

Objective

The purpose of this document is to provide guidance to the Specialist Nurse (SN) or Lead Nurse when completing the Donor Assessment and Suitability Assessment for a potential DCD in adults OR completing the Infant Donor Assessment and Organ Screening Form for both DBD and DCD

Changes in this version

Change in process to cease hepatocyte only donation.

Addition of new step 8.10 under section 8 and reordering to provide clarification when liver for hepatocytes is the only potential organ. The SN should discontinue screening and stand down.

Addition to 9.4 to provide clarification that screening for hepatocytes is no longer required if no other organs are suitable for Transplantation.

Roles

- Specialist Nurse/SN - to receive a referral of a potential donor, to complete DonorPath, assess for donor suitability using the suitability assessment section on DonorPath or FRM5510 as appropriate.
- Lead Nurse/LN – to receive a referral of a potential donor, to complete DonorPath, assess for donor suitability using the suitability assessment section on DonorPath or FRM5510 as appropriate. To provide advice and guidance if a SN contacts them for advice regarding a referral.

Restrictions

- DonorPath and FRM5510 are intended for use as an operational decision-making tool and should be used as guidance on donor suitability.
- The guidance may be overruled if there is a clinical indication to undertake formal donor characterisation and organ offering. This should be documented in DonorPath and/or Section 11 of FRM5510
- The SOP does not specifically mention all sections of DonorPath or FRM5510. Specific sections have been highlighted as these sections require more guidance to complete.
- DonorPath suitability assessment should not be used for adults and children 2 years and over for assessment for DBD donation. However, it is acknowledged in exceptional circumstances that expert clinical advice may be sought regarding organ suitability of DBD donors.

Items Required

- DonorPath

Instructions

1. Receive incoming potential DCD or infant donor referral.

- 1.1 Follow procedure for receipt of a referral from critical care areas as per SOP3781.
- 1.2 Complete sections 1-8 on DonorPath Assessment thoroughly in all cases as this will then allow DonorPath to implement any absolute contraindications or DCD exclusions.
- 1.3 If the referral of the potential donor is under 2 years, utilise SOP5874 OTDT Paediatric Manual for further guidance. FRM5510 must be completed in **ALL** referrals aged <2years. Complete sections 1 and 2 of FRM5510.

2. Does DonorPath highlight that the potential donor has an absolute contraindication or DCD exclusion as per POL188 to donation?

- 2.1 If an exclusion is identified this should be clearly documented and the referral declined for organ donation.
- 2.2 If Multi Organ Failure or Septicaemia/Sepsis with organ dysfunction is selected the SN should only regard these as an exclusion if all listed organs are affected. The SN should be satisfied by the clinician that there is sufficient evidence from the clinical status, blood test results, dependency on supportive therapies (including renal replacement therapy, assist devices and medications) and/or other tests to demonstrate organ dysfunction/failure.
 - [If yes, go to section 3](#)
 - [If no, go to section 4](#)

ADVICE

If a patient has a DCD exclusion you can decline them for ALL organs for potential organ donation (other than the exception of multi organ failure or sepsis and multi organ dysfunction as described in point 2.2).

3. Absolute Contraindication or DCD Exclusion identified.

- 3.1 Record absolute contraindication or DCD exclusion using the dropdown list on DonorPath.
- 3.2 If appropriate, on FRM5510 indicate that you have identified an exclusion using the tick box.
- 3.3 Decline patient for organ donation as per **SOP3781**.
 - [Go to section 13](#)

4. Complete all sections in DonorPath as thoroughly as possible.

- 4.1 Data should be collected to determine suitability and in preparation for any required organ screening.

ADVICE

Utilise the information section in DonorPath suitability assessment for additional age guidance for what organs to screen as below:

Patient aged < 65 then consider as a potential multi organ donor.

Patient aged 65-75 then consider as potential liver and kidney donor.

Patient aged >75 then consider as potential kidney donor. If kidneys suitable, then liver should be offered if family support/give consent/authorisation. Consider organ specific contraindications.

5. Can suitability of the potential donor be ascertained without further assessment?

- [If no, go to section 6](#)
- [If yes, go to section 12](#)

6. Seek guidance from a Lead Nurse. If not available, go to section 8 (or section 9 for infants under 2 years of age).

- 6.1 Document reason for concern about suitability.
- 6.2 If available, contact a LN to discuss patient suitability.
- 6.3 Record LN name.

7. Does the Lead Nurse classify the potential donor as suitable for attendance?

- [If unsure go to section 8](#)
- [If yes, go to Section 12](#)
- [If no, go to section 11](#)

- 7.1 If no LN is available, select this option in the dropdown list and undertake organ screening as per Step 8.

 **ADVICE**

Whilst kidney screening is often the first organ of choice to assess for donor suitability, there may be occasions when the SN/LN feels the liver may be suitable without screening, therefore screening would not be required in this case, accept the referral as per SOP3781.
Another scenario could be the kidneys have an organ specific contraindication, the SN/LN feels the liver is suitable, therefore donor suitability would not need to occur, accept the referral as per SOP3781.

8. For adults and children over 2 years contact centre/s as indicated in Appendix 1 to seek advice on suitability. Complete the suitability assessment section in DonorPath.

