

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

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 at (24 hr) 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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

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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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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

Retrieval team representative e-mail address

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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"/> <input type="text"/> mmHg	PCWP <input type="text"/> <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"/> No = 1 Yes = 2 <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:

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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <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

FRM6356/4

Date **2 0**

Signed

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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																	

