



Blood and Transplant

**ANNUAL REPORT ON DECEASED DONATION
AND TRANSPLANTATION IN PAEDIATRIC
PATIENTS**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD
1 APRIL 2023 – 31 MARCH 2024**

PUBLISHED OCTOBER 2024

EXECUTIVE SUMMARY

- In the year 1 April 2023 to 31 March 2024, there were 1,159 paediatric deaths audited for the PDA. Of these deaths, 106 and 203 patients met the referral criteria for DBD and/or DCD, respectively and 99% and 96% were referred to a SNOD.
- Of the 106 patients for whom neurological death was suspected, 68% were tested and there were 66 and 161 eligible DBD and DCD, respectively. Of the eligible DCD, 77 were considered medically suitable eligible DCD donors.
- Of the families approached, consent/authorisation was ascertained for 58% eligible DBD donors and 17% of eligible DCD donors. Of these, 94% and 89% respectively, became actual solid organ donors. No families overruled their loved one's known wish to be an organ donor.
- Over the last five years:
 - The testing rate has increased slightly in the most recent year to 68%.
 - The DBD referral rate has increased slightly with a rate of 99% in 2023/24.
 - The DBD SNOD presence rate has increased to 89%.
 - The DBD consent/authorisation rate has increased slightly in the most recent year to 58% in 2023/24.
 - The DCD referral rate has risen to a five year high of 96% in 2023/24.
 - The DCD SNOD presence rate has fallen to a five year low of 67% 2023/24.
 - The DCD consent/authorisation rate has fallen to a five year low of 17% in 2023/24.
- At 31 March 2024, there were a total of 238 paediatric patients on the transplant list, 18 more than 31 March 2023. During 2023/24, 252 paediatric patients received a transplant, a decrease of 13 transplants when compared with the previous year.

1 INTRODUCTION

This report presents Potential Donor Audit (PDA) and UK Transplant Registry (UKTR) information on the financial year 1 April 2023 to 31 March 2024 and summaries of the following are provided:

- POTENTIAL DONOR AUDIT
- TRANSPLANT LIST
- TRANSPLANT ACTIVITY

The PDA dataset used to compile this report includes all audited paediatric deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 8 May 2024. Paediatric patients have been defined as all patients under 18 years of age. Neonatal patients who die in a neonatal unit have been excluded from the report and patients who die on a ward have not been audited.

This report summarises the main findings of the PDA over the 12-month period, in particular the reasons why patients were lost during the donation process.

Data on the paediatric transplant list and transplant activity have been obtained from the UKTR. Organ specific paediatric definitions are provided with the data.

2 DEFINITIONS

Eligible donors after brain death (DBD) are defined as patients for whom death was confirmed following neurological tests and who had no absolute medical contraindications to solid organ donation.

Eligible donors after circulatory death (DCD) are defined as patients who had treatment withdrawn and death was anticipated, with no absolute medical contraindications to solid organ donation.

Absolute medical contraindications to organ donation are listed here:

https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/6455/contraindications_to_organ_donation.pdf

SNOD Specialist Nurse in Organ Donation, including Specialist Requesters

The consent/authorisation rate is the percentage of eligible donor donation decision conversations where consent/authorisation was ascertained.

Further definitions to aid interpretation are given in **Appendix 1**.

3 BREAKDOWN OF AUDITED PAEDIATRIC DEATHS

In the 12-month period from 1 April 2023 to 31 March 2024, there were a total of 1,159 audited paediatric patient deaths in the UK. A detailed breakdown for both the DBD and DCD data is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

