

NHS BLOOD AND TRANSPLANT

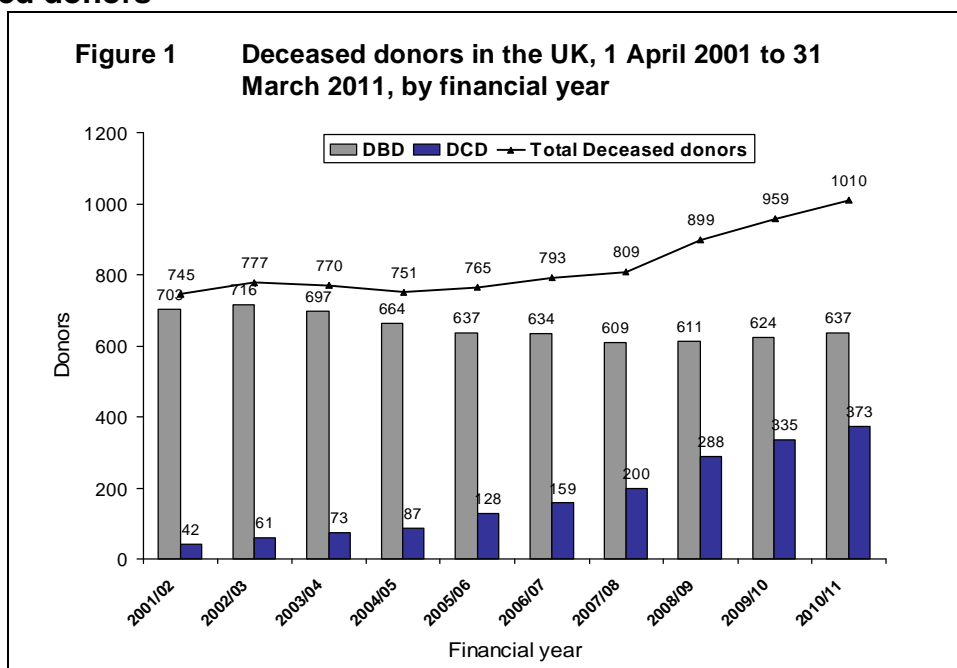
BOWEL ADVISORY GROUP

SUMMARY OF POTENTIAL AND ACTUAL ORGAN DONATION ACTIVITY

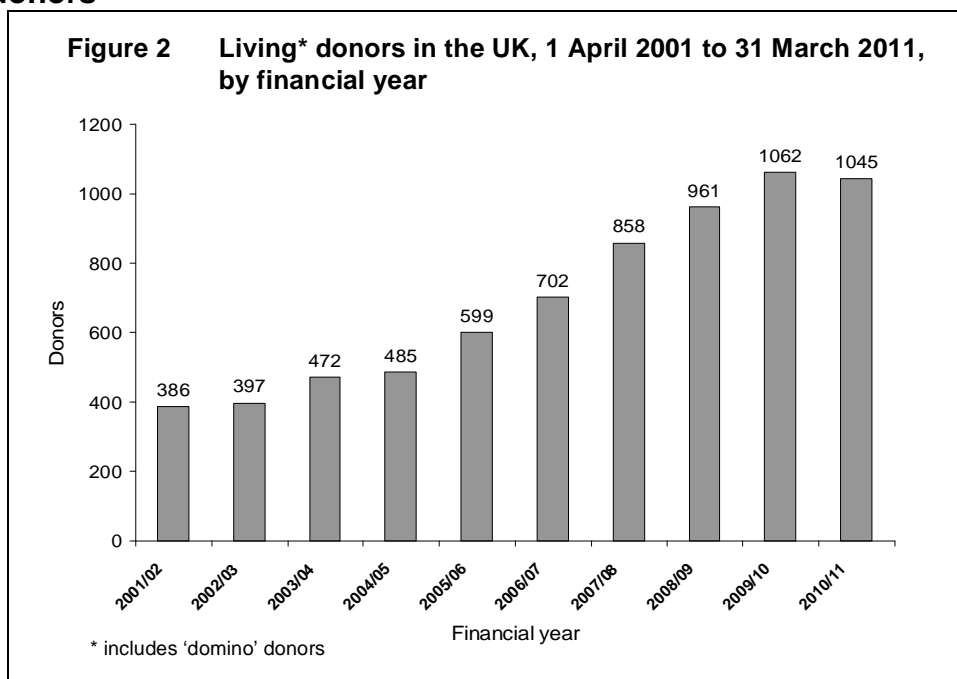
This paper summarises actual organ donation activity over the last ten financial years (2001/02 – 2010/11) and the potential for deceased organ donation over the last 21 months (October 2009 – June 2011) from the Potential Donor Audit.

