



Blood and Transplant

**ANNUAL REPORT ON THE POTENTIAL DONOR
AUDIT**

**SUMMARY REPORT FOR THE 12 MONTH PERIOD
1 APRIL 2024 – 31 MARCH 2025**

PUBLISHED JULY 2025



1 EXECUTIVE SUMMARY

In the year 1 April 2024 to 31 March 2025, there were 35,467 deaths audited for the PDA. Of these deaths, 1,883 and 5,503 patients met the referral criteria for DBD and/or DCD, respectively and 99% and 93% were referred to NHS Blood and Transplant. Of the 1,883 patients for whom neurological death was suspected, 72% were tested.

Of the families who were asked to make or support a patient's organ donation decision, 69% and 53% consented to/authorised DBD and DCD donation. Of these, 93% and 73%, respectively, became actual solid organ donors. 175 families overruled their loved one's expressed opt in decision to be an organ donor and 520 families did not support deemed consent/authorisation.

The difference in the consent/authorisation rate across the different age groups was statistically significant for DCD, but not DBD. For DCD, paediatric patients (0-17 years) have a much lower consent/authorisation rate than the adult groups.

There was a statistically significant difference in both the DBD and DCD consent/authorisation rate between patients from the white ethnic community and patients from Black, Asian and minority ethnic (BAME) communities. Overall, the consent/authorisation rates were 63% in white donors and 33% in BAME donors.

Over the last five years, the testing rate for neurological death has decreased from 82% to 72%. DBD referral rates have remained steadily high at about 99% and DCD referral rates have remained steady at about 90% to 93% in recent years. Since 2020/21, the SNOD presence rates have remained steady. In the last year, the DBD consent/authorisation rate has increased slightly to 69% and the DCD consent/authorisation rate has decreased to 53%. The DBD consent/authorisation rate excluding opt outs has remained the same at 69%, whereas the DCD consent/authorisation rate excluding opt outs has decreased in the last year to 54%.

2 INTRODUCTION

This report presents Potential Donor Audit (PDA) information on the financial year 1 April 2024 to 31 March 2025.

The dataset used to compile this report includes all audited patient deaths in UK Intensive Care Units (ICUs) and Emergency Departments as reported by 8 May 2025. Patients aged over 80 years and patients who died on a ward have not been audited. Paediatric ICU data are included however neonatal ICU data have been excluded from this report.

This report summarises the main findings of the PDA over the 12-month period, in particular the reasons why patients were lost along the pathway, and should be read in conjunction with the PDA section of the Organ Donation and Transplantation Activity Report, available at <https://www.odt.nhs.uk/statistics-and-reports/annual-activity-report/>.

3 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

Deemed consent applies if a person who died in Wales, England, Jersey, Guernsey or Northern Ireland meets deemed consent criteria: aged 18 or over, has not expressed an organ donation decision either to opt in, opt out or appoint a representative, has lived for longer than 12 months and is ordinarily resident in the country in which they died, and had the capacity to understand the notion of deemed consent for a significant period before their death. Note that where a patient has verbally expressed an opt out or opt in decision deemed consent does not apply.

Deemed authorisation applies if a person, who died in Scotland, meets deemed authorisation criteria: aged 16 or over, has not registered or expressed, in writing, an organ donation decision either to opt in or opt out, has lived for longer than 12 months and is ordinarily resident in Scotland, and had the capacity to understand the notion of deemed authorisation for a significant period before their death. Note that, in Scotland, a patient who has verbally expressed an opt in decision is included as a deemed authorisation, whereas a patient who has verbally expressed an opt out decision is not included.

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

Consent/authorisation rate excluding ODR opt outs is the percentage of eligible donor donation decision conversations, where the patient had not registered an ODR opt out decision and consent/authorisation was ascertained.

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

4 BREAKDOWN OF AUDITED DEATHS IN ICUs AND EMERGENCY DEPARTMENTS

In the 12-month period from 1 April 2024 to 31 March 2025, there were a total of 35,467 audited patient deaths in the ICUs and EDs in the UK. A detailed breakdown for both the DBD and DCD data collection flows is given in **Figure 1** and **2**, and **Table 1** summarises the key percentages.

