

Retrieval Team Information

For attending retrieval team

General Notes

- 1 Please complete for each proceeding or non-proceeding donor that your retrieval team agrees a departure time to attend. If your team do not subsequently attend the donor, please complete as much of the form as relevant.
- 2 If both an abdominal retrieval team and a cardiothoracic retrieval team agree to attend, it is expected that one form will be completed per team and each form will contain information relating only to that team.
- 3 If using the paper version of the form then please ensure that the loose card sheet is inserted after the second copy of each sheet as you write, to prevent marking through to the pages below. When complete, please email a copy of the form to odtdatasupportteam@nhsbt.nhs.uk and keep the paper form for your records. If not possible to email, please send the first copy to

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

and retain the second copy for your files.

- 4 If using the electronic version of the form please open a blank form, complete details and email the form to odtdatasupportteam@nhsbt.nhs.uk, keeping a copy for your records.
- 5 Please complete and return this form to ODT within 3 days.

These forms are supplied by NHS Blood and Transplant and can be re-ordered from **Information Services**
Telephone 0117 975 7460

Retrieval Team Code

Cardiothoracic Teams

- 11 - Birmingham
- 12 - Harefield
- 13 - Manchester
- 14 - Newcastle
- 15 - Papworth

Abdominal Teams

- 32 - Cambridge
- 33 - King's College
- 34 - Leeds / Manchester
- 35 - Newcastle
- 37 - Birmingham
- 38 - Cardiff
- 39 - Oxford
- 40 - Royal Free

Multi-organ Teams

- 50 - Scotland

Other

- 60 - Other abdominal team (eg kidney only retrieval team)
- 61 - Other cardiothoracic team

Reason for delay accessing donor theatre

- 1 - Waiting for theatre availability
- 2 - Waiting for donor staff availability
- 3 - Waiting for another retrieval team to arrive
- 4 - Donor family requested delay
- 5 - Donor in same hospital as retrieval team base
- 6 - Back-to-back retrieval at same hospital
- 8 - Other, please specify

Reason team stood down

- 1 - Prolonged time to asystole
- 2 - Donor organs declined
- 3 - At request of SN-OD
- 8 - Other, please specify

Organ damage

- 0 - None
- 1 - Mild (damage not requiring surgical repair)
- 2 - Moderate (organ requires surgical repair to make it usable)
- 3 - Severe (organ unusable due to damage)

Reason organ not retrieved

- 01 - No retrieval intended (eg organ not accepted, no consent for organ)
- 02 - Poor function/abnormality on screening tests (eg abnormal bloods; ECG etc)
- 03 - Donor co-morbidity noted at laparotomy/thoracotomy (eg malignancy)
- 04 - Grossly abnormal appearance (eg trauma; cirrhosis; impaired contractility)
- 05 - Poor perfusion
- 06 - Prolonged ischaemia
- 07 - Kidney not present
- 08 - No suitable recipients available (eg for blood group AB organ)
- 09 - No facilities (eg ICU beds) available at recipient centres
- 10 - DCD donor failed to progress within agreed stand-down time
- 11 - Severe donor instability during procedure (eg cardiac arrest)
- 21 - Surgical damage
- 22 - Non-surgical damage
- 98 - Other, please specify

UK TRANSPLANT REGISTRY

DONOR DETAILS			Section 1
Date donor notified	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	ODT Donor number	
Donor Hospital			

RETRIEVAL TEAM ATTENDING			Section 2
Team code <small>(see codes on inside cover)</small>	If other (60, 61), please specify		
Time agreed with SN-OD that fully staffed team should leave base hospital	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Time that fully staffed team actually left base hospital	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Reason for delay (if > 30 mins)			
Time that fully staffed team arrived at donor hospital	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Reason for delay (if > 30 mins)			
Time that your team accessed donor theatre	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
If delay > 1 hr from arrival at hospital to accessing donor theatre, please state reason <small>(see codes on inside cover)</small>		If other, please specify	
Did your team stand down from this donor before knife to skin?	<small>No = 1</small> <small>Yes = 2</small>		
If Yes, Time that your team stood down	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Reason your team stood down <small>(see codes on inside cover)</small>		If other, please specify	
If No, Time that your team started operating (knife to skin)	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Time that donor operation ended (skin closure) <small>(if relevant for your team)</small>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Time that team left donor theatre	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	at <small>(24 hr)</small>	<input type="text" value="H"/> <input type="text" value="H"/> : <input type="text" value="M"/> <input type="text" value="M"/>
Retrieval team membership - name of lead surgeon in attendance for your team <small>(please provide forename and surname only)</small>			
Please indicate:	Number of assisting surgeons	Scrub nurse <small>No = 1</small> <small>Yes = 2</small>	Theatre practitioner <small>No = 1</small> <small>Yes = 2</small>
Name(s) of assisting surgeon(s) for your team <small>(please provide forename and surname only)</small>			
1.			
2.			

ORGAN DETAILS - complete this section only if team did not stand down before knife to skin			Section 3
Organ	Retrieved by your team? <small>No = 1 Yes = 2</small>	If code 2 or 3, grade of damage after retrieval must be reported <small>(see codes on inside cover)</small>	If code 1 or 3, reason(s) for non-permanent retrieval, including supplementary text if required <small>(see codes on inside cover)</small>
Abdominal Team	Retrieved but returned to donor = 3	Please describe any damage	Primary Secondary Tertiary
Right Kidney			
Left Kidney			
Liver			
Pancreas			
Cardiothoracic Team	<small>If retrieved only for valves answer No</small>		
Heart			
Left Lung			
Right Lung			

COMMENTS	Section 4
<p>Please note any comments about delays, difficulties at donor hospital, transport problems etc. If photographs were shared with the recipient team please note this. For cardiothoracic teams, please note if a scout from the team attended the donor prior to the complete team attending.</p>	

FORM COMPLETER DETAILS	Section 5								
Form completed by									
Contact telephone number	Date								
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

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