor, either before or after death, for the purpose of exploring donation eligibility, facilitating deceased organ donation, increasing organ utilisation, and/or optimising transplant outcomes.

[Donation Actions Framework](#)

Donation after brainstem death (DBD)

- A Organ donation that takes place following the diagnosis of death using neurological criteria (DNC). In DBD, deceased donors have intensive care treatments continued after death has been confirmed so that the heart, kidneys and other organs are supported, optimised and remain functioning up to the point that the donor's organs are retrieved.

[Donation Actions Framework](#)

- B A form of organ donation in circumstances where a patient, whose death has been diagnosed and confirmed using neurological criteria, continues to be ventilated. This keeps the heart beating and blood circulating after death, until after donation takes place.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

- C DBD is a familiar acronym for 'donation after brain stem death'. It is commonly used to describe deceased organ donation following the confirmation of death using neurological criteria as set out in the Academy Code of Practice.

[Ethical framework for donation after confirmation of death using neurological criteria, UKDEC](#)

- D Donation of organs after a diagnosis of death using neurological criteria (DNC). In DBD, deceased donors have intensive care support continued after death is confirmed so that the heart, kidneys and other organs are supported, optimised and remain functioning up to the point that the donor's organs are retrieved. Organ retrieval can be planned for a time suitable to the retrieval team, intensive care and the donor's family.

NODC and BTS

Donation after circulatory death (DCD)

- A Organ donation that takes place following the diagnosis of death using circulatory criteria.
- Controlled Donation after Circulatory Death (DCD). In the UK, DCD involves a mechanically ventilated patient with overwhelming single organ failure, usually the brain, where a decision is made to withdraw life-sustaining treatment. Once consent for organ donation is confirmed following discussion with the patient's family by a **Specialist Nurse for Organ Donation (SNOD)**, a surgical retrieval team is mobilised. **Withdrawal of life sustaining treatment** only commences once the surgical team is prepared in theatre and recipients for the organs have been identified. This type of DCD is called 'controlled' DCD because the death is expected, and the surgical team are already prepared.
 - Uncontrolled Donation after Circulatory Death (uDCD). A version of DCD carried out in other countries and historically in specific centres in the UK. It involves organ retrieval following an unexpected death, hence the term 'uncontrolled' compared to

a planned, 'controlled' withdrawal of life-sustaining treatment. The usual case involves failed cardiopulmonary resuscitation either in the Emergency Department or in the community. Currently, this version of DCD is not practised in the UK but a pilot in Edinburgh occurred in 2014-2015 [and a research program is being established in Addenbrooke's Hospital, Cambridge in 2023].

[Donation Actions Framework](#)

- B A form of organ donation in circumstances where the deceased donor was not ventilated at the time of death. Donation therefore occurs after death is diagnosed and confirmed using cardiorespiratory criteria. This is described as controlled when treatment has been actively withdrawn within a hospital setting or uncontrolled where a patient has experienced an unexpected cardiac arrest from which they cannot be resuscitated.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

- C DCD is a familiar acronym for 'donation after circulatory death'. It is commonly used to describe deceased organ donation following the confirmation of death using circulatory (cardio-respiratory) criteria as set out in the Academy Code of Practice.

[Ethical framework for donation after confirmation of death using neurological criteria, UKDEC](#)

- D Donation of organs after the diagnosis of death using circulatory criteria. In 'controlled' DCD, as currently practised in the UK, deceased donation follows a planned **withdrawal of life sustaining treatment** and the confirmation of the death. If a patient in these circumstances is believed to be willing to donate after death, treatment withdrawal is planned for a time and place that facilitates organ retrieval. Due to the lack of a circulation, organs must be retrieved within a few minutes of death to be suitable for transplantation.

NODC and BTS

Donation decision conversation

- A The family of an eligible donor are asked to make or support patient's organ donation decision. This includes clarifying an opt out decision.

[Opt out summary report June 2021, NHSBT](#)

Donor

- A An organ donor is any donor from whom at least one organ has been retrieved with the intention to transplant. (Current UK definition which aligns with international reporting metrics)

[NHSBT Organ and Tissue Donation and Transplantation Annual Activity Report 2021/22](#)

Donor Family Care Service

- A The Donor Family Care Service are a team of administrators, led by the Chief Nursing team responsible for donor family care post donation and managing donor records across the UK. The team write to families with the outcome of their loved one's donation, provide updates on recipients when requested, facilitate recipient and donor family correspondence and signpost to bereavement services and additional support resources.