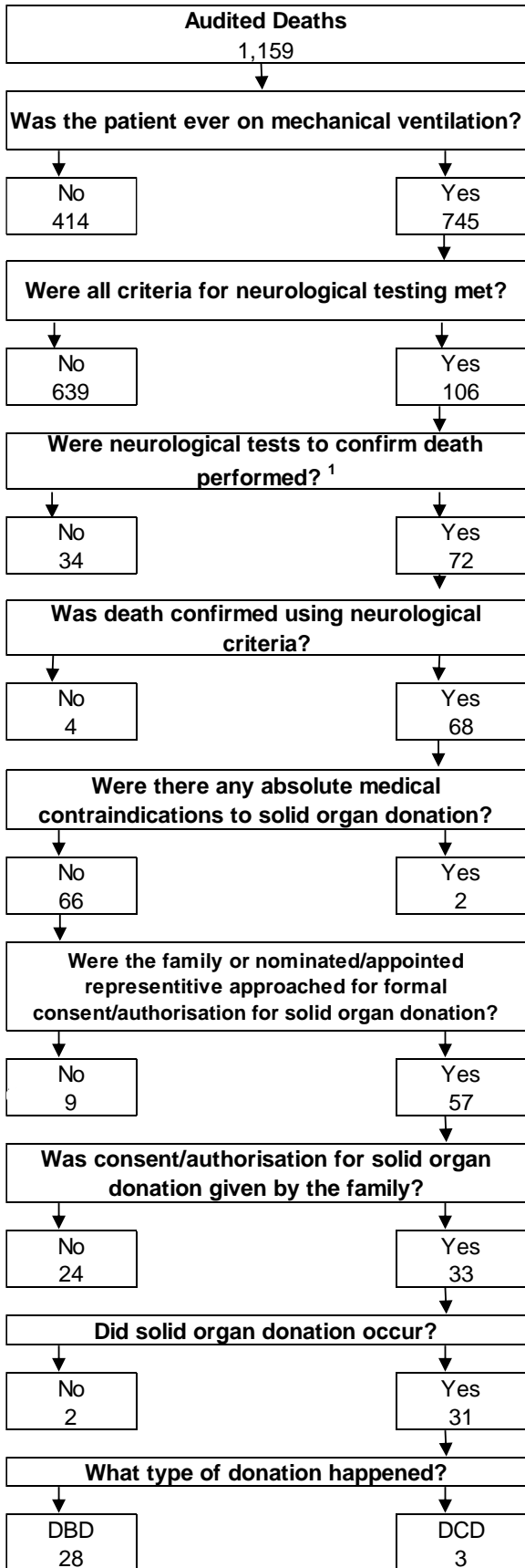
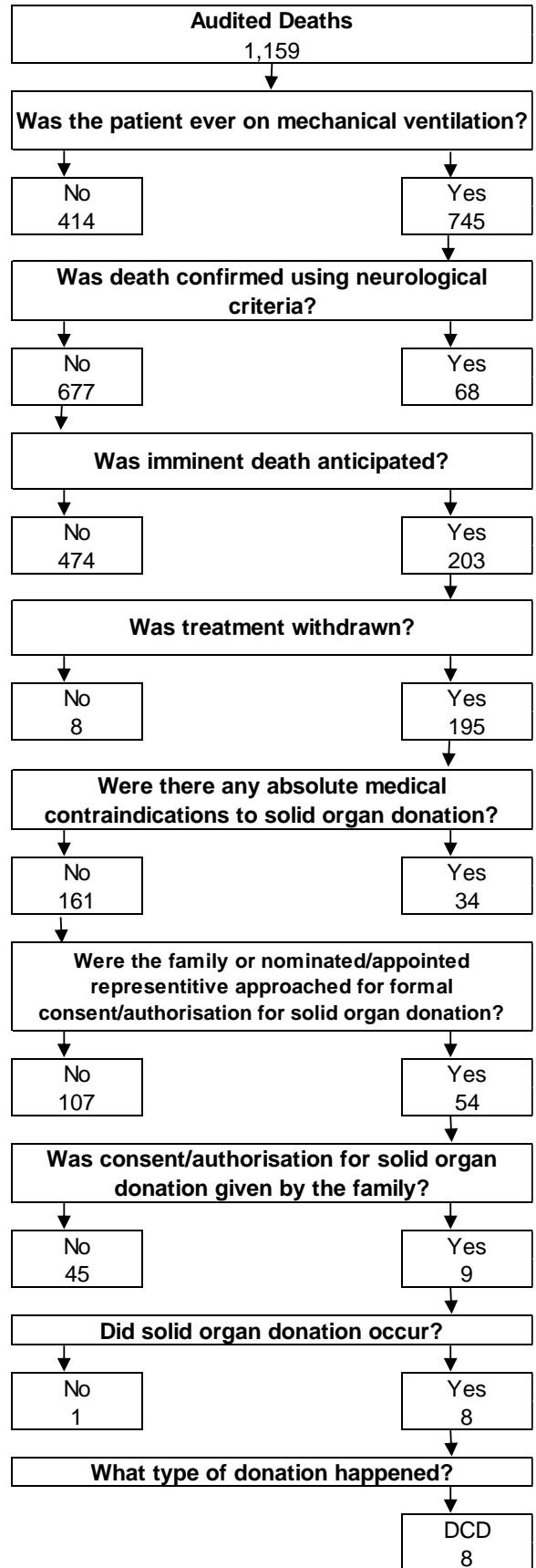


Figure 2 Donation after circulatory death



¹ Patients for whom tests were not performed due to; cardiac arrest despite resuscitation occurred, brainstem reflexes returned, or neonates - less than 2 months post term are excluded from the calculation of the neurological death testing rate

Table 1	Key numbers and rates		
	DBD	DCD	ALL
Patients meeting organ donation referral criteria ¹	106	203	269
Referred to NHS Blood and Transplant	105	194	259
<i>Referral rate %</i>	<i>99.1</i>	<i>95.6</i>	<i>96.3</i>
Neurological death tested	72		72
<i>Testing rate %</i>	<i>67.9</i>		<i>67.9</i>
Eligible donors ²	66	161	227
Family approached	57	54	111
Family approached and SN-OD present	51	36	87
<i>% of approaches where SN-OD present</i>	<i>89.5</i>	<i>66.7</i>	<i>78.4</i>
Consent/authorisation given	33	9	42
<i>Consent/authorisation rate %</i>	<i>57.9</i>	<i>16.7</i>	<i>37.8</i>
- Expressed opt in	6	0	6
<i>Expressed opt in %</i>	<i>100</i>		<i>100</i>
- Other ³	27	9	36
<i>Other³ %</i>	<i>54</i>	<i>18.8</i>	<i>36.7</i>
Actual donors from each pathway	31	8	39
<i>% of consented/authorised donors that became actual donors</i>	<i>93.9</i>	<i>88.9</i>	<i>92.9</i>
<p>¹ DBD - A patient with suspected neurological death excluding those that were not tested due to reasons: cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term DCD - A patient in whom imminent death is anticipated, ie a patient receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated within a time frame to allow donation to occur</p> <p>² DBD - Death confirmed by neurological tests and no absolute contraindications to solid organ donation. DCD - Imminent death anticipated and treatment withdrawn with no absolute contraindications to solid organ donation</p> <p>³ Includes all patients who have not expressed a donation decision and those, aged 16 or 17 in Scotland, where deemed criteria are not met.</p>			

4 NEUROLOGICAL DEATH TESTING RATE

The neurological death testing rate was 68%, this is the percentage of patients for whom neurological death was suspected that were tested. To be defined as neurological death suspected, the patients were indicated to have met the following criteria - invasive ventilation, Glasgow Coma Scale 3 not explained by sedation, no respiratory effort, fixed pupils, no cough or gag reflex. Patients for whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 34 patients (32%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

