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.
- 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 Hub Information Services NHS Blood and Transplant 500 North Bristol Park Filton Bristol BS34 7QH

Date/time of cardioplegia (DRP only)



DCD Heart	Passport										
ODT Donor number			Transplant ce	entre							
DONOR DETAI	LS							Section 1			
Cardiothoracic re	etrieval team			Name o	of lead hea	t retrieval surgeo	n				
Did donation proceed?	No = 1 Yes = 2	If NO:	At what stag donation cea		After assessn		, before placement on perfusion rig After placement on perfusion rig Before withdrawal of treatment fter withdrawal, before assessment	= 2 = 3			
			Reason:	Coronary di Heart fu ther, please sp	nction = 2	If other, specify:	please				
			Ultimate out	come/usag	e of heart:	Used for tiss	research = 1 ue/valves = 2 sposed of = 3				
Echocardiogram to withdrawal	n prior Echocardiogram = FICE =	1 1		cardiogran rdiologist a	n, assessment		Advance = 1 retrieval team = 2 of recent data = 3 None = 4				
Echo Report: Date/time of echo Date/time of echo											
	Intraventricular septal thickness	-	l mm	sterior wal ckness		• mm	End diastolic diameter	• mm			
	End systolic diameter	-	mm TA	NPSE		• mm	Fractional shortening	• %			
	LV function comment					RV function comment					
	Valve comment										
Inotropic suppo	rt at time of echocardic	ologist asses	sment:								
Dopamin	ne n	mcg/kg/min	Norac	Irenaline		mcg/kg/min	Enoximone	mcg/kg/min			
Dobutam	nine	ncg/kg/min	Vasor	oressin		units/hr	GTN	mg/hr			
Adrenalii	ne n	mcg/kg/min	Milrin	one		mcg/kg/min	Nitric Oxide use duration	hours			
TIMINGS (USE	24 HOUR CLOCK)							Section 2			
Date/time of trea	atment withdrawal	D D	MM	2 0	YY	at (24hr) H	H : M M				
Date/time of Sp	O2 <80%			2 0		at (24hr)					
Date/time of SB	P <50mmHg			2 0		at (24hr)					
Date/time of me	chanical asystole			2 0		at (24hr)					
Date/time of de	claration of death			2 0		at (24hr)					
Date/time into o	perating room			2 0		at (24hr)					
Date/time of knit	fe to skin			2 0		at (24hr)					
Date/time of abo	dominal cross clamp			2 0		at (24hr)					
Date/time aortic	arch is vented			2 0		at (24hr)					



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)
Date/time of heart in sinus 2 0 at (24 hr)
Date/time off TA-NRP
Date/time of aortic cross-clamp (TA-NRP only)
Date/time instrumented on organ perfusion device (OPD) 2 0 at (24 hr)
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 (24 hr)
RETRIEVAL DETAILS Section 3
Was the heart placed on OPD? No = 1 Yes = 2 If yes, OPD used? OCS = 1 of other, please specify If other, please specify
OPD machine number If OCS module used, please provide serial number
Was NRP used? 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 No = 1 retrieved Yes = 2 If NO: Reason Organ damaged = 1 Organ damaged = 1 Organ damaged = 1 Organ unsuitable = 2 No suitable recipient = 3 Delay due to retrieval process = 4 Other = 5
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 mmHg
CO L/min CI L/min/m ²
Intraventricular septal thickness
End systolic diameter TAPSE (best mm value) mm Fractional shortening %
Valve comment Heart unable to support circulation No = 1 Yes = 2
Other comments



DCD Heart Passport			
ODT Donor number	Transplant centre		ODT Recipient number
Record of RBC units used			Section 3 (continued)
Unit number	Blood group 1st checker	2nd checker	Expiry



