

### **Policy**

It is important to consider offering organs to Republic of Ireland (ROI) and Europe when they are unable to be placed for transplant in the UK for logistics or no suitable recipients. There are several factors to consider before offering organs ROI/ Europe and this MPD is to support SNs and Hub Operations with this. This covers DBD and DCD donors all organs with the exception of DCD heart.

### **Objective**

Provide guidance to the Specialist Nursing team of when to offer to ROI / Europe

### **Changes in this version**

No changes – new document

### **Roles**

#### **Specialist Nurse**

Once Hub Operations informs SN of offering completed. If an organ or organs not placed for logistical or no suitable recipients the SN must assess and consider whether offers should go to ROI / Europe.

#### **Hub Operations**

Inform SN of UK offering sequence completion and if requested by the SNOD to continue offering to ROI / Europe.

### **Appendices**

- See Appendix 1 for flowchart of the process described below.

### **Process Description**

1. Once UK organ offering completed including fast tracks. HUB to inform SN that UK offering has been completed as per MPD1382 - Donation Pathway Communication Touchpoints – SN's, Hub Operations and RPoC's.
2. SN to enquire reasons for decline.
  - a. Reason for decline from multiple centres is based on past medical history or poor function do NOT request European offering and proceed to Group 2 or INOAR offering (if applicable).
  - b. Reason for decline is logistics or no suitable recipients then proceed to step 3 to consider ROI / European Offering.
3. It is important to consider ROI / European offering of organs from both DBD donors and DCD (with the exception of DCD hearts) when it is a possibility.

#### **Factors that the SN needs to consider before ROI / European offering:**

- a. Donor hospital has capacity on ITU and in theatre to support retrieval timings. Anticipate additional 4-6 hours from this point if organ acceptance in ROI / Europe.
- b. Donor is anticipated to remain stable up until retrieval time.
- c. NOK have not placed any requests on retrieval timing that would impact ROI / European offering/retrieval.

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- d. UK accepting centres have no clinical need to expedite retrieval (e.g., urgent recipient who is deteriorating rapidly).
  - e. Consideration should be given to NORs capacity. HUB can advise if they foresee NORs capacity challenges. If concerns raised SN should escalate to the Organ Donation Management Team on call to discuss.
4. If the above has been considered and acceptable, then the SN can request the Hub commence ROI / European offering.

**⚠ Advice**

SN should be aware of offering outcome within 2 hours.

European teams are likely to request attendance and UK NORs will need to attend and lead retrieval (see MPD1043 - National Standards for Organ Retrieval from Deceased Donors).  
DCD Hearts are NOT to be offered to ROI / Europe.

5. If SN feels that they **cannot** accommodate ROI / European Offering they must inform Hub Operations who can then proceed to mobilise NORs if other organs placed or stand down on organ donation if no organs have been placed.

**Definitions**

- SN - Specialist Nurse
- ROI – Republic of Ireland
- NOK – Next of Kin
- PMH – Past Medical History
- ITU – Intensive Care Unit
- NORS – National Organ Retrieval Service
- INOAR – Increasing the number of organs available for research
- ODMT On Call – Escalation to Organ Donation Management Team

**Related Documents / References**

- MPD1043 - National Standards for Organ Retrieval from Deceased Donors
- MPD1382 - Donation Pathway Communication Touchpoints – SN's, Hub Operations and RPoC's
- SOP5567 - Process for Consent for Removal and Storage of Organs/Tissue/Samples for Research and Other Scheduled Purposes in QUOD Licensed Hospitals Only
- SOP5663 - Process for Authorisation for the Removal and Storage of Specific Organ/Tissue/Samples for Research and Other Purposes

**Appendix 1**