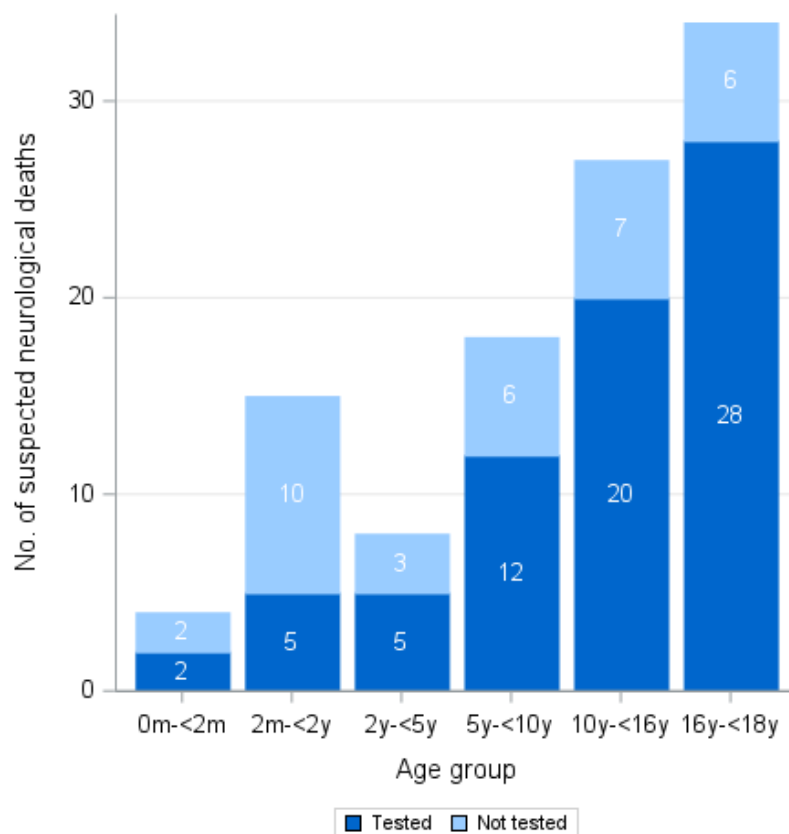
The most common reason for not testing was family pressure not to test. This was given as the reason for not testing 10 (29%) patients. A biochemical/ endocrine abnormality was given as the reason for not testing 8 (24%) patients.

Table 2 Reasons given for neurological death tests not being performed		
	N	%
Family pressure not to test	10	29.4
Biochemical/endocrine abnormality	8	23.5
Clinical reason/Clinician's decision	5	14.7
Patient haemodynamically unstable	3	8.8
Other	3	8.8
Continuing effects of sedatives	2	5.9
Inability to test all reflexes	2	5.9
Treatment withdrawn	1	2.9
Total	34	100.0

4.1 NEUROLOGICAL DEATH TESTING RATE BY PATIENT AGE

Age is represented by a categorical variable with intervals <2 months, 2 months - <2 years, 2-<5 years, 5-<10 years, 10-<16 years and 16-<18 years. There were a total of 106 neurological deaths suspected in paediatric patients in the UK from 1 April 2023 – 31 March 2024 and a total of 72 deaths where neurological tests were performed (68%). **Figure 3** shows the number of neurological death tests performed by age group. The 16 - <18 year old age group had the highest testing rate of 82%. In the 16 - <18 year old group, all but one patient, were treated in an adult ICU. The one patient treated in a paediatric ICU was not tested.

Figure 3 Neurological death testing by age group



5 REFERRAL RATE

A patient for whom neurological death is suspected or for whom imminent death is anticipated, i.e., receiving assisted ventilation, a clinical decision to withdraw treatment has been made and death is anticipated, should be referred to a Specialist Nurse Organ Donation (SNOD). The DBD referral rate was 99% and the DCD referral rate was 96%.

Table 3 shows the reasons given why such patients were not referred. One patient can meet the referral criteria for both DBD and DCD and therefore some patients may be counted in both columns. Referral criteria are defined in **Appendix 1**.

For the 1 DBD patient who met referral criteria but was not referred, the reason given for non-referral was a Coroner/ Procurator Fiscal reason. For patients who met the DCD referral criteria but were not referred, the reason given for non-referral of 6 (67%) patients was the patient was not identified as a potential donor/organ donation was not considered. For 2 (22%) DCD patients the reason given for non-referral was family declined donation following decision to remove treatment.

Table 3	Reasons given why patient not referred			
	DBD		DCD	
	N	%	N	%
Coroner / Procurator Fiscal reason	1	100.0	-	-
Not identified as potential donor/organ donation not considered	-	-	6	66.7
Family declined donation following decision to remove treatment	-	-	2	22.2
Other	-	-	1	11.1
Total	1	100.0	9	100.0

6 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 86% of DBD and 34% of DCD cases. This rate is considerably lower for DCD donor families than DBD, as the DCD assessment process identifies many eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2023/24, 84 eligible DCD donors were excluded by this process. Families of the remaining 77 medically suitable eligible DCD donors were asked to make or support a patient's organ donation decisions in 69% of cases. The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached.

The main reasons given for not approaching families of eligible DBD donors was that the Coroner/Procurator Fiscal refused permission and patient was deemed medically unsuitable, 3 (33%) cases respectively. In a further 2 (22%) cases the family stated they would not consent/authorise prior to the donation decision conversation.

For medically suitable eligible DCD donors not approached, 11 (46%) were because the Coroner/Procurator Fiscal refused permission and 6 (25%) were because the family stated they would not consent/authorise prior to the donation decision conversation.

Table 4	Reasons given why family were not asked to make or support patient's organ donation decision			
	Eligible DBD		Medically suitable eligible DCD	
	N	%	N	%
Coroner/Proc Fiscal refused permission	3	33.3	11	45.8
Subsequently assessed to be medically unsuitable	3	33.3	2	8.3
Family stated they would not consent/authorise prior to donation decision conversation	2	22.2	6	25.0
Other	1	11.1	-	-
Not identified as a potential donor	-	-	5	20.8
Total	9	100.0	24	100.0

7 OVERALL CONSENT/AUTHORISATION RATE

The consent/authorisation rate is based on eligible donors whose families were asked to make or support a patient's organ donation decision. The consent/authorisation rate is the proportion of eligible donors for whom consent/authorisation for solid organ donation was ascertained.