Figure 1 Donation after brain death

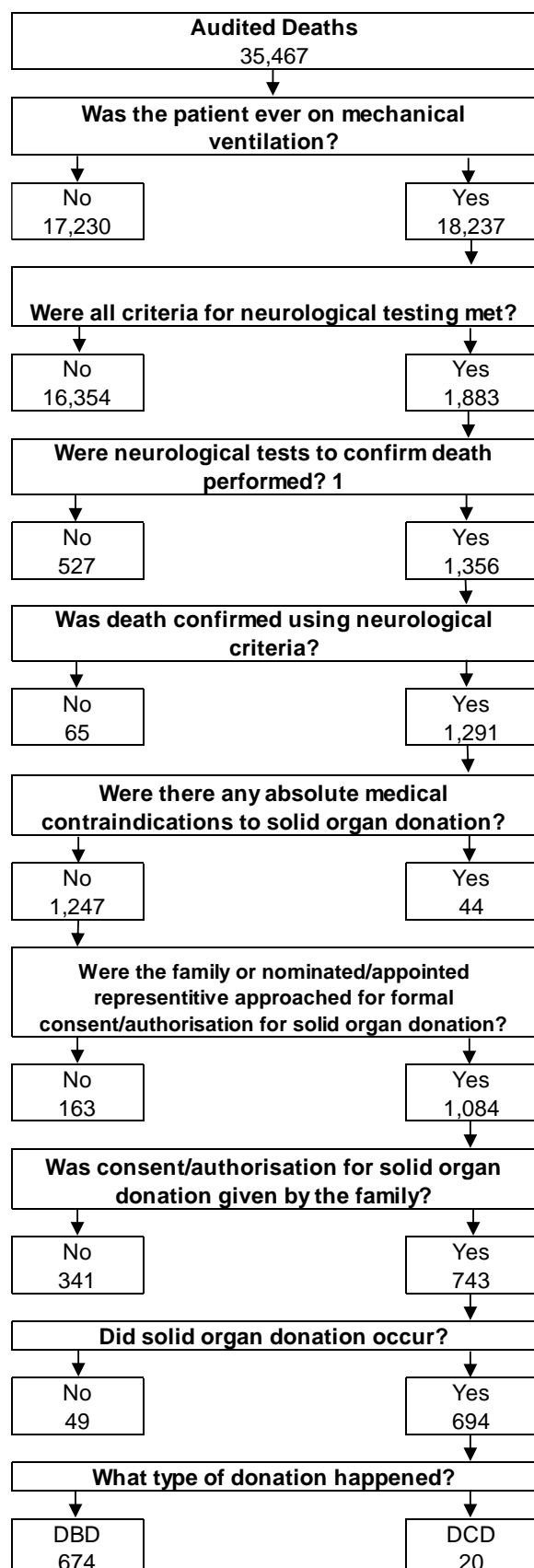
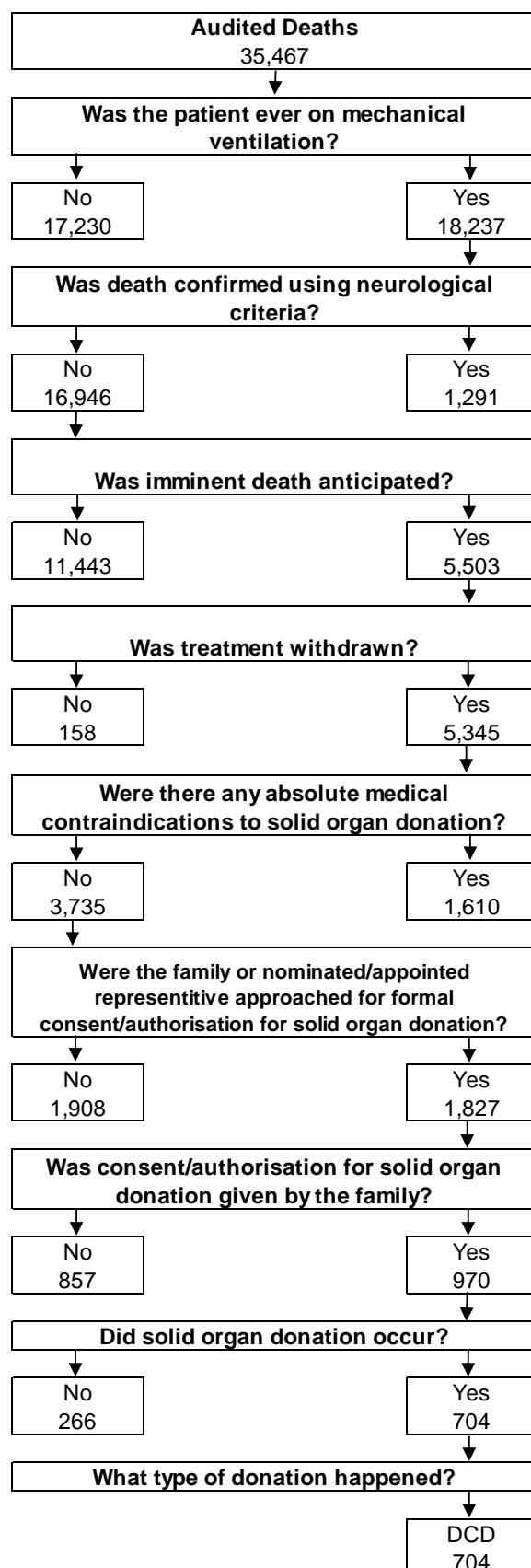


Figure 2 Donation after circulatory death



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	1883	5503	6880
Referred to NHS Blood and Transplant	1859	5118	6486
<i>Referral rate %</i>	<i>98.7</i>	<i>93.0</i>	<i>94.3</i>
Neurological death tested	1356		1356
<i>Testing rate %</i>	<i>72.0</i>		<i>72.0</i>
Family approached	1084	1827	2911
Family approached and SN-OD present	1050	1622	2672
<i>% of approaches where SN-OD present</i>	<i>96.9</i>	<i>88.8</i>	<i>91.8</i>
Family approached excluding opt out	1072	1785	2857
Consent/authorisation given	743	970	1713
<i>Consent/authorisation rate %</i>	<i>68.5</i>	<i>53.1</i>	<i>58.8</i>
- All expressed opt in	473	644	1117
- <i>All expressed opt in %</i>	<i>94.0</i>	<i>81.6</i>	<i>86.5</i>
- Expressed ODR opt in (subset of all)	410	588	998
- <i>Expressed ODR opt in (subset of all) %</i>	<i>93.4</i>	<i>81.1</i>	<i>85.7</i>
- Deemed consent/authorisation	216	267	483
- <i>Deemed consent/authorisation %</i>	<i>57.3</i>	<i>42.7</i>	<i>48.2</i>
- Other*	54	59	113
- <i>Other* %</i>	<i>54.5</i>	<i>29.4</i>	<i>37.7</i>
- Consent/authorisation excluding opt out	743	970	1713
- <i>Consent/authorisation excluding opt out %</i>	<i>69.3</i>	<i>54.3</i>	<i>60.0</i>
Actual donors from each pathway	694	704	1398
<i>% of consented/authorised donors that became actual donors</i>	<i>93.4</i>	<i>72.6</i>	<i>81.6</i>
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 * Includes patients where nation specific deemed criteria are not met and the patient has not expressed a donation decision in accordance with relevant legislation			