ORGAN DONATION ACTIVITY

Deceased donors

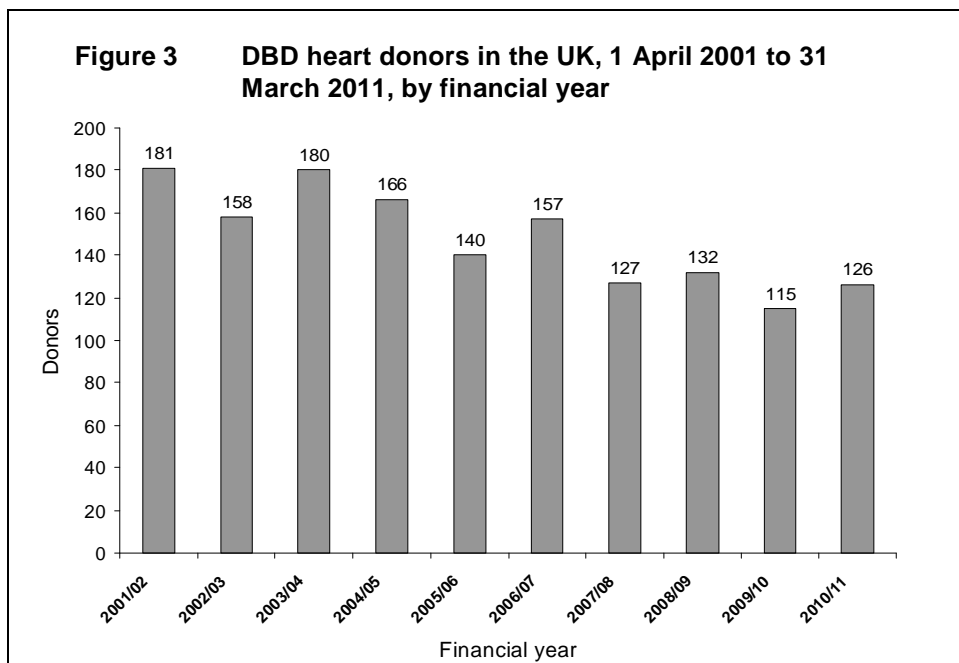


Living donors

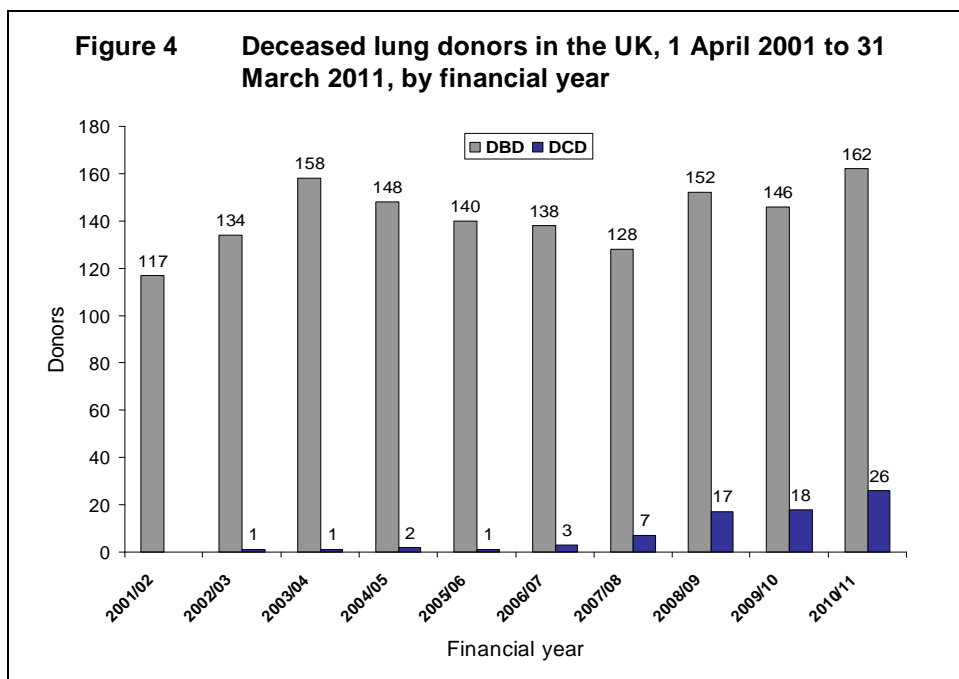


Figures 3-7 show deceased donors after brain death (DBD) and deceased donors after circulatory death (DCD) separately. Living organ donors are also shown as appropriate but 'domino' heart and liver donors are excluded.