During the financial year, the DBD consent/authorisation rate was 58% and the 95% confidence limits for this percentage are 45% - 71%. The DCD consent/authorisation rate was 17% and the 95% confidence limits for this percentage are 7% - 27%. The overall consent/authorisation rate was 38% and the 95% confidence limits for this percentage are 29% - 47%.

Six children were known to have registered their wish to donate on the Organ Donor Register (ODR) at the time of the formal organ donation discussion. Four of these children were younger than 16 years old. Consent/authorisation was ascertained for all donors registered on the ODR. No families overruled their loved one's known wish to be an organ donor.

In Scotland, deemed authorisation applies to Scottish residents over the age of 16. Between 1 April 2023 – 31 March 2024, there were no Scottish patients between the ages of 16 - <18 where deemed authorisation applied.

The consent/authorisation rate was 37% where patients have not expressed a donation decision and where deemed criteria are not met.

For the 6 DBD families who were asked to make or support a patient's organ donation decision, where the SN-OD was not present, consent/authorisation was ascertained for zero patients. For DCD patients, consent/authorisation was ascertained for none of the 18 eligible DCD patients when the SN-OD was not present. The overall consent/authorisation rate was 48% when the SN-OD was present compared to 0% when the SN-OD was not present.

The reasons why the family did not support organ donation are shown in **Table 5**. The main reasons given that families of eligible DBD patients did not support organ donation were that the family did not want surgery to the body, 5 (21%), family felt it was against their religious/cultural beliefs, 4 (17%), other reason, 4 (17%), and family felt the patient

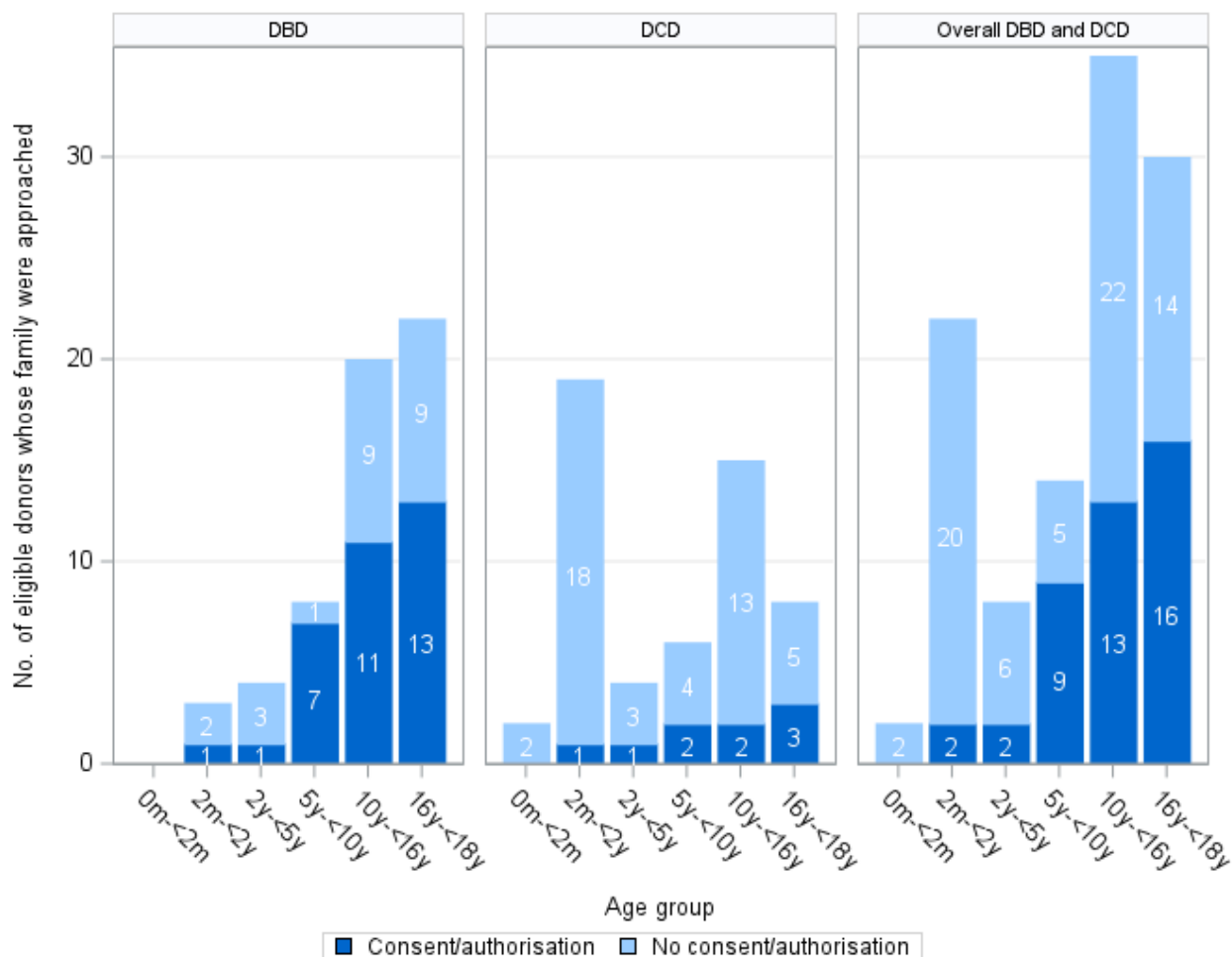
had suffered enough, 3 (13%). The main reasons that families of eligible DCD patients did not support organ donation were family felt the patient had suffered enough, 12 (27%), strong refusal, 7 (16%), family did not want surgery to the body, 6 (13%), and family felt it was against their religious and cultural beliefs, 6 (13%).

