

DCD Heart Passport

Directions for completion

- 1 This is a ten-page single copy form to be completed for all DCD hearts attended. This is a supplementary form and all other forms (i.e. HTA A, HTA B, RTI) should be completed as usual.
- 2 Sections 1 - 5 and 11 - 12 of the Passport should be completed by the retrieval team.
- 3 Section 6 should be completed by both the retrieval team and transplant team.
- 4 Once sections 1 - 6 and 11 - 12 are completed, the retrieval team should take and retain a copy of the Passport. The original Passport will remain with the recipient centre.
- 5 Sections 7 - 10 should be completed by the transplant team for all transplanted DCD hearts. The completed form should then be returned within 7 days after 30 days post-transplant has elapsed.
- 6 If the DCD heart was not transplanted then the form should be returned within 48 hours of the attendance.
- 7 Please complete the form by hand, scan and email to **ODTRegistrationTeamManagers@nhsbt.nhs.uk**
Alternatively post to:

ODT Information Services
NHS Blood and Transplant
Fox Den Road
Stoke Gifford
Bristol
BS34 8RR

DCD Heart Passport

ODT Donor number

Transplant centre

DONOR DETAILS

Section 1

Cardiothoracic retrieval team Name of lead heart retrieval surgeon

Did donation proceed? No = 1
 Yes = 2 **If NO:** At what stage did donation cease?
After assessment by CT NORS team, before placement on perfusion rig = 1
 After placement on perfusion rig = 2
 Before withdrawal of treatment = 3
 After withdrawal, before assessment = 4

Reason: Coronary disease = 1
Heart function = 2
Other, please specify = 3 **If other, please specify:**

Ultimate outcome/usage of heart:
Used for research = 1
Used for tissue/valves = 2
Disposed of = 3

Echocardiogram prior to withdrawal Echocardiogram = 1
FICE = 2 **If echocardiogram, echocardiologist assessment**
Advance = 1
With retrieval team = 2
Electronic review of recent data = 3
None = 4

Echo Report:

Date/time of echo **2 0** at (24hr) LV Ejection fraction %

Intraventricular septal thickness mm Posterior wall thickness mm End diastolic diameter mm

End systolic diameter mm TAPSE mm Fractional shortening %

LV function comment RV function comment

Valve comment

Inotropic support at time of echocardiologist assessment:

Dopamine	<input type="text"/>	mcg/kg/min	Noradrenaline	<input type="text"/>	mcg/kg/min	Enoximone	<input type="text"/>	mcg/kg/min
Dobutamine	<input type="text"/>	mcg/kg/min	Vasopressin	<input type="text"/>	units/hr	GTN	<input type="text"/>	mg/hr
Adrenaline	<input type="text"/>	mcg/kg/min	Milrinone	<input type="text"/>	mcg/kg/min	Nitric Oxide use duration	<input type="text"/>	hours

TIMINGS (USE 24 HOUR CLOCK)

Section 2

Date/time of treatment withdrawal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of SpO2 <80%	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of SBP <50mmHg	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of mechanical asystole	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of declaration of death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time into operating room	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of knife to skin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of abdominal cross clamp	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time aortic arch is vented	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>
Date/time of cardioplegia (DRP only)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2 0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	at (24hr)	<input type="text"/>	<input type="text"/>	:	<input type="text"/>	<input type="text"/>

DCD Heart Passport

ODT Donor number

Transplant centre

TIMINGS (USE 24 HOUR CLOCK) CONTINUED

Section 2

Date/time of NRP full flow (TA or abdominal) **2 0** at :

Date/time of heart in sinus **2 0** at :

Date/time off TA-NRP **2 0** at :

Date/time of aortic cross-clamp (TA-NRP only) **2 0** at :

Date/time instrumented on organ perfusion device (OPD) **2 0** at :

Time from withdrawal to TA-NRP full flow/OPD perfusion (DWIT) :

Time from systolic <50mm/Hg to TA-NRP full flow/OPD perfusion (FWIT) :

Date/time of leaving donor centre **2 0** at :

RETRIEVAL DETAILS

Section 3

Was the heart placed on OPD? No = 1 Yes = 2 If yes, OPD used? OCS = 1 mOrgan = 2 Other = 3 If other, please specify

OPD machine number If OCS module used, please provide serial number

Was NRP used? No = 1 Yes, A-NRP = 2 Yes, TA-NRP = 3

Cardioplegia solution St Thomas No 2 = 1 Custodial/HTK = 2 Other = 4 If other, please specify Volume ml

Additives to cardioplegia: GTN mg/L Heparin IU/L EPO IU/L

Please specify additional costs outside the usual NORS funding, including transport, staffing, equipment, consumables etc.