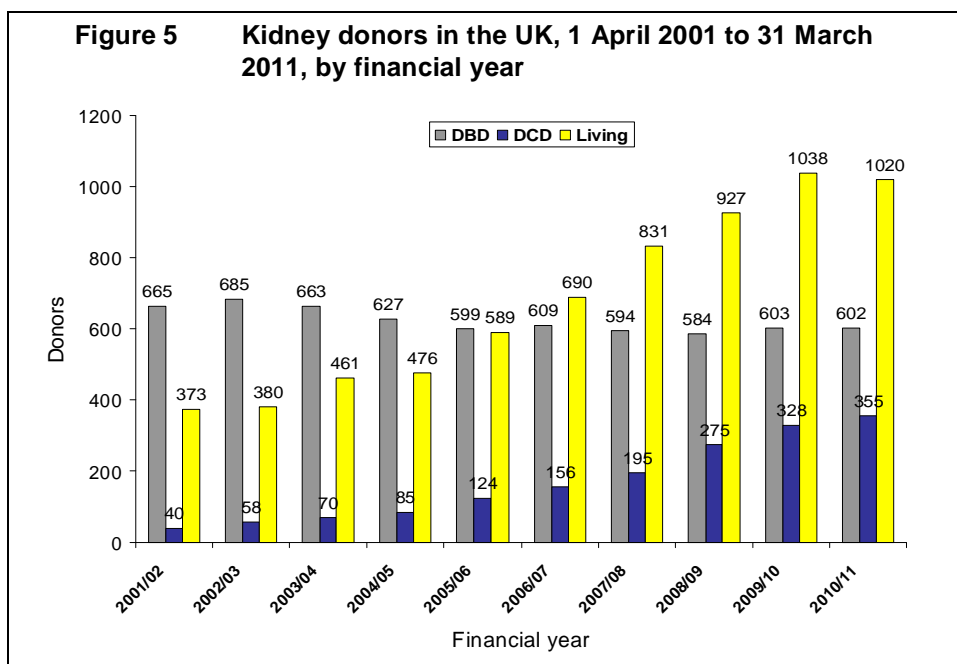
Deceased heart donors



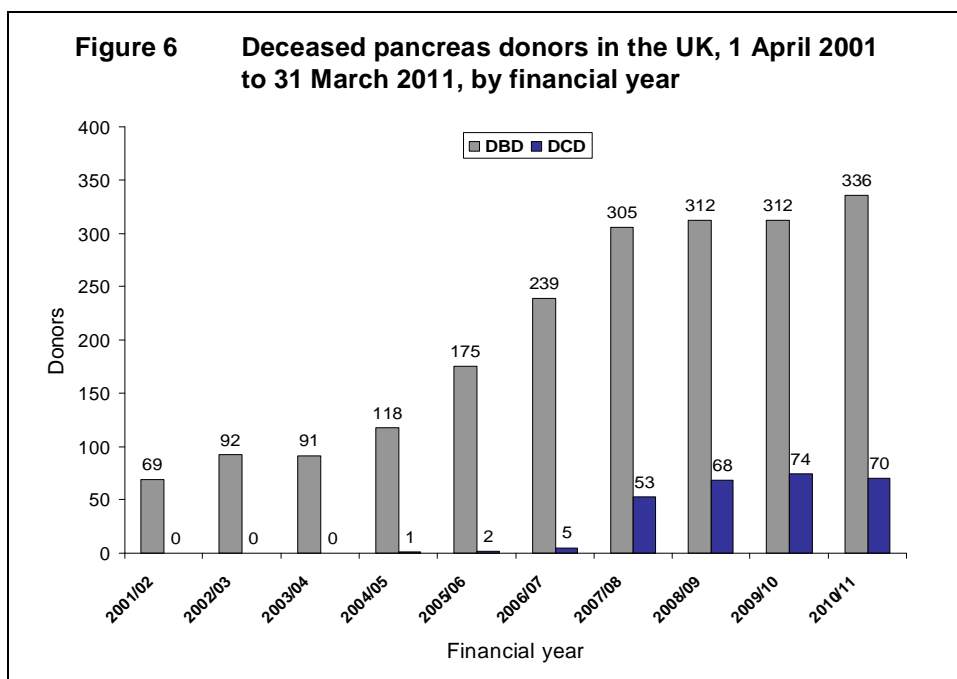
Deceased lung donors



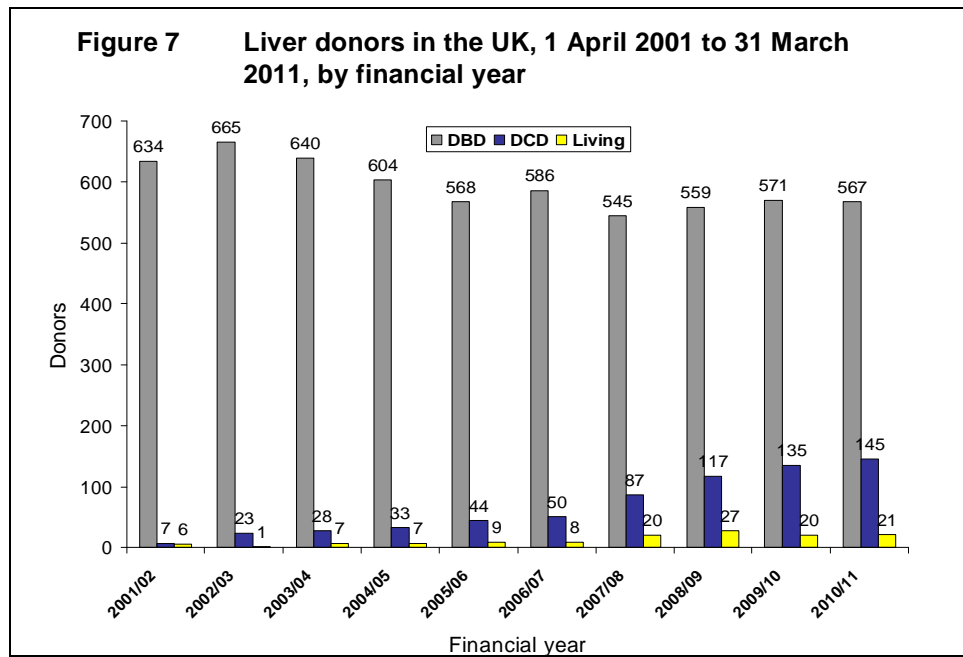
Kidney donors



Deceased pancreas donors



Liver donors



POTENTIAL ORGAN DONOR ACTIVITY

The following figures show data from the Potential Donor Audit (PDA) for 1 October 2009 to 30 June 2011 as recorded on 5 August 2011. The data presented reflect those patients meeting the national audit criteria and exclude patients from cardiothoracic ICUs and those aged 76 years and over. Deaths within Emergency Medicine departments were audited from 1 April 2010 and details are provided below, but these have been excluded from the figures to enable comparison across the time periods shown.