Table 5 Reasons why the family did not support organ donation				
	DBD		DCD	
	N	%	N	%
Family did not want surgery to the body	5	20.8	6	13.3
Family felt it was against their religious/cultural beliefs	4	16.7	6	13.3
Other	4	16.7	3	6.7
Family felt patient had suffered enough	3	12.5	12	26.7
Strong refusal - probing not appropriate	2	8.3	7	15.6
Family were not sure whether the patient would have agreed to donation	1	4.2	1	2.2
Family did not believe in donation	1	4.2		
Family divided over the decision	1	4.2	1	2.2
Family wanted to stay with the patient after death	1	4.2	3	6.7
Family felt the length of time for the donation process was too long	1	4.2	4	8.9
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	1	4.2	1	2.2
Patient had previously expressed a wish not to donate			1	2.2
Total	24	100.0	45	100.0

7.1 CONSENT/AUTHORISATION RATES BY DEMOGRAPHICS

The consent/authorisation rates for the six age groups (for the 57 eligible DBD and 54 eligible DCD whose families were approached) are illustrated in **Figure 4**. The highest overall consent/authorisation rate for eligible donors occurred in the 5 - <10 year old age group (64%). The lowest consent/authorisation rate was in the 0 - <2 months group (0%).

Figure 4 Number of families approached by age group



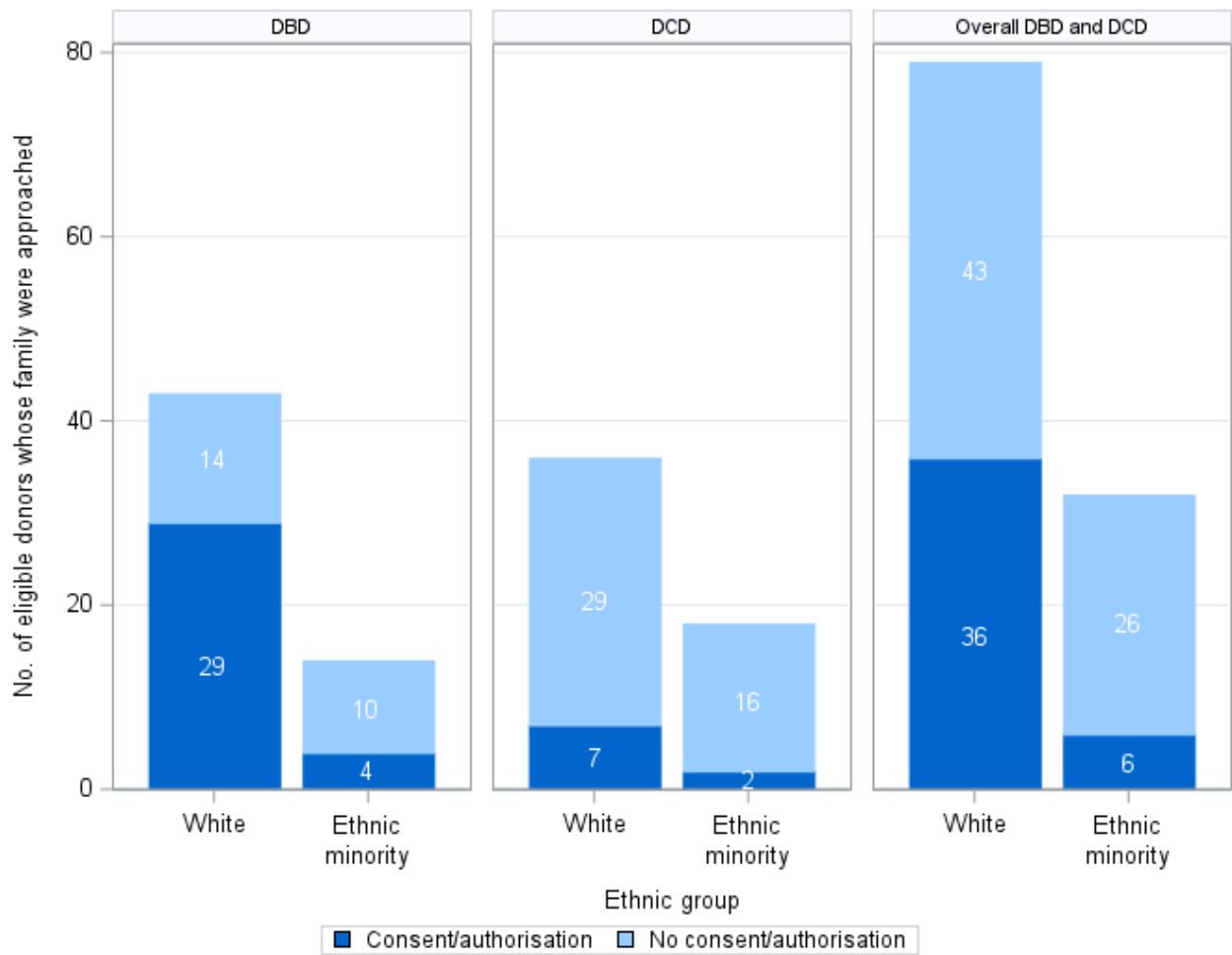
Consent/authorisation rates for patients from the white ethnic groups are compared with those patients from ethnic minority groups and are shown in **Figure 5**. There were a total of 32 approaches to families of patients from ethnic minority groups, 14 DBD and 18 DCD.

For eligible DBD, the consent/authorisation rates were 67% for patients from white ethnic groups and 29% for patients from ethnic minority groups. For eligible DCD, the consent/authorisation rates were 19% for patients from white ethnic groups and 11% for patients from ethnic minority groups.

The overall consent/authorisation rates were 46% for eligible donors from white ethnic groups and 19% for eligible donors from ethnic minority groups. The 95% confidence limits for overall consent/authorisation rates are 35% - 57% for eligible donors from white ethnic groups and 5% - 32% for eligible donors from ethnic minority groups.