Were lungs retrieved No = 1 Yes = 2 If NO: Reason Organ damaged = 1 Organ unsuitable = 2 No suitable recipient = 3 Delay due to retrieval process = 4 Other = 5 If other, please specify

DONOR ASSESSMENT (TA-NRP only)

Section 4

Dopamine mcg/kg/min Vasopressin units/hr Heart rate bpm

MAP mmHg MPA mmHg CVP mmHg PCWP mmHg

CO L/min CI L/min/m²

Intraventricular septal thickness mm Posterior wall thickness mm End diastolic diameter mm

End systolic diameter mm TAPSE (best value) mm Fractional shortening %

Valve comment Heart unable to support circulation No = 1 Yes = 2

Other comments

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ODT Recipient number

Record of RBC units used				Section 3 (continued)
Unit number	Blood group	1st checker	2nd checker	Expiry

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ORGAN PERFUSION DEVICE (OPD) DATA

Section 5

Duration on OPD min Donor lactate before WOT mmol/L

First lactate on OPD after 15 minutes perfusion
 Arterial mmol/L Venous mmol/L
 Maximum lactate on OPD Arterial mmol/L Venous mmol/L

Time taken to reach maximum min Final lactate on OPD Arterial mmol/L Venous mmol/L

Mean coronary flow ml/min

Gas flow mL/min Mean SVO2 % Synchronised mode used No = 1 Yes = 2 If yes, duration min

Pacing required No = 1 Yes = 2 If yes, duration min

Defibrillation required No = 1 Yes = 2 If YES, please complete the following Number of times Maximum energy J

Mean hematocrit % Maintenance solution dose: Beginning OPD perfusion ml/h Ephinephrine solution dose: Beginning OPD perfusion ml/h
 End of perfusion ml/h End of perfusion ml/h

Bank blood administered No = 1 Yes = 2 If yes: Washed No = 1 Yes = 2 Source Donor hospital = 1 Retrieval centre = 2

Arterial biochemistry on OPD:

	Calcium mL/min	Sodium mmol/L	Potassium mmol/L	Glucose mmol/L
Minimum	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Maximum	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Increasing/Decreasing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Form (pages 2 - 5) completed by: PRINT NAME

Signed

Retrieval team representative

2 0

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HANDOVER

Section 6

Date/time of arrival at recipient centre at

Date/time of cardioplegia (off OPD) at

Which team removed heart from OPD Transplant team = 1 Retrieval team = 2 Heart removed from OPD by: Signed:

Was the heart deemed suitable for transplant No = 1 Yes = 2

If YES: Date/time heart deemed suitable for transplant at

Heart deemed suitable for transplant by: Signed:

Was the heart transplanted? No = 1 Yes = 2

If NO: Ultimate outcome/usage of heart: Used for research = 1
Used for tissue/valves = 2
Disposed of = 3

RECIPIENT DETAILS – PRE TRANSPLANTATION

Section 7

Pre-transplantation recipient right heart catheterisation: at

PVR Wood units CI L/min/m² TPG mmHg CVP mmHg

Cardioplegia prior to transplantation No = 1 Yes = 2 If YES, please complete the following Cardioplegia solution Volume ml
St Thomas No 2 = 1
Custodial/HTK = 2
Del Nido = 3

Mechanical support pre-transplant No = 1 Yes = 2 If YES, please select as appropriate
No = 1 Yes = 2 Long term VAD No = 1 Yes = 2 Short term VAD No = 1 Yes = 2 IABP
No = 1 Yes = 2 ECMO No = 1 Yes = 2 TAH

In hospital No = 1 Yes = 2 If YES: Select location No = 1 Yes = 2 General Ward No = 1 Yes = 2 ITU No = 1 Yes = 2 HDU No = 1 Yes = 2 Other
Length of hospital stay prior to transplant days

TRANSPLANT DETAILS

Section 8

Print name

Lead transplant surgeon:

Date/time implant started at

Date/time of cross-clamp off recipient at

Redo sterotomy No = 1 Yes = 2 If yes: <3 = 1 ≥3 = 2 Antegrade cardioplegia for donor heart No = 1 Yes = 2 If YES: Volume: ml
Single = 1
Continuous = 2

Retrograde cardioplegia of donor heart during implantation No = 1 Yes = 2 If yes, volume ml

Time from OPD cross-clamp to release of recipient cross-clamp min Time from release of recipient cross-clamp to final discontinuation of CPB min Cardiopulmonary bypass min

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RECIPIENT DETAILS – POST OPERATIVE

Section 9

Inotropic support (within first four hours of ITU arrival):

Dopamine <input type="text"/> <input type="text"/> mcg/kg/min	Noradrenaline <input type="text"/> · <input type="text"/> <input type="text"/> <input type="text"/> mcg/kg/min	Enoximone <input type="text"/> <input type="text"/> mcg/kg/min
Dobutamine <input type="text"/> <input type="text"/> mcg/kg/min	Vasopressin <input type="text"/> <input type="text"/> units/hr	GTN <input type="text"/> <input type="text"/> mg/hr
Adrenaline <input type="text"/> · <input type="text"/> <input type="text"/> <input type="text"/> mcg/kg/min	Milrinone <input type="text"/> <input type="text"/> mcg/kg/min	Nitric Oxide use duration <input type="text"/> <input type="text"/> hours
Maximum Nitric Oxide does <input type="text"/> <input type="text"/> ppm		

First set of cardiac outputs (within first four hours of ITU arrival):