5 NEUROLOGICAL DEATH TESTING RATE

Table 2 Reasons given for neurological death tests not being performed		
	N	%
Patient haemodynamically unstable	147	27.9
Clinical reason/Clinician's decision	81	15.4
Family pressure not to test	58	11.0
Other	56	10.6
Biochemical/endocrine abnormality	41	7.8
Family declined donation	31	5.9
Treatment withdrawn	22	4.2
Inability to test all reflexes	22	4.2
SN-OD advised that donor not suitable	21	4.0
Hypothermia	19	3.6
Continuing effects of sedatives	11	2.1
Medical contraindication to donation	8	1.5
Unknown	5	0.9
Patient had previously expressed a wish not to donate	4	0.8
Pressure of ICU beds	1	0.2
Total	527	100.0

The neurological death testing rate was 72% and 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 whom tests were not performed due to; cardiac arrest occurred despite resuscitation, brainstem reflexes returned, neonates - less than 2 months post term were not possible to test meaning these reasons were excluded. Neurological death tests were not performed in 527 patients (28%) for whom neurological death was suspected. The primary reason given for not testing is shown in **Table 2**.

The main reason given for not testing was patient haemodynamically unstable, 28%. Other common reasons given for not performing neurological death tests were: clinical reason or a clinician's decision not to test (15%), family pressure not to test (11%), and 'other' reason (11%).

6 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 NHS Blood and Transplant. The DBD referral rate was 99% and the DCD referral rate was 93%. **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.

Table 3 Reasons given why patient not referred				
	DBD		DCD	
	N	%	N	%
Not identified as potential donor/organ donation not considered	7	29.2	230	59.7
Uncontrolled death pre referral trigger	6	25.0	11	2.9
Family declined donation prior to neurological testing	3	12.5	3	0.8
Medical contraindications	3	12.5	36	9.4
Thought to be medically unsuitable	3	12.5	67	17.4
Coroner / Procurator Fiscal reason	1	4.2	1	0.3
Family declined donation following decision to remove treatment	1	4.2	12	3.1
Reluctance to approach family	-	-	5	1.3
Pressure on ICU beds	-	-	2	0.5
Clinician assessed that patient was unlikely to become asystolic within 4 hours	-	-	2	0.5
Patient had previously expressed a wish not to donate	-	-	1	0.3
Other	-	-	15	3.9
Total	24	100.0	385	100.0

Of the patients who met the referral criteria and were not referred, the reason given for 29% of DBD and 60% of DCD was that the patients were not identified as potential donors and so organ donation was not considered. For 25% of DBD and 3% of DCD not referred, an uncontrolled death pre referral was given as the reason for not referring the patient. For 13% of DBD and 17% of DCD the reason for not referring was that the patient was thought to be medically unsuitable, and another 13% of DBD and 9% of DCD had medical contraindications.

7 APPROACH RATE

Families of eligible donors were asked to make or support a patient's organ donation decision in 87% of DBD and 49% of DCD cases. The DCD assessment process identifies a large number of eligible DCD donors which are unsuitable for organ donation prior to the approach. In 2024/25, 1,658 eligible DCD donors were excluded by this process. Families of medically suitable eligible DCD donors were asked to make or support a patient's organ donation decision in 87% of cases. A new DBD assessment process was introduced in October 2024, which identifies eligible DBD donors considered unsuitable for organ donation prior to the approach. It is not currently possible to account for this new DBD screening process in the DBD approach rate.

The information in **Table 4** shows the reasons given why the families of eligible DBD and medically suitable eligible DCD donors were not approached. For eligible DBD donors, the main reason cited for not approaching the family was that the donor was deemed medically unsuitable (37%). In a further 20% of DBD cases, the Coroner/Procurator Fiscal refused permission.

For medically suitable eligible DCD donors not approached, the main reason cited in 49% of cases was that the patient was not identified as a potential donor. In a further 19% of cases the reason given was that the Coroner/Procurator Fiscal refused permission.

Table 4 Reasons given why family were not asked to make or support patient's organ donation decision				
	DBD		Medically Suitable Eligible DCD	
	N	%	N	%
Subsequently assessed to be medically unsuitable	60	36.8	27	9.7
Coroner/Proc Fiscal refused permission	32	19.6	52	18.7
Other	21	12.9	-	-
Family stated they would not consent/authorise prior to donation decision conversation	16	9.8	41	14.7
Family untraceable - No first person consent (donation cannot proceed)	12	7.4	9	3.2
Not identified as a potential donor	12	7.4	135	48.6
Cardiac arrest before approach could be made	7	4.3	1	0.4
First person Consent or Expressed Authorisation /	3	1.8	7	2.5
Family untraceable (donation can proceed)				
Pressure on ICU beds	-	-	6	2.2
Total	163	100.0	278	100.0

8 SNOD PRESENCE RATE

A SNOD or Organ Donation Services (ODS) team member was present when a family of an eligible donor was approached in 97% of DBD and 89% of DCD cases. The information in **Table 5** shows the reasons given why a SNOD was not present when families of eligible DBD and eligible DCD donors approached.