Definitions

- **Neurological death suspected** – Patient met four criteria: apnoea, coma from known aetiology and unresponsive, ventilated and fixed pupils.
- **Patient tested** – neurological death suspected and patient tested.
- **Imminent death anticipated** – Clinical decision to withdraw treatment has been made and patient is ventilated.
- **Patient referred** – Neurological death suspected or imminent death suspected and patient referred to a Specialist Nurse - Organ Donation (SN-OD).
- **Potential DBD** – Patient confirmed dead by neurological tests and no absolute or relative medical contraindications.
- **Potential DCD** – Patient in whom a clinical decision to withdraw treatment has been made, treatment was withdrawn and no absolute or relative medical contraindications.
- **Family approached** – Potential DBD or DCD and their family were approached for consent/ authorisation to donation.
- **Family consenting** – Potential DBD or DCD whose family were approached and consented/ authorised donation.
- **DBD testing rate** – Proportion of patients in whom neurological death was suspected who were tested.
- **DBD referral rate** – Proportion of patients in whom neurological death was suspected who were referred to a SN-OD.
- **DCD referral rate** – Proportion of patients in whom imminent death was anticipated who were referred to a SN-OD.
- **DBD/ DCD approach rate** – Proportion of potential DBD or DCD donors whose family were approached for consent/ authorisation to donation.
- **DBD / DCD consent / authorisation rate** – Number of families consenting to/ authorising donation out of those families approached.

In addition to the data shown, within the Emergency Medicine departments, there were 14,978 deaths audited between 1 April 2010 and 30 June 2011. From these audited deaths, there were 54 potential DBD identified, 52 (96%) families were approached, 46 (88%) consented to /authorised donation and 44 (81% of potential DBD identified) became actual donors. Of the 475 potential DCD identified, 151 (32%) families were approached, 55 (36%) consented to /authorised donation and 24 (5% of potential DCD identified) became actual donors.