[Donor Family Care Service website](#)

Donor optimisation

- A Interventions in a consented potential donor to increase organ utilisation and optimise transplant outcomes.
- B Interventions conducted after the diagnosis of death using neurological criteria and in a consented/authorised DBD donor but before organ retrieval has commenced, to facilitate the donation of organs in the best possible condition.

NODC and BTS

Duty to Inquire^{Scotland}

- A The duty to inquire reflects current good practice whereby a discussion takes place with the potential donor's family about donation, including about the potential donor's views about donation, to ensure that donation doesn't proceed where it would be against a person's wishes. The Human Tissue (Scotland) Act requires that certain checks are undertaken before the carrying out of any pre-death procedure or retrieval can take place to determine a potential donor's status, any decisions which they may have recorded, and their views about donation and pre-death procedures. The duty to inquire may only be carried out by a health worker, which in most cases will be a SNOD/SR/TDC.

[Guidance on deceased organ and tissue donation in Scotland: Authorisation requirements for donation and pre-death procedure, Scottish Government](#)

Eligible donor

- A A patient confirmed dead, with no absolute medical contraindications to solid organ donation.

[Annual report on the potential donor audit 2021/22, NHSBT](#)

End of life care

- A Care delivered by health care professionals to a potential or actual donor encompassing the time before and after death.
[Donation Actions Framework](#)
- B Care delivered by healthcare professionals to a patient approaching the end of life with a focus on relief of symptoms, maintaining dignity and honouring the individual's end of life decisions.
NODC and BTS

Family

- A The term family should be taken to mean people involved in the end of life care of an individual, who may be able to provide information about them and their decision with regard to organ and tissue donation. Family encompasses those in a **qualifying relationship** to the deceased person immediately before death and may also include other family members, close friends and those who may have been familiar with the faith and beliefs of the potential donor.
[Donation Actions Framework](#)

Human Tissue Authority (HTA) ^{E,W and NI}

- A A non-departmental ('arms-length') public body of the Department of Health and Social Care that regulate organisations that remove, store and use human tissue for research, medical treatment, post-mortem examination, education and training, and public display. They also give approval for organ and bone marrow donations from living people. The Human Tissue Act 2004 led to the establishment of the Human Tissue Authority and its regulation of the removal, storage and use of human tissue including for organ donation.
<https://www.hta.gov.uk/about-hta/who-are-hta>

Last known decision ^{England and Wales}

- A In every case where organ and tissue donation is a possibility, the [Specialist Nurse] SN should determine whether the potential donor has made a decision with regard to organ and tissue donation. The SN should seek to establish the most recent decision of the potential donor in conversation with their family, i.e. the decision in force immediately before their death. Cf **Not unwilling** ^{Scotland}
[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Moment of honour

- A The Moment of Honour is a respectful pause, taking place either before or after the retrieval operation. This moment brings together those who have cared for the donor, and is a time of reflection and appreciation of the selfless act of kindness and generosity from the donor and their family.
[Moment of Honour Video](#)

National Organ Retrieval Service (NORS)

- A A commissioned service of abdominal and cardiothoracic surgical teams that perform organ retrieval or organ recovery in a donor hospital. The team usually includes the following members: lead surgeon, surgical assistant, organ preservation practitioner, theatre practitioner and a scrub practitioner.

[Donation Actions Framework](#)

Nearest relative Scotland - see 'qualifying relationship' in E, W and NI

- A The nearest relative can present information and evidence of the deceased wishes if they are not recorded (or if they have changed since being recorded), authorise donation for those to whom deemed authorisation would not apply, authorise donation of organs and tissues for purposes other than transplantation (education, research and audit) and/or authorise the donation of excepted body parts. The 2006 Act established a list of nearest relatives in order of precedence.

[Human Tissue \(Authorisation\) \(Scotland\) Act 2019](#)

Neurological death testing rate

- A Percentage of patients for whom death using neurological criteria (DNC) was suspected who were tested.

[Annual report on the potential donor audit 2021/22, NHSBT](#)

Non-therapeutic elective ventilation (NTEV)

- A The instigation of invasive ventilation for the sole purpose of facilitating organ donation with no expectation of therapeutic benefit for the person ventilated.