Additional information on trends in organ donation and transplantation by ethnicity can be found in the Annual report on ethnicity differences in Organ Donation and Transplantation here: <https://www.odt.nhs.uk/statistics-and-reports/>.

Figure 5 Number of approaches by patient ethnicity



8 SOLID ORGAN DONATION

Of the eligible donors whose families consented to/authorised donation, 94% of the eligible DBD and 89% of the eligible DCD went on to become actual solid organ donors. **Table 6** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

Two consented/authorised eligible DBD donors did not proceed, one due to the patient's general medical condition and the other because the next of kin (NOK) withdrew consent/authorisation. The reason given for the one consented/authorised eligible DCD not proceeding, was no transplantable organ.

Table 6 Reasons why consented/authorised eligible donors did not proceed to donate				
	DBD		DCD	
	N	%	N	%
Clinical - Patient's general medical condition	1	50.0	-	-
Consent / Auth - NOK withdraw consent / authorisation	1	50.0	-	-
Clinical – No transplantable organ	-	-	1	100.0
Total	2	100.0	1	100.0

9 FIVE YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 6, 7, 8 and 9 illustrate the five-year trends in key numbers and rates across the UK. Note that patients who met the referral criteria for both DBD and DCD donation will appear in both DBD and DCD bar charts in Figure 7.

The testing rate has increased in recent years to 63% in 2022/23 and continues to increase to 68% in the most recent year. The number of patients tested and patients not tested have decreased since 2022/23. The DBD referral rate has increased slightly to 99%, a five year high. The DCD referral rate is also the highest in 5 years at 96% in the most recent year. The actual number of missed referrals for DBD is very low, with only 1 in 2023/24. The actual number of missed referrals for DCD has decreased to 9 in 2023/24, compared to 39 in 2019/20. The percentage of DBD family approaches where a SNOD was present has risen to 89% in the most recent year. However, for DCD, the SNOD presence rate has decreased to a 5 year low of 67%. The actual number of DBD missed opportunities to have a SNOD present for the family approach has decreased compared to 2022/23. The true number of missed opportunities for a SNOD to be present for DCD donation has slightly decreased from 19 in 2019/20 to 18 in 2023/24. The DBD consent/authorisation rate increased from 54% in 2022/23 to 58% in 2023/24. The DCD consent/authorisation rate has fallen from 29% in 2022/23 to 17%, the lowest in 5 years.

Figure 6 Number of patients with suspected neurological death, 1 April 2019 – 31 March 2024

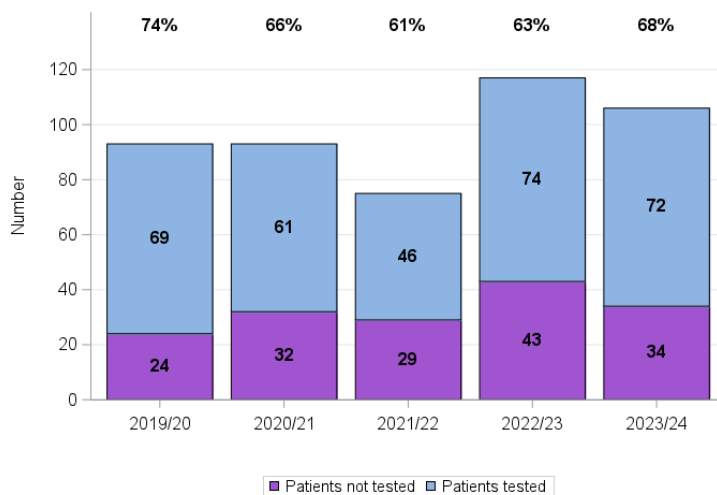


Figure 7 Number of patients meeting referral criteria, 1 April 2019 – 31 March 2024

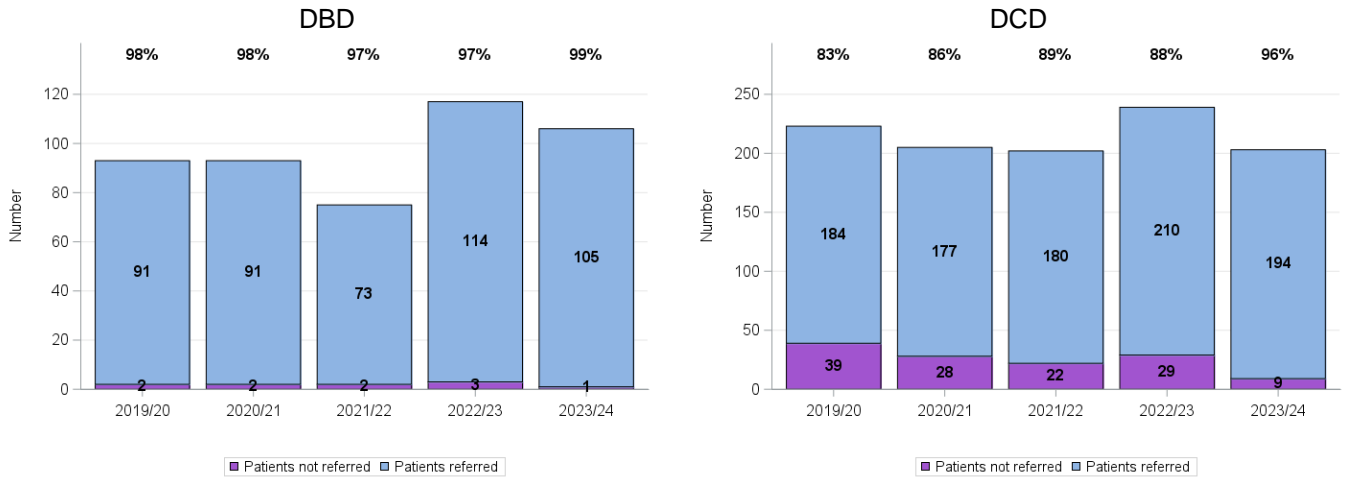


Figure 8 Number of families approached by SNOD presence, 1 April 2019 – 31 March 2024