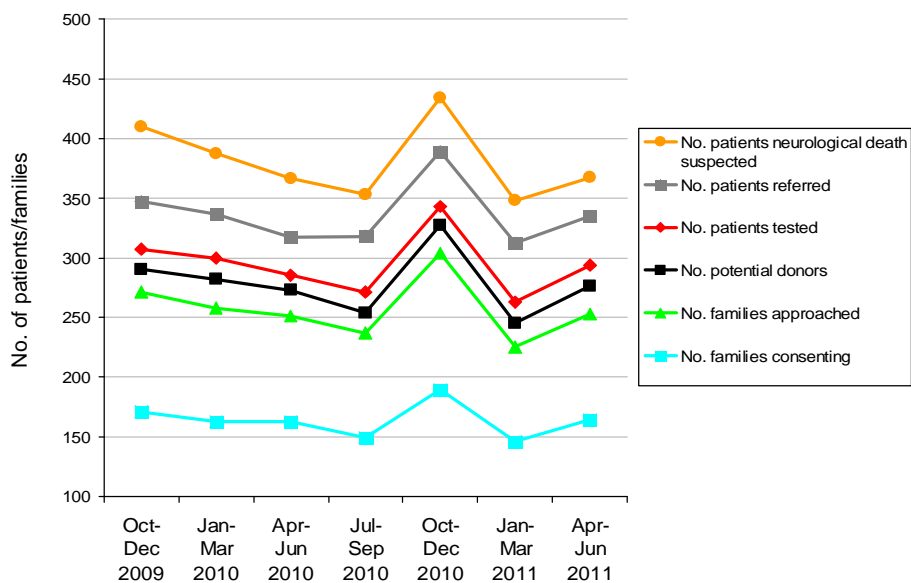
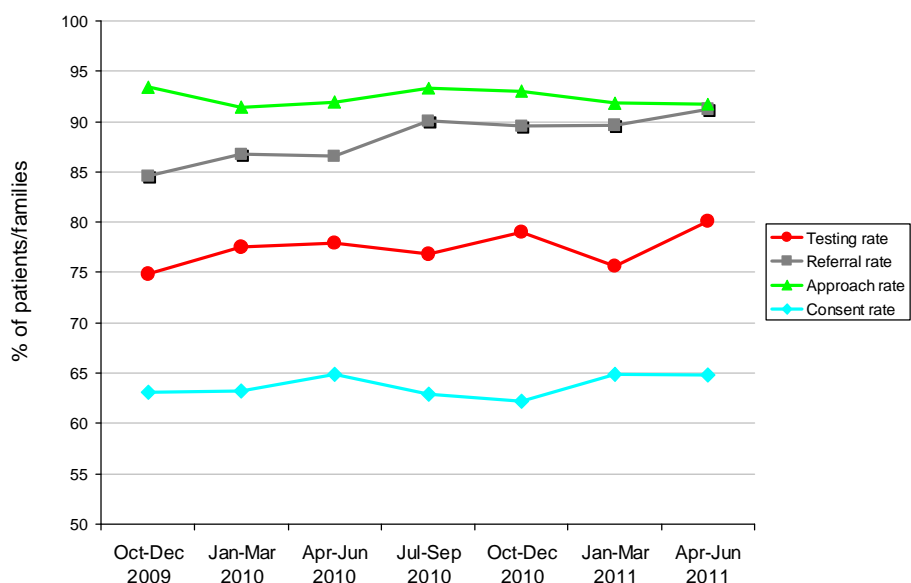
Figure 8 Summary of potential for DBD donation, 1 October 2009 – 30 June 2011**Figure 9 Key rates for DBD donation, 1 October 2009 – 30 June 2011**

Figure 10 Summary of potential for DCD donation, 1 October 2009 – 30 June 2011

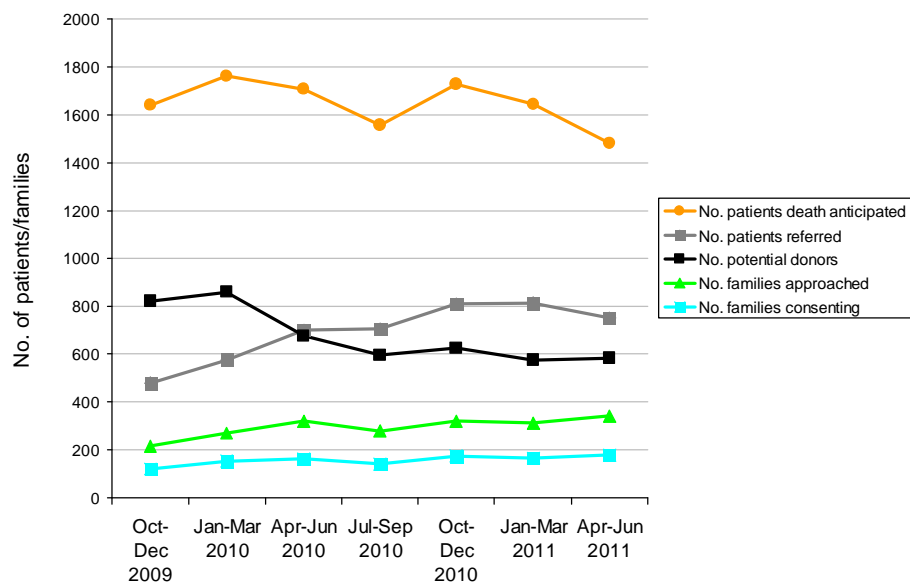


Figure 11 Key rates for DCD donation, 1 October 2009 – 30 June 2011