For eligible DBD donors, the main reason cited for a SNOD not being present when a family was approached was that the clinician declined ODS team member presence (21%). In a further 18% of DBD cases, the reason given was planned to proceed without an ODS team member. For eligible DCD donors that were approached, the main reason cited for a SNOD not being present in 27% of cases was that they planned to proceed without an ODS team member. In a further 12% of cases, the reason given was that the approach was made while the ODS team member was en-route.

Table 5 Reasons given why SNOD not present when family approached				
	Eligible DBD		Eligible DCD	
	N	%	N	%
ODS team member present but clinician declined ODS team member presence	7	20.6	22	10.7
Planned to proceed without ODS team member	6	17.6	55	26.8
Conversation to confirm a registered opt-out decision	6	17.6	24	11.7
ODS team member not available	4	11.8	12	5.9
Oversight by unit staff	4	11.8	21	10.2
Family declined before donation decision conversation	3	8.8	15	7.3
Other	2	5.9	22	10.7
Approach made while ODS team member en-route	1	2.9	24	11.7
Change in plan not communicated to ODS team member	1	2.9	10	4.9
Total	34	100.0	205	100.0

9 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 69% and the 95% confidence limits for this percentage are 66% - 71%. The DCD consent/authorisation rate was 53% and the 95% confidence limits for this percentage are 51% - 55%. The overall consent/authorisation rate was 59% and the 95% confidence limits for this percentage are 57% - 61%.

When a patient had expressed an opt in decision, the DBD consent/authorisation rate was 94% compared to 57% when deemed consent/authorisation applied and 55% where nation specific deemed criteria are not met and the patient had not expressed a donation decision in accordance with the relevant legislation. For DCD, the rates were 82% compared with 43% and 29% respectively. Overall, these rates were 86% for expressed opt ins compared with 48% for deemed consent/authorisation and 38% for other.

In total during the financial year, 175 families overruled their loved one's expressed opt in decision to be an organ donor, 116 of which were opt in decisions registered on the ODR, and 520 families did not support deemed consent/authorisation.

Of the 1050 occasions when a SNOD was present for the donation decision conversation, the DBD consent/authorisation rate was 70% compared with 18% on the 34 occasions when the SNOD was not present. Similarly, for DCD the rate was 59% of 1622 compared with 7% of the 205 occasions when the SNOD was not present. The overall rate was 63% (N=2672) compared with 9% (N=239).

Table 6 Reasons why the family did not support organ donation				
	DBD		DCD	
	N	%	N	%
Patient had previously expressed a wish not to donate	86	25.2	157	18.3
Family felt it was against their religious/cultural beliefs	46	13.5	39	4.6
Family did not want surgery to the body	39	11.4	68	7.9
Family were not sure whether the patient would have agreed to donation	34	10.0	110	12.8
Family felt patient had suffered enough	26	7.6	82	9.6
Strong refusal - probing not appropriate	22	6.5	40	4.7
Other	20	5.9	69	8.1
Patient had registered a decision to Opt Out	14	4.1	43	5.0
Family felt the length of time for the donation process was too long	14	4.1	173	20.2
Family felt that the body should be buried whole (unrelated to religious/cultural reasons)	14	4.1	15	1.8
Family divided over the decision	9	2.6	25	2.9
Family did not believe in donation	5	1.5	18	2.1
Family wanted to stay with the patient after death	4	1.2	12	1.4
Family concerned that organs may not be transplantable	4	1.2	5	0.6
Family had difficulty understanding/accepting neurological testing	2	0.6	-	-
Family concerned other people may disapprove/be offended	1	0.3	1	0.1
Family believe patient's treatment may have been limited to facilitate organ donation	1	0.3	-	-
Total	341	100.0	857	100.0

The reasons why the family did not give consent/authorisation are shown in **Table 6**. The main reason that families of eligible DBD patients gave for no consent/authorisation was the patient had previously expressed a wish not to donate (25%). Other common reasons why the family did not support organ donation for DBD patients were that the families felt it was against their religious/cultural beliefs (14%), the families did not want surgery to the body (11%), and that the family was not sure whether the patient would have agreed to organ donation (10%). Amongst eligible DCD patients, the main reason families did not give consent/authorisation were that families felt that the length of time for donation was too long (20%). Other common reasons for DCD patients included the patient had previously expressed a wish not to donate (18%), and the families were not sure whether the patient would have agreed to organ donation (13%).