DCD Heart Passport	
ODT Donor number Transplant centre	
ORGAN PERFUSION DEVICE (OPD) DATA	Section 5
Duration on OPD Donor lactate before WOT mmol/L	
minutes perfusion	nmol/L
Time taken to reach maximum min Final lactate on OPD Arterial Venous mmol/L mmol/L	
Mean coronary flow ml/min	
Gas flow mL/min Mean SVO2 synchronised No = 1 mode used No = 2 mode used No = 1 duration life yes, and yes a synchronised yes	min
Pacing required No = 1	
Defibrillation No = 1 If YES, please required Yes = 2 If YES, please Number of times Maximum energy	
Mean hematocrit	ml/h
Bank blood No = 1 administered Yes = 2 If yes: Washed No = 1 Source Donor hospital = 1 Retrieval centre = 2	
Arterial biochemistry on OPD: Calcium mL/min Sodium mmol/L Potassium mmol/L Glucose mm	ol/L
Minimum L L L L L L L L L L L L L L L L L L]
Maximum	
Increasing/Decreasing	

Form (pages 2 - 5) co	ompleted by: PRINT NAME			Signed
Retrieval team representative		2	0	
Retrieval team re	epresentative e-mail address			



DCD Heart Passport		
ODT Donor number	Transplant centre	ODT Recipient number
HANDOVER		Section 6
Date/time of arrival at recipient centre Date/time of cardioplegia (off OPD)	2 0	at (24hr) at (24hr)
Which team removed Transplant team = 1 heart from OPD Retrieval team = 2	Heart removed from OPD by:	Print name Signed
Was the heart deemed suitable for transp	olant No = 1 Yes = 2	
If YES: Date/time heart de suitable for transp		2 0 at (24hr) Signed
Heart deemed sui	table for transplant by:	J. J
Was the heart trar	nsplanted? No = 1 Yes = 2	
If NO: Ultimate outcome/u	Used for research = Used for tissue/valves = Disposed of =	2
RECIPIENT DETAILS - PRE TRANSPLA	ANTATION	Section 7
Pre-transplantation recipient right heart catheterisation:	2 0 at (24hr)	LVAD $No = 1$ Inotropes $No = 1$ Yes = 2
PVR Wood units	CI L/min/m ²	TPG mmHg CVP mmHg
	YES, please Cardioplegia solumplete the following	St Thomas No 2 = 1 Ition
Yes = 2	YES, please select s appropriate No = 1 Yes = 2 No = 1 Yes = 2 ECM	g term VAD $\begin{array}{c} No=1 \\ Yes=2 \end{array}$ Short term VAD $\begin{array}{c} No=1 \\ Yes=2 \end{array}$ IABP
In hospital $\frac{No}{\text{Yes}} = 2$ If YES:	Select location No = 1 Yes = 2 General W	ard $No = 1$ $Yes = 2$ Other
	Length of hospital stay prior to transplant	days
TRANSPLANT DETAILS		Section 8
	Print name	
Lead transplant surgeon:		
Date/time implant started	2 0	at (24hr)
Date/time of cross-clamp off recipient	2 0	at (24hr)
Redo sterotomy No = 1 Yes = 2 If yes:	. <3 = 1 Antegrade cardiople	egia No = 1 Yes = 2 If YES: Volume: ml
Retrograde cardioplegia of donor heart during No = 1 implantation	If yes, volume ml	Single = 1 Continuous = 2
Time from OPD cross-clamp to release of recipient cross-clamp	min Time from release of rec	