[Donation Actions Framework](#)

Nominated representative England - see 'Appointed representative' for Wales (no equivalent in Scotland)

- A A person appointed by an individual to represent them after their death for the purposes of activities under the Human Tissue Act for which consent is required. A nominated representative may be entitled to consent to, or refuse to consent to, the removal, storage and use of the body or tissue for any of the scheduled purposes, other than anatomical examination or public display.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Normothermic regional perfusion (NRP)

- A An in-situ organ preservation technique in **donation after circulatory death** whereby an external circuit collects heparinised blood from the right atrium and returns it via a pump into the abdominal aorta allowing abdominal +/- thoracic organs to be perfused with normothermic, oxygenated blood. Techniques to prevent restoration of cerebral perfusion are mandatory. When NRP is isolated to abdominal organs only it is known as A-NRP. When NRP includes the thoracic and abdominal organs it is known as TA-NRP.

NODC and BTS

Not unwilling ^{Scotland}

- A The Human Tissue (Scotland) Act requires that, if donation is to proceed, the potential donor must not be unwilling to donate. This means that they must not have expressed an objection to donating. Also see **Duty to inquire**. Cf **Last known decision**

[Guidance on deceased organ and tissue donation in Scotland: Authorisation requirements for donation and pre-death procedure, Scottish Government](#)

Novel transplants

- A Transplants that are new and are usually at a research or practical evaluation stage, or have gone through research and service evaluation stages, but are still rare and unusual. An example of a novel transplant would be face transplantation.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Organ

- A A differentiated part of the human body, formed by different tissues, that maintains its structure, vascularisation and capacity to develop physiological functions with a significant level of autonomy. Part of an organ is also considered to be an organ if its function is to be used for the same purpose as the entire organ in the human body, maintaining the requirement of structure and vascularisation.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Organ donation

- A The act of giving human tissue, cells, organs or part organs for a scheduled purpose [including transplantation], either during life or after death.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

- B The altruistic act of giving an organ in life (living organ donation) or after death (deceased organ donation) to facilitate a transplant(s).

NODC and BTS

Organ Donor Register (ODR)

- A A confidential, computerised national database managed by NHS Blood and Transplant (NHSBT), which holds details of people who have signed up to become organ donors in the event of their death. It also holds details of people who have stated they do not want to donate their organs after their death. The register is used after a person has died to help establish whether they wanted to donate and if so, which organs.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

Organ recovery procedures

- A Strategies and interventions that seek to repair organ injury, often caused by the dying process, thereby increasing organ utilisation and optimising transplant outcomes. At present these procedures take place either during organ retrieval in the donor after death (in-situ) or on the organ following retrieval from the donor with machine perfusion (ex-situ).

[Donation Actions Framework](#)

Organ retrieval

- A Organ retrieval is the process of surgical removal of an organ from a deceased donor in an operating theatre. Terms such as 'procurement' or 'harvest' can be offensive to donor families and should be avoided.

NODC and BTS

Ordinarily resident

- A A potential donor will be "ordinarily resident" in Scotland, England, Wales etc when that residence is lawful, adopted voluntarily, and for settled purposes as part of the regular order of their life for the time being. Residence can be of long or short duration, but deemed authorisation will not apply unless someone has been resident for at least 12 calendar months before dying^{England and Wales} or when end of life discussions are taking place^{Scotland}.

NODC and BTS

Parental responsibility ^{E and W}

- A If someone under the age of 18yrs dies in England and Wales, those with parental responsibility would be approached about organ donation and given the opportunity to consent on their child's behalf.

All mothers and most fathers have legal rights and responsibilities as a parent - known as 'parental responsibility'. A mother automatically has parental responsibility for her child from birth. A father usually has parental responsibility if he's either married to the child's mother or listed on the birth certificate. Unmarried fathers can also get a parental responsibility agreement from the mother or by court order. Same-sex partners will both have parental

responsibility if they were civil partners at the time of the treatment, eg donor insemination or fertility treatment. For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either applying for parental responsibility if a parental agreement was made or becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth.

[Parental rights and responsibilities: Who has parental responsibility - GOV.UK](#)

Parental responsibilities and rights ^{Scotland}

- A If a child under the age of 16yrs dies in Scotland, those with parental responsibility would be approached about organ donation and given the opportunity to consent on their child's behalf. All mothers automatically get Parental Responsibilities and Rights (PRRs) for their child. A man gets PRRs if they are married to the mother at the time of the child's conception or subsequently. If a man is not married to the mother, [he] can obtain PRRs by jointly registering the birth with the mother, completing and registering a Parental Responsibilities and Rights agreement with the mother or obtaining a court order. In relation to same sex parents, the child's mother receives PRRs as does any second female parent if she was married or in a civil partnership with the mother at the time of the insemination/fertility treatment; or she is named as the other parent on the child's birth certificate; or she completes and registers a Parental Responsibilities and Rights agreement with the mother.