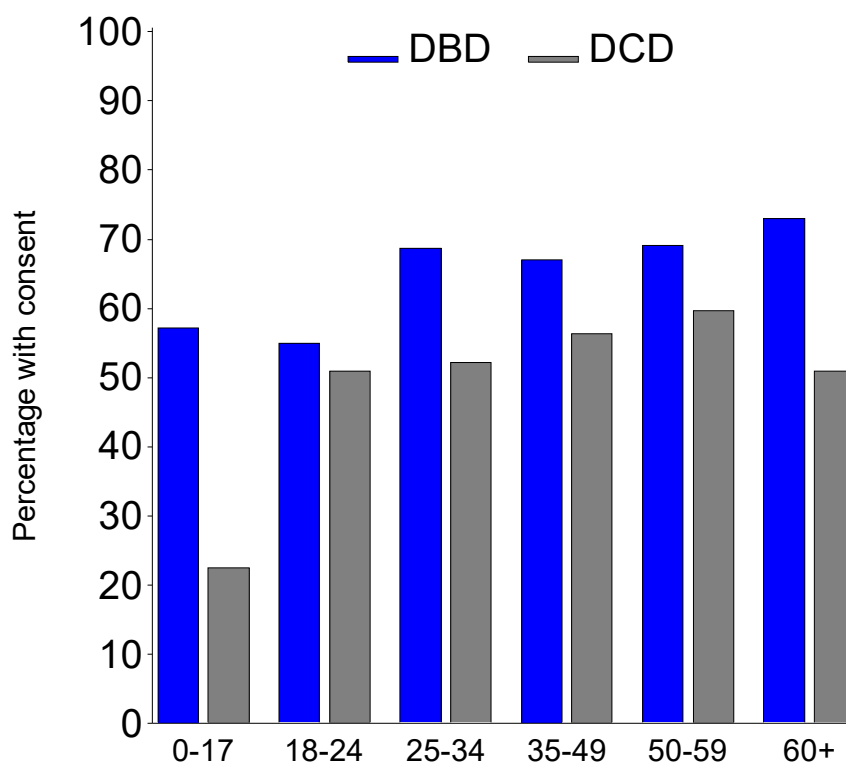
10 Consent/authorisation rates by demographics

Age is represented by a categorical variable with intervals 0-17, 18-24, 25-34, 35-49, 50-59 and 60+ years. The consent/authorisation rates for the six age groups (for the 1,084 eligible DBD and 1,827 eligible DCD whose families were approached) are illustrated in **Figure 3**. The highest consent/authorisation rate for eligible DBD occurred in the 60+ age group (73%) and for eligible DCD in the 50-59 age group (60%). The lowest consent/authorisation rate for eligible DBD was in the 18-24 age group (55%) and for eligible DCD was in the 0-17 age group (23%). The differences in consent/authorisation rate across the six age groups for DBD are borderline significant ($p=0.06$) and are statistically significant ($p<0.001$) for DCD.

When comparing only between adult and paediatric (<18 years), the differences in consent/authorisation rate for DBD are not statistically significant ($p=0.1$) and for DCD are statistically significant ($p<0.001$).

Additional information on trends in organ donation and transplantation in paediatrics can be found in the Annual report on donation and transplantation in paediatric patients here: <https://www.odt.nhs.uk/statistics-and-reports/>.

Figure 3 Age variation in consent/authorisation rate



Consent/authorisation rates for patients from the white ethnic community are compared with those of patients from Black, Asian and minority ethnic (BAME) communities and are shown in **Figure 4**. Note that there were an additional 4 DBD and 21 DCD families approached where the ethnicity was not known or not reported which have been excluded from the ethnicity figures below.

For eligible DBD, the consent/authorisation rates were 75% for eligible white donors compared to 39% for eligible BAME donors. The 95% confidence limits for these DBD consent/authorisation rates are 72% - 78% and 32% - 46%, respectively.

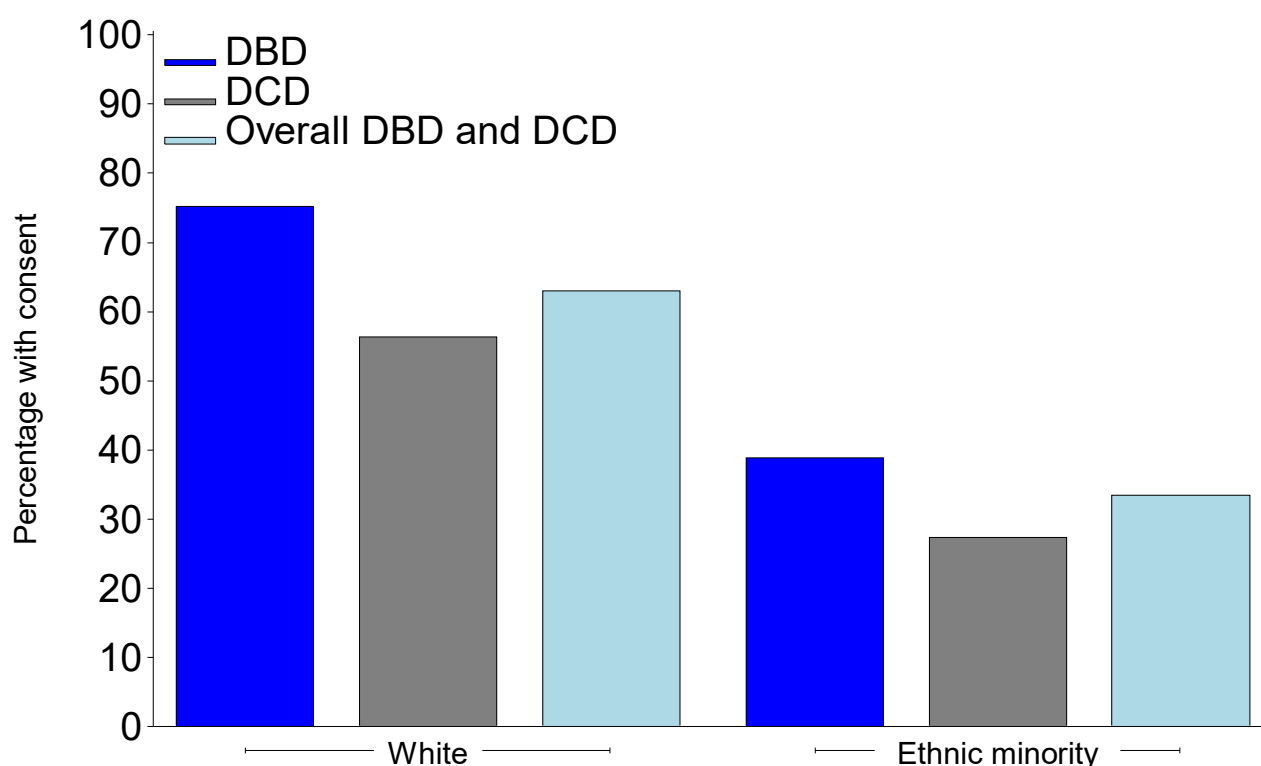
For eligible DCD, the consent/authorisation rates were 56% for eligible white DCD and 27% for eligible BAME DCD donors. The 95% confidence limits for these DCD consent/authorisation rates are 54% - 59% and 21% - 34%, respectively.