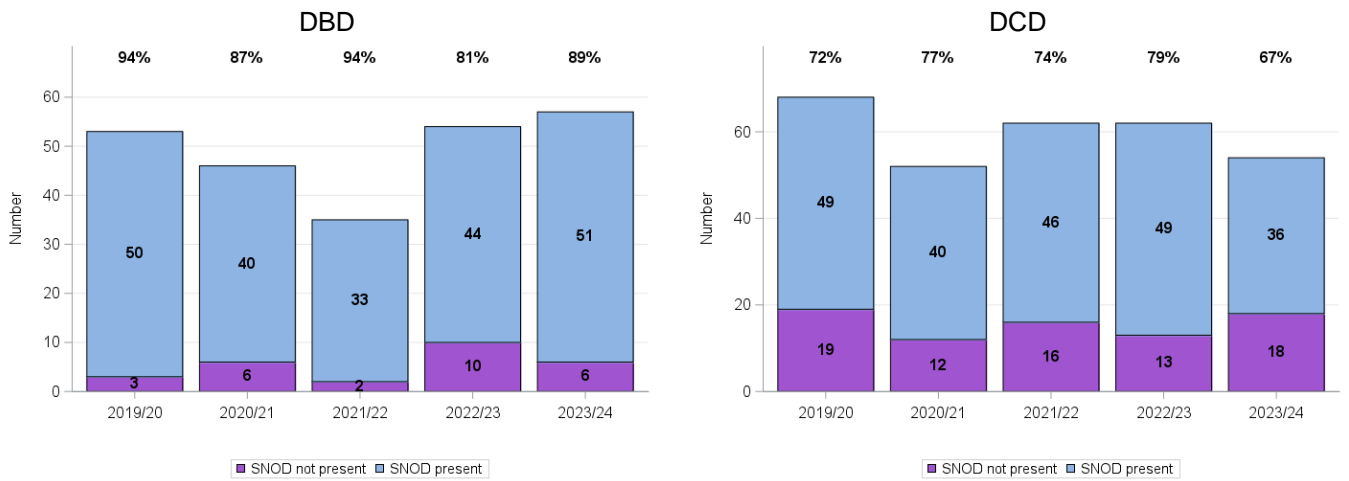
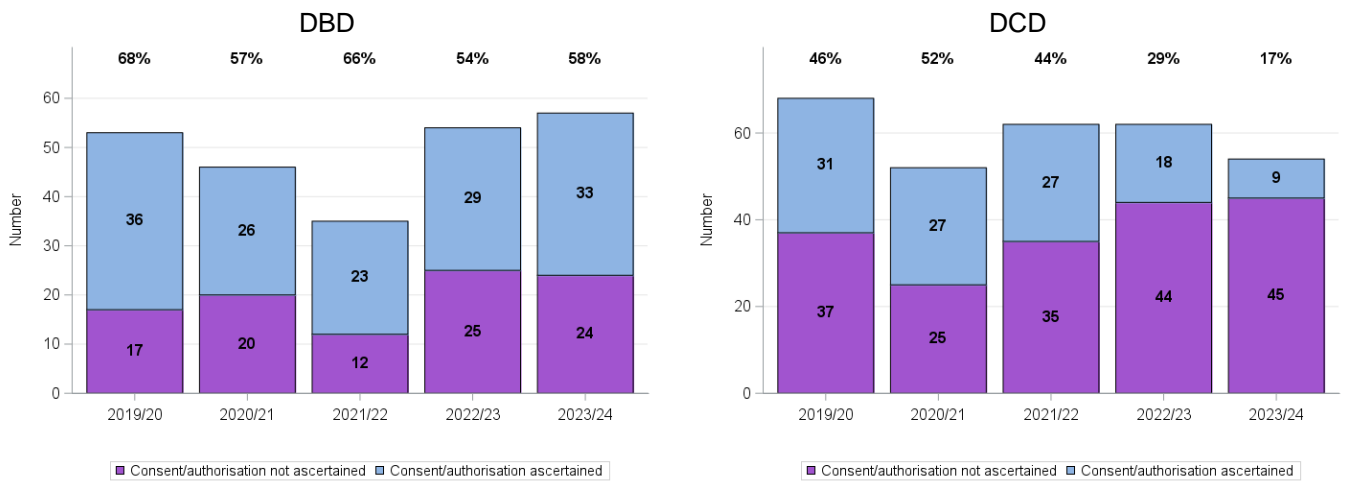


Figure 9 Number of families approached by consent/authorisation ascertained, 1 April 2019 – 31 March 2024



10 TRANSPLANT LIST

Table 7 shows the number of paediatric patients on the active transplant list as at 31 March 2024 and 31 March 2023. Note that, in this section, paediatric patients are defined by organ specific paediatric age limits. Numbers may differ from NHSBT annual organ specific reports which, for some organs, also include patients up to the age of 18 years old who are waiting at paediatric units.

In total there were 238 patients waiting for a transplant, 119 (50%) of which were waiting for a kidney transplant. The number of patients waiting for a transplant is higher than as at 31 March 2023, when there were 210 patients waiting.

Table 7 Active paediatric transplant list in the UK, as at 31 March 2024 (31 March 2023)		
	Active transplant list	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Heart	34	(48)
Lung	10	(13)
Heart/Lung	2	(3)
Total cardiothoracic	46	(64)
Renal paediatric patients (<18 years at time of registration)		
Kidney	119	(102)
Kidney/pancreas	-	(-)
Total renal	119	(102)
Liver paediatric patients (<17 years at time of registration)		
Liver	59	(37)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	8	(4)
Multi-organ paediatric patients (<18 years at time of registration)		
	6	(3)
Total	238	(210)

11 TRANSPLANT ACTIVITY

The number of paediatric transplants performed in the UK, from 1 April 2023 to 31 March 2024 are presented in **Table 8**. Note that, in this section, paediatric patients are defined by organ specific paediatric age limits. Numbers may differ from NHSBT annual organ specific reports which, for some organs, include patients up to the age of 18 years old who were transplanted at paediatric units or exclude patients re-transplanted.