- 8.1 The purpose of a screening call is to assess potential for transplant.
- 8.2 For kidney assessment, each transplant centre has a paired centre and will provide a clinical decision on whether a kidney may be suitable for transplant in the UK.
- 8.3 A maximum of two screening calls will occur. See Appendix 1 and 2.
- 8.4 Contact the nearest local designated kidney centre to the donor hospital (as per the regional donor handbook) to establish transplant potential and explain that this is a screening call.
State that ***“this request is for a national opinion of organ suitability and should not be based on local criteria or listed patients.”***
- 8.5 If an organ is accepted as having the potential to transplant, then you do not need to continue further screening, accept the referral as per SOP3781.
- 8.6 If an organ is firmly determined as not being transplantable by the first centre, the SN should discontinue screening and stand down kidney donation.
- 8.7 In the event of a centre stating that they are unable to give a firm decision *“We wouldn’t use this kidney, but someone might”* the SN should then call the paired centre, as per appendix 1.
- 8.8 In the event of two centres stating they are unable to give a firm decision on transplant potential the SN should discontinue screening and stand down kidney donation.
- 8.9 If kidneys are not accepted, then proceed to liver screening if applicable.
- 8.10 *If liver for hepatocytes is the only potential organ the SN should discontinue screening and stand down.*
- 8.11 If no centre accepts the patient as being suitable for further assessment, then document **ALL** the reasons for decline on the donor suitability assessment section in DonorPath.
- 8.12 In circumstances where the transplant centre is not a drop-down option use free text in “name of decision maker.” For example: Mr Smith, Southmead Bristol. Do not use abbreviations.
- 8.13 Document the outcome of all screening calls on DonorPath, where able to use the drop-down boxes. Please use full centre names and no abbreviations.

9. For a potential infant donor aged under 2 years follow the guidance in Section 4 of FRM5510 to indicate the organ screening age criteria.

- 9.1 All infants >37 weeks corrected gestational age should be considered for potential organ donation including a full assessment for the determination of death by neurological criteria in line with the guidance from the Royal College of Paediatric and Child Health.
- 9.2 Consider any organ specific contraindications and undertake organ screening following FRM5510.
- 9.3 If screening kidneys contact the designated screening centre within region. If the local designated centre would not consider transplanting an organ from this donor, then call the second centre on the list.
- 9.4 If liver screening is to occur, contact one of the centres on the list, if needed then contact the second centre on the list. Consideration should be given for hepatocyte screening as only Kings provide this service unless **there is only potential for hepatocyte donation. Whole livers for hepatocyte donation will only proceed when at least one other organ is being retrieved for the purposes of transplantation.**
- 9.5 If cardiothoracic screening is required, contact one of the centres on the list, if needed then contact the second centre on the list.
- 9.6 As per FRM5510 if the potential donor is DBD, suitability for multi visceral donation should be considered and discussed with Hub Operations and screened if appropriate.
- 9.7 If any organ is accepted as having the potential to transplant, then you do not need to continue further screening, accept the referral as per SOP3781 and consider all organs for consent/authorisation unless there is an organ specific contraindication.
- 9.8 Complete sections 5-10 of FRM5510 as appropriate, for all infants > 37 weeks corrected gestational age.
- 9.9 If no centre accepts the patient as being suitable for further assessment, then document **ALL** the reasons for decline on the donor suitability form.

10. Do the centres think it is a suitable donor?

- [If no, got to section 11](#)
- [If yes, go to section 12](#)

11. If there are no suitable organs, DECLINE the referral.

- 11.1 Ensure all potential for donation of other organs has been explored and give advice and relevant information for potential tissue donation (if appropriate).
- 11.2 Give reasons to the referring personnel for not proceeding with organ donation.
- 11.3 Document on DonorPath the reason for decline.
→ [Go to section 13](#)

12. Accept the referral.

12.1 Follow **SOP3781** Receipt of Referral of a Potential Organ Donor

→ [Go to section 13](#)

13. Complete DonorPath Assessment for all referrals and section 11 of FRM5510 for infants.

13.1 Indicate whether a SN assessed the potential donor in person.

13.2 Indicate whether an identified exclusion was over-ruled. This information is collected to monitor occurrences and outcomes of Donor Assessment over-rules.

13.3 Indicate whether organ donation proceeded. If no, please specify reason.

13.4 For referrals aged under 2 years, if a donor number is generated record the number on **FRM5510**. This information will be used to cross reference referrals and donation activity.

13.5 Send form **FRM5510** by email to neonatal.assessment@nhsbt.nhs.uk If sending via an iPad ensure to choose ORIGINAL COPY not a flattened copy. Information will be used to monitor the effectiveness of the DCD and Infant assessment tools and gain further evidence for future modifications.

⊖ **End of Procedure**

Definitions

- DonorPath – The secure electronic system that a SN/LN utilises to upload clinical information about a patient.
- DBD – Donation after Brain Death
- DCD – Donation after Circulatory Death

Related Documents/References

- SOP3781 – Receipt of Referral of a Potential Organ Donor and/or tissue donor
- FRM5510 - Infant Donor Assessment and Organ Screening
- POL188 – Clinical Contraindications to Approaching Families for Possible Organ & Tissue Donation
- SOP5874 OTDT Paediatric Manual
- Royal College of Paediatric and Child Health: The diagnosis of death by neurological criteria in infants less than two months old https://www.rcpch.ac.uk/sites/default/files/2019-03/2015_dnc_-_full_clinical_guideline.pdf

Appendices

Appendix 1

Designated kidney centres and paired centres

Example

Assessing a donor for suitability in **Winchester**

Nearest designated kidney centre **Portsmouth**. Paired centre, if a second call is required; **Bristol**

OR

Assessing a donor for suitability in **Glasgow**

Nearest designated kidney centre **Glasgow**. Paired centre, if a second call is required can be either **Edinburgh** OR **Belfast**



Appendix 2 – screening flow chart