The overall consent/authorisation rates were 63% for eligible white donors and 33% for eligible BAME donors. The 95% confidence limits for overall consent/authorisation rates are 61% - 65% for eligible white donors and 29% - 38% for eligible BAME donors.

The difference between consent/authorisation rates for white and BAME eligible DBD donors is statistically significant, $p < .0001$. The difference between consent/authorisation rates for white and BAME eligible DCD donors is statistically significant, $p < .0001$.

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 4 Ethnic group variation in consent/authorisation rate



11 SOLID ORGAN DONATION

Of the eligible donors whose families were asked to make or support a patient's donation decision and consent/authorisation was ascertained, 93% of the eligible DBD and 73% of the eligible DCD went on to become actual solid organ donors. **Table 7** shows the reasons why consented/authorised eligible donors did not become actual solid organ donors.

For consented/authorised eligible DBD the main reason given for solid organ donation not proceeding was that the organs were deemed to be medically unsuitable on surgical inspection, accounting for 27% of cases. Another 18% of cases did not proceed to donation due to the organs deemed to be medically unsuitable by recipient centres. A further 10% were declined due to the donor being considered a high risk donor, and another 10% being due to coroner/procurator fiscal refusal.

The main reason given for consented/authorised eligible DCD not proceeding to become a solid organ donor was the prolonged time to asystole, accounting for 49% of cases. Another 15% of non-proceeding DCD donors were due to recipient centres deeming the organs to be medically unsuitable.

Table 7 Reasons why consented/authorised eligible donors did not proceed to donate					
	DBD		DCD		
	N	%	N	%	
Clinical - Organs deemed medically unsuitable on surgical inspection	13	26.5	8	3.0	
Clinical - Organs deemed medically unsuitable by recipient centres	9	18.4	40	15.0	
Clinical - Considered high risk donor	5	10.2	7	2.6	
Consent / Auth - Coroner/Procurator fiscal refusal	5	10.2	13	4.9	
Clinical - Patient actively dying	4	8.2	14	5.3	
Clinical - Absolute contraindication to organ donation	3	6.1	5	1.9	
Clinical - No transplantable organ	3	6.1	10	3.8	
Clinical - Other	3	6.1	8	3.0	
Consent / Auth - NOK withdraw consent / authorisation	3	6.1	19	7.1	
Consent / Auth - Other	1	2.0	-	-	
Clinical - Patient's general medical condition	-	-	7	2.6	
Clinical - DCD clinical exclusion	-	-	1	0.4	
Clinical - Patient asystolic	-	-	1	0.4	
Clinical - Predicted PTA therefore not attended	-	-	2	0.8	
Clinical - PTA post WLST	-	-	131	49.2	
Total	49	100.0	266	100.0	

12 FIVE-YEAR TRENDS IN KEY NUMBERS AND RATES

Figures 5 to 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 6** but only once in the deceased donor chart.

Since 2020 the testing rate has decreased from 82% to 72%, with the number of neurological death tested patients decreasing. The DBD referral rate has remained stable at around 99% and the DCD rate has improved and remained steady at around 90% to 93% in recent years. The percentage of family approaches where a SNOD was present has remained steady for both DCD and DBD, at 89% and 97%, respectively. The consent/authorisation rates have been decreasing over the last five years in both DBD and DCD, going from 74% down to 69% in DBD and from 64% down to 53% in DCD. Similarly, the consent/authorisation rate when excluding ODR opt outs has also fallen in both DBD and DCD over the last five years from 74% to 69% in DBD and from 65% to 54% in DCD.

Figure 5 **Number of patients with suspected neurological death, 1 April 2020 – 31 March 2025**

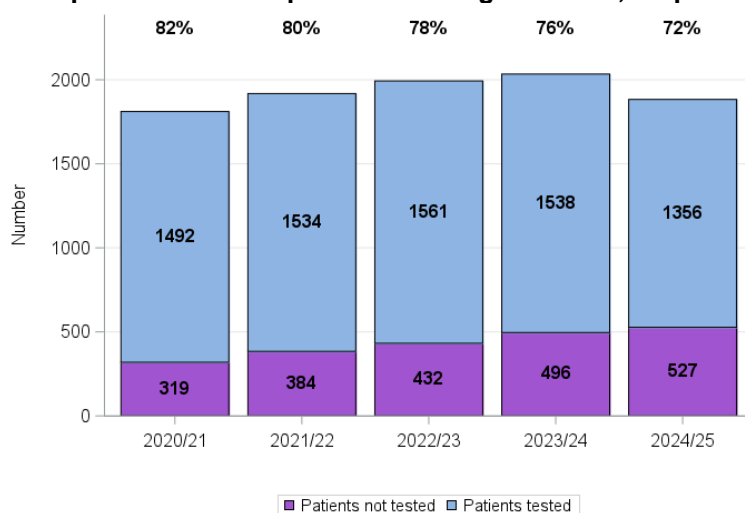


Figure 6 **Number of patients meeting referral criteria, 1 April 2020 – 31 March 2025**