ODT Donor number		Transplan	it centre		ODT Rec number	cipient		
RECIPIENT DETAILS	S – POST OPER	RATIVE						Section 9
Inotropic support (wit	hin first four hou	urs of ITU arrival):						
Dopamine	mcg/k	g/min Noradrenali	ine -	mcg/kg/ min	Enoximone		mcg/kg/r	min
Dobutamine	mcg/k	g/min Vasopress	sin	units/hr	GTN		mg/hr	
Adrenaline		mcg/kg/ min Milrinone		mcg/kg/min	Nitric Oxide use duration		hours	
Maximum Nitric Oxide does	ppm							
First set of cardiac ou	tputs (within firs	st four hours of ITU arriv	/al):					
Heart rate	bpm	CVP	mmHg	PCWP []	mmHg			
MAP	mmHg	MPA n	mmHg CO	-	L/min CI		-	L/min/m²
PVR	dyn.s/cm ⁵	SVR	dyn.s/cm ⁵	Mixed venous saturation	•	% CVV	/H No = 1 Yes = 2	
RECIPIENT 30 DAY	FOLLOW UP							Section 1
Please complete this	s section 30 da	ays after transplant						
Recipient died?	No = 1 Yes = 2	If yes, date of death:		2 0			alant	
						Date of imp	Jiaiii	
Mechanical support	No = 1 Yes = 2	Select appropriate	No = 1 Yes = 2	Long term VAD		Date of imp	2 0	
Mechanical support post-transplant	No = 1 Yes = 2	Select appropriate mechanical support:	No = 1 Yes = 2 No = 1 Yes = 2	Long term VAD		Date of imp		
			Yes = 2			Date of imp	2 0	
			Yes = 2	Short term VAE		Date of imp	2 0	
			Yes = 2 No = 1 Yes = 2 No = 1 Yes = 2 No = 1 No = 1	Short term VAE		Date of imp	2 0 2 0 2 0	
			Yes = 2 No = 1	Short term VAE ECMO TAH IABP	Dura	Date of imp	2 0 2 0 2 0 2 0 2 0 en	day
			Yes = 2 No = 1 Yes = 2	Short term VAE ECMO TAH IABP Upport Still on med	Dura	tion between	2 0 2 0 2 0 2 0 2 0 en	day
post-transplant Ventilation support			Yes = 2 No = 1 Yes = 2 Duration of su	Short term VAE ECMO TAH IABP Upport Still on med	days Dura trans trans	tion between	2 0 2 0 2 0 2 0 en mplant	No = 1 Yes = 2



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DCD Heart Passport						
ODT Donor number		Transplant centre		ODT Recip number	pient	
RECIPIENT 30 DAY FOLLOW U	IP (CONTINUED)					Section 10
Please complete this section 3	0 days after tran	splant				
Inotrope support No = 1 post-transplant Yes = 2	For e	each inotrope required, inc	licate the number	of days patient received	l drug post transplant:	
	Dopamine	days	Noradrenaline	days	Enoximone	days
	Dobutamine	days	Vasopressin	days	GTN	days
	Adrenaline	days	Milrinone	days	Nitric Oxide	days
Duration of CVVH	days					
Please indicate any immunosuppr	ession given with	in 30 days post-transplant	:			
	No = 1 'es = 2	Cyclosporine $No = 1$ Yes = 2	Mycoph	nenolate Mofetil No = 1 Yes = 2	Sirolimus	S No = 1 Yes = 2
	No = 1 /es = 2	Prednisolone No = 1 Yes = 2	Azathio	prine No = 1 Yes = 2		

Form (pages 6 - 8) co	empleted by: PRINT NAME			D	ate			_	Signed
Transplant team						2	0		
representative		J						l	



DCD	Heart	Pass	por
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ODT Donor number Transplant centre	ODT Recipient number
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Event	Time	Lac	Flow	AoP	Main.	Adr.	Ph	CO2	PO2	K	Ca	Hct	НВ	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																	



DCD Heart Passport		
ODT Donor		ODT Recipient
number	Transplant centre	number .

																	Section 11
Event	Time	Lac	Flow	AoP	Main.	Adr.	Ph	CO2	PO2	K	Са	Hct	НВ	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																	



DCD Heart Passport										
ODT Donor number		Transplant centre		ODT Recipient number						
edications administered on Organ Perfusion Device										
Drug	Dose	Time	Prescriber	Administered						