Heart rate <input type="text"/> <input type="text"/> <input type="text"/> bpm	CVP <input type="text"/> +/- <input type="text"/> <input type="text"/> mmHg	PCWP <input type="text"/> +/- <input type="text"/> <input type="text"/> mmHg
MAP <input type="text"/> <input type="text"/> <input type="text"/> mmHg	MPA <input type="text"/> <input type="text"/> mmHg	CO <input type="text"/> <input type="text"/> · <input type="text"/> L/min
PVR <input type="text"/> <input type="text"/> <input type="text"/> dyn.s/cm ⁵	SVR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dyn.s/cm ⁵	Mixed venous saturation <input type="text"/> <input type="text"/> · <input type="text"/> %
		CI <input type="text"/> <input type="text"/> · <input type="text"/> L/min/m ²
		CVVH <input type="text"/> <input type="text"/> <small>No = 1 Yes = 2</small> <input type="text"/>

RECIPIENT 30 DAY FOLLOW UP

Section 10

Please complete this section 30 days after transplant

Recipient died? No = 1
Yes = 2 If yes, date of death: **2 0**

Mechanical support post-transplant No = 1
Yes = 2

Select appropriate mechanical support:

<small>No = 1 Yes = 2</small> <input type="text"/>	Long term VAD	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 0 <input type="text"/> <input type="text"/>
<small>No = 1 Yes = 2</small> <input type="text"/>	Short term VAD	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 0 <input type="text"/> <input type="text"/>
<small>No = 1 Yes = 2</small> <input type="text"/>	ECMO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 0 <input type="text"/> <input type="text"/>
<small>No = 1 Yes = 2</small> <input type="text"/>	TAH	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 0 <input type="text"/> <input type="text"/>
<small>No = 1 Yes = 2</small> <input type="text"/>	IABP	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	2 0 <input type="text"/> <input type="text"/>

Date of implant

Duration of support days Duration between transplant and implant days

Outcome of implant Still on mechanical support = 1
Device explanted = 2
Died on device = 3

Ventilation support post-transplant No = 1
Yes = 2

Duration of ventilation support days
(<24 hours = 1 day)

Surgical re-exploration No = 1
Yes = 2

Tracheostomy post-transplant No = 1
Yes = 2

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RECIPIENT 30 DAY FOLLOW UP (CONTINUED)

Section 10

Please complete this section 30 days after transplant

Inotrope support post-transplant No = 1
Yes = 2

For each inotrope required, indicate the number of days patient received drug post transplant:

Dopamine <input type="text"/> <input type="text"/> days	Noradrenaline <input type="text"/> <input type="text"/> days	Enoximone <input type="text"/> <input type="text"/> days
Dobutamine <input type="text"/> <input type="text"/> days	Vasopressin <input type="text"/> <input type="text"/> days	GTN <input type="text"/> <input type="text"/> days
Adrenaline <input type="text"/> <input type="text"/> days	Milrinone <input type="text"/> <input type="text"/> days	Nitric Oxide <input type="text"/> <input type="text"/> days

Duration of CVVH days

Please indicate any immunosuppression given within 30 days post-transplant:

Induction immunosuppression No = 1 Yes = 2 <input type="text"/>	Cyclosporine No = 1 Yes = 2 <input type="text"/>	Mycophenolate Mofetil No = 1 Yes = 2 <input type="text"/>	Sirolimus No = 1 Yes = 2 <input type="text"/>
Tacrolimus No = 1 Yes = 2 <input type="text"/>	Prednisolone No = 1 Yes = 2 <input type="text"/>	Azathioprine No = 1 Yes = 2 <input type="text"/>	

Form (pages 6 - 8) completed by:

Transplant team representative

PRINT NAME

Date

20

Signed

DCD Heart Passport

ODT Donor number

Transplant centre

ODT Recipient number

Section 11

Event	Time	Lac	Flow	AoP	Main.	Adr.	Ph	CO2	PO2	K	Ca	Hct	HB	BE	Bic	Glu	Sats
Prime																	
Prime																	
Prime																	
A 15 min																	
V 15 min																	
A 30 min																	
V 30 min																	
A 45 min																	
V 45 min																	
A 60 min																	
V 60 min																	
A 90 min																	
V 90 min																	
A 120 min																	
V 120 min																	
A 150 min																	
V 150 min																	
A 180 min																	
V 180 min																	

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Section 11

Event	Time	Lac	Flow	AoP	Main.	Adr.	Ph	CO2	PO2	K	Ca	Hct	HB	BE	Bic	Glu	Sats
A 210 min																	
V 210 min																	
A 240 min																	
V 240 min																	
A 270 min																	
V 270 min																	
A 300 min																	
V 300 min																	
A 330 min																	
V 330 min																	
A 360 min																	
V 360 min																	
A 390 min																	
V 390 min																	
A 420 min																	
V 420 min																	
A 450 min																	
V 450 min																	
A 480 min																	
V 480 min																	

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Medications administered on Organ Perfusion Device

Section 12

Drug	Dose	Time	Prescriber	Administered