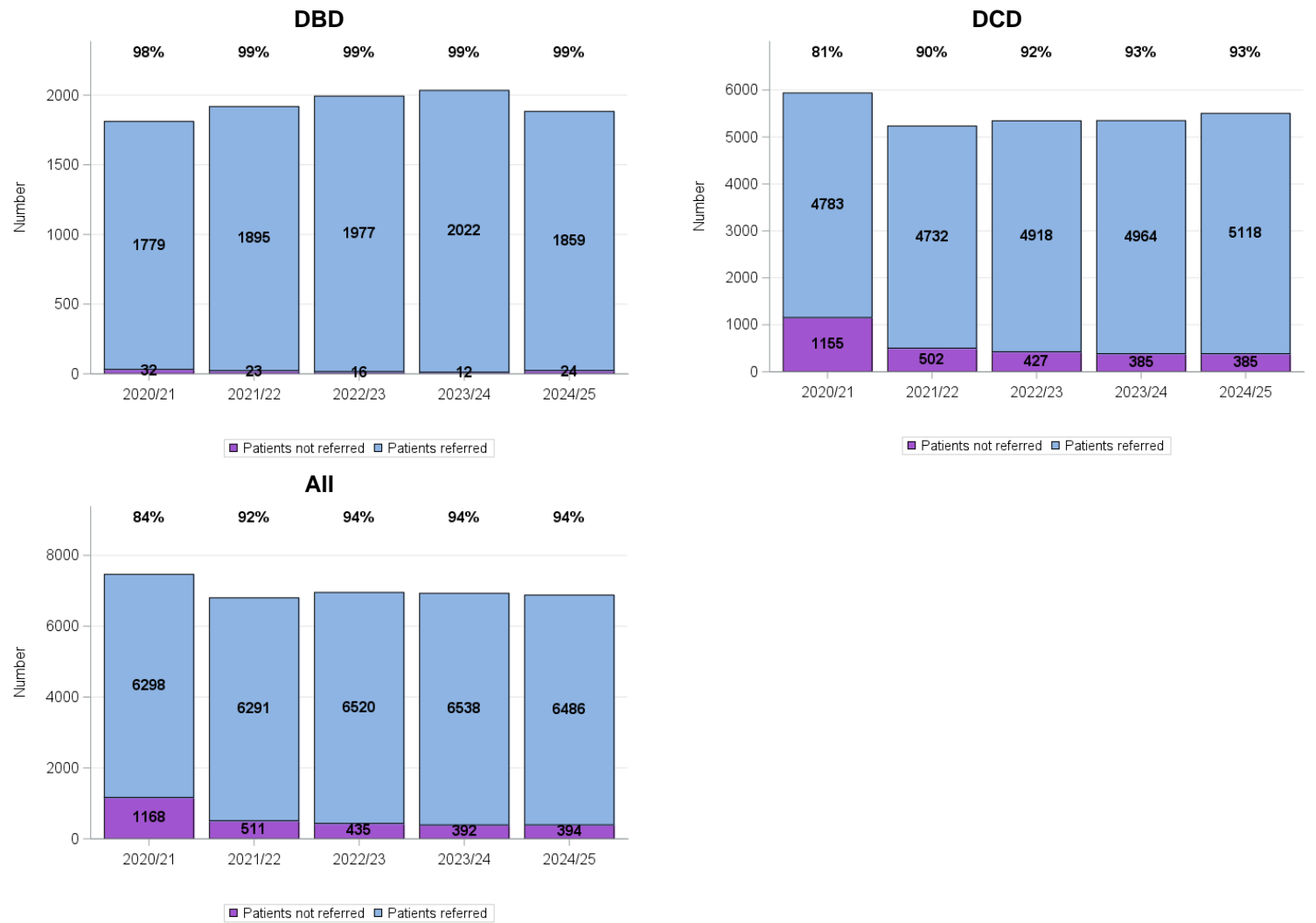


Figure 7 Number of families approached by SNOD presence, 1 April 2020 – 31 March 2025

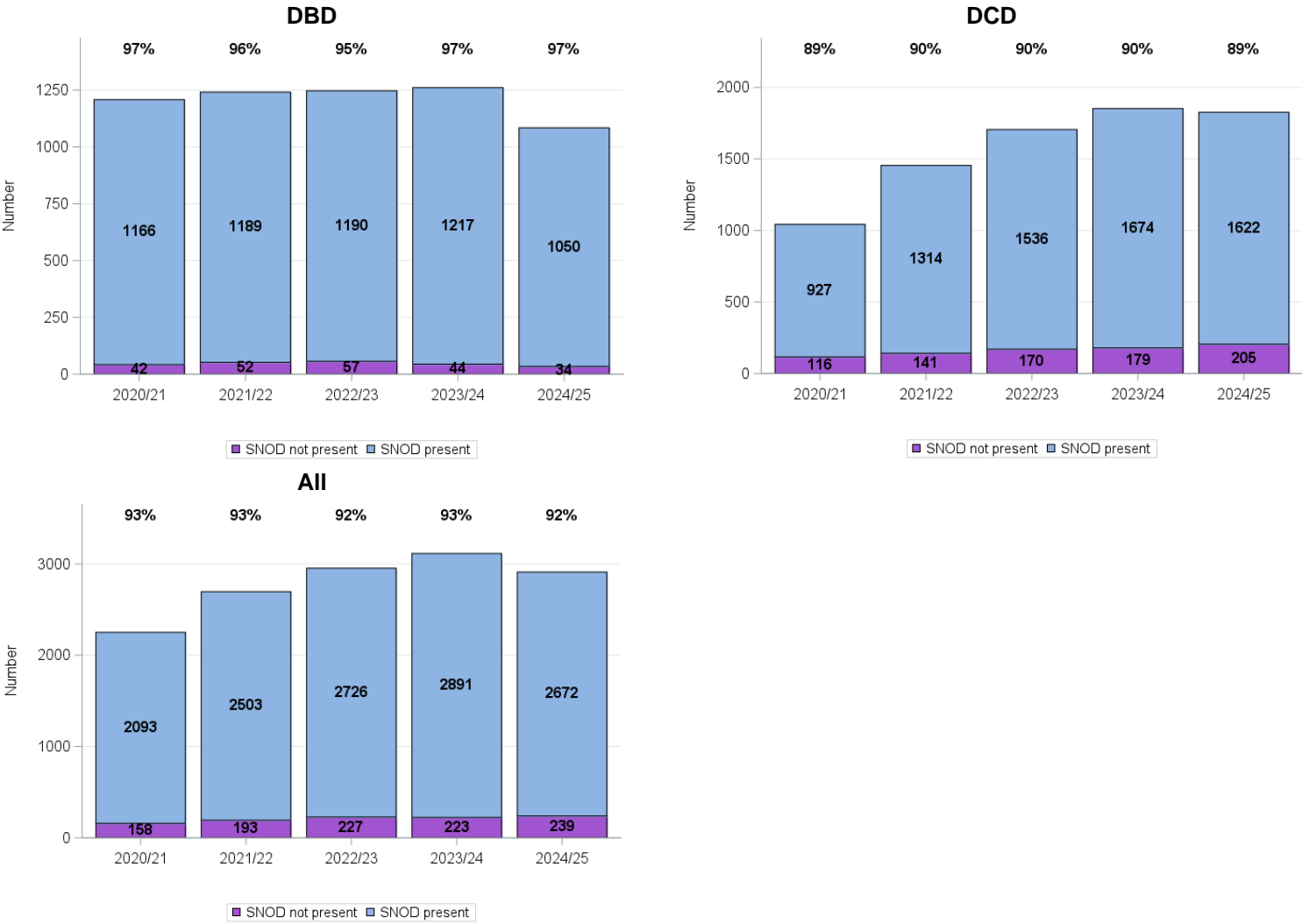


Figure 8 **Number of families approached by consent/authorisation ascertained, 1 April 2020 – 31 March 2025**

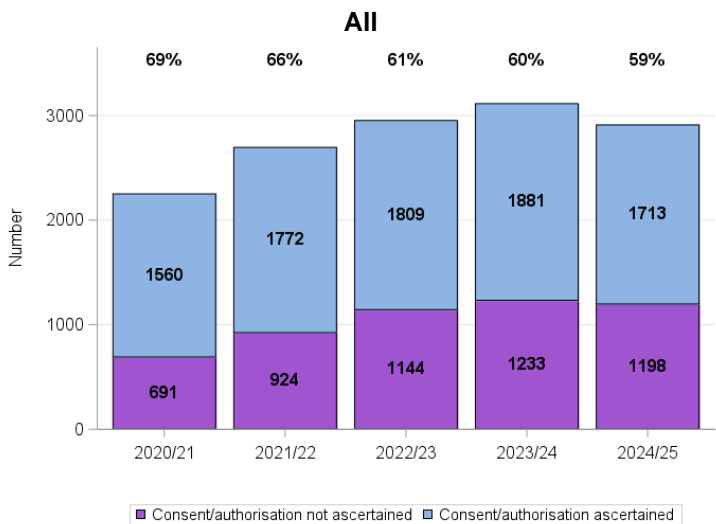
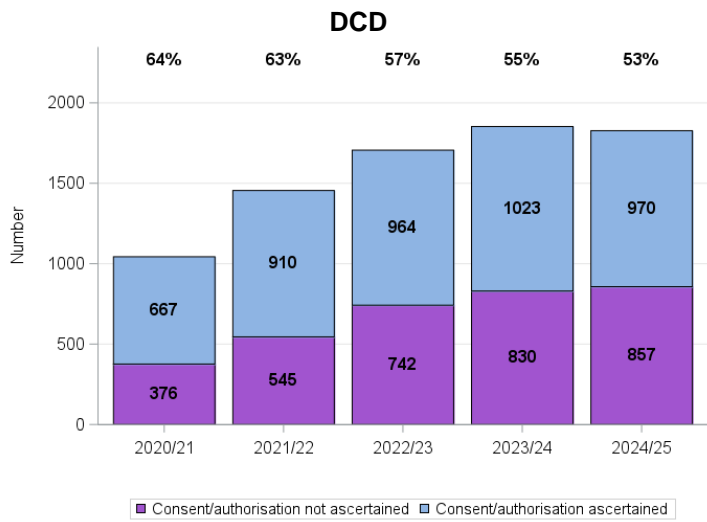