[Parental Responsibilities and Rights - Gov.Scot](#)

Potential donor

- A Every human source, whether living or deceased, of tissue, cells, organs or part organs.

[HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)](#)

- B Patients for whom death was confirmed following neurological tests or patients who had treatment withdrawn and death was anticipated within a time frame to allow donation to occur.

[NHSBT Organ and Tissue Donation and Transplantation Annual Activity Report 2021/22](#)

Pre-death procedure ^{Scotland}

- A A medical procedure which is carried out on a person for the purpose of increasing the likelihood of successful transplantation of a part of their body after their death and which is not for the primary purpose of safeguarding or promoting the physical or mental health of the person. The Human Tissue (Scotland) Act makes provision for two different types of pre-death procedures - Type A and Type B procedures - to be undertaken to facilitate donation, as long as certain requirements are met. Type A procedures are those which are generally considered as routine procedures which would be needed to enable deceased donation to progress. Type B procedures are less routine and are generally more invasive

[Guidance on deceased organ and tissue donation in Scotland: Authorisation requirements for donation and pre-death procedure, Scottish Government](#)

Prolonged time to asystole

- A When a **donation after circulatory death (DCD)** attempt is stood down because the functional **warm ischaemic time** exceeds the acceptable limit for all organs for which **consent/authorisation** has been given.

NODC and BTS

Qualifying relationship ^{E,W and NI - see 'nearest relative' for Scotland}

- A The relationship to the deceased of a person/s who can give consent for the removal, storage and use of organs and tissue from the deceased person's body for scheduled purposes in certain circumstances, or provide information that would lead a reasonable person to conclude that a potential donor would not have consented in circumstances where consent could be deemed. Those that are in a qualifying relationship are: a spouse or partner; a parent or child; a brother or sister; a grandparent or grandchild; a niece or nephew; a stepfather or stepmother; a half-brother or half-sister; a friend of longstanding.

[*HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)*](#)

Referral rate

- A Percentage of patients for whom neurological death was suspected who were discussed with the SNOD [Specialist Nurse in Organ Donation]

[*Annual report on the potential donor audit 2021/22, NHSBT*](#)

SNOD presence rate

- A Percentage of donation decision conversations where a Specialist Nurse was present (including telephone and video call conversations).

NODC and BTS

Specialist nurse / requester in organ donation (SNOD/SR)

- A A senior nurse who is responsible for facilitating the entire donation process from initial donor referral to completion of organ retrieval, by working in close conjunction with all staff in critical care areas and donor family members. This includes ensuring that donation proceeds in line with appropriate legislation and national policies and procedures, supporting families of critical care patients, obtaining all relevant information enabling transplant centres and tissue establishments to assess the suitability of potential donors and provide expert advice to health care professionals. Specialist Nurse (SN) is the preferred term to encompass both the Specialist Nurse in Organ Donation (SNOD) and Specialist Requester (SR) roles.

NODC and BTS

Stand-down of donation

- A When the attempt to fulfil a patient's donation decision is halted because they no longer have the potential to donate organs suitable for transplantation.

NODC and BTS

Suspected neurological death

- A 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 cases for which cardiac arrest occurred despite resuscitation and neonates below 37 weeks (corrected gestational age).

NODC and BTS

Tissue

- A Any and all constituent part/s of the human body formed by cells.

[*HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)*](#)

Transplantation

- A An implant of an organ or part organ, tissue or cells either from and into the same body or from one person to another.

[*HTA's Code of Practice F Donation of solid organs and tissue for transplantation \(Part 2\)*](#)

Warm ischaemic time

- A Starts when systolic blood pressure falls below 50mm Hg and extends to the onset of cold in situ perfusion. This is also known as functional warm ischaemic time.

[*National Organ Retrieval Service Standards*](#)

Withdrawal of life sustaining treatment (WLST)

- A The discontinuation of intensive care treatments and interventions, after a best interests decision to do so, where the condition of the patient is such that death is expected to follow. It is advised to avoid the phrase 'withdrawal of care'.

[*Donation Actions Framework*](#)