In the 12-month period, there were a total of 252 transplants performed. Of these, 151 were deceased donor transplants and 101 were from living donors.

Table 8 Paediatric transplants in the UK, 1 April 2023 – 31 March 2024 (2022/2023)		
	Transplant numbers	
Cardiothoracic paediatric patients (< 16 years at time of registration)		
Deceased heart	35	(28)
Lung only – DBD	3	(0)
Lung only - DCD	1	(1)
Total cardiothoracic	39	(29)
Renal paediatric patients (<18 years at time of registration)		
Kidney - DBD	33	(40)
Kidney - DCD	10	(10)
Kidney – living donor	76	(77)
Total kidney	119	(127)
Liver paediatric patients (<17 years at time of registration)		
Liver - DBD	60	(78)
Liver - DCD	3	(6)
Liver – living or domino donor	25	(20)
Total liver	88	(104)
Intestinal paediatric patients (<18 years at time of registration)		
Intestinal	1	(1)
Multi-organ paediatric patients (<18 years at time of registration)		
	5	(4)
Total	252	(265)

Appendix I - Definitions

PDA patient selection criteria from April 2013 onwards: Deaths in critical or emergency care in patients aged 80 years and under (prior to 81st birthday).

Data excluded: Patients who did not die on a critical care unit or an emergency department and patients aged over 80 years are excluded.

Donation after brain death (DBD)	
Suspected neurological death	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 those not tested due to reasons 'cardiac arrest despite resuscitation', 'brainstem reflexes returned', 'neonates – below 37 weeks corrected gestational age' Previously referred to as brain death
Neurological death tested	Neurological death tests were performed to confirm and diagnose death
DBD referral criteria	A patient with suspected neurological death
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including ; Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient with suspected neurological death referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DBD donor	A patient with suspected neurological death
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DBD donor	A patient confirmed dead by neurological death tests, with no absolute medical contraindications to solid organ donation
Donation decision conversation	Family of eligible DBD asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual donors: DBD	Patients who became actual DBD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Actual donors: DCD	Patients who became actual DCD donors following confirmation of neurological death, as reported through the PDA (80 years and below) At least one organ donation for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Neurological death testing rate	Percentage of patients for whom neurological death was suspected who were tested
Referral rate	Percentage of patients for whom neurological death was suspected who were referred to the SNOD
Donation decision conversation rate	Percentage of eligible DBD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

Donation after circulatory death (DCD)	
Imminent death anticipated	A patient, not confirmed dead using neurological criteria, receiving invasive ventilation, in whom a clinical decision to withdraw treatment has been made and a controlled death is anticipated within a time frame to allow donation to occur (as determined at time of assessment)
DCD referral criteria	A patient for whom imminent (controlled) death is anticipated following withdrawal of life sustaining treatment (as defined above)
Specialist Nurse Organ Donation or Organ Donation Services Team Member (SNOD)	A member of Organ Donation Services Team including Team manager, Specialist Nurse Organ Donation, Specialist Requester, Donor Family Care Nurse
Referred to SNOD	A patient for whom imminent death is anticipated who was referred to a SNOD A referral is the provision of information to determine organ donation suitability NICE CG135 (England) : Triggers for clinicians to refer a potential donor are a plan to withdraw life sustaining treatment or a plan to perform neurological death tests
Potential DCD donor	A patient who had treatment withdrawn and imminent death was anticipated within a time frame to allow donation to occur
Absolute contraindications	Absolute medical contraindications identified in assessment which clinically preclude organ donation as per NHSBT criteria (POL188) Absolute medical contraindications to donation are listed here: https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/17160/clinical-contraindications-to-approaching-families-for-possible-organ-donation-pol188.pdf
Eligible DCD donor to be assessed	A patient who had treatment withdrawn and imminent (controlled) death was anticipated, with no absolute medical contraindications to solid organ donation
DCD exclusion criteria	DCD specific criteria determine a patient's suitability to donation when there are no absolute medical contraindications (see absolute contraindications documentation above)
DCD screening process	Process by which an organ may be screened with a local and national transplant centre to determine suitability of organs for transplantation
Medically suitable eligible DCD donor	An eligible DCD donor to be assessed considered to be medically suitable for donation (i.e. no DCD exclusions and not deemed unsuitable by the screening process)
Donation decision conversation	Family of medically suitable eligible DCD donor who were asked to make or support patient's organ donation decision - This includes clarifying an opt out decision
Consent/Authorisation ascertained	Family supported opt in decision, deemed consent/authorisation, or where applicable the family or nominated/appointed representative gave consent/authorisation for organ donation
Actual DCD	DCD patients who became actual DCD as reported through the PDA (80 years and below) At least one organ donated for the purpose of transplantation (includes organs retrieved for transplant however used for research)
Referral rate	Percentage of patients for whom imminent (controlled) death was anticipated who were referred to a SNOD
Donation decision conversation rate	Percentage of medically suitable eligible DCD families or nominated/appointed representatives who were asked to make or support an organ donation decision - This includes clarifying an opt out decision
Consent / authorisation rate	Percentage of donation decision conversations where consent/authorisation was ascertained
SNOD presence rate	Percentage of donation decision conversations where a SNOD was present (includes telephone and video call conversations)
Consent / authorisation rate where SNOD was present	Percentage of donation decision conversations where a SNOD was present and consent/authorisation for organ donation was ascertained (as above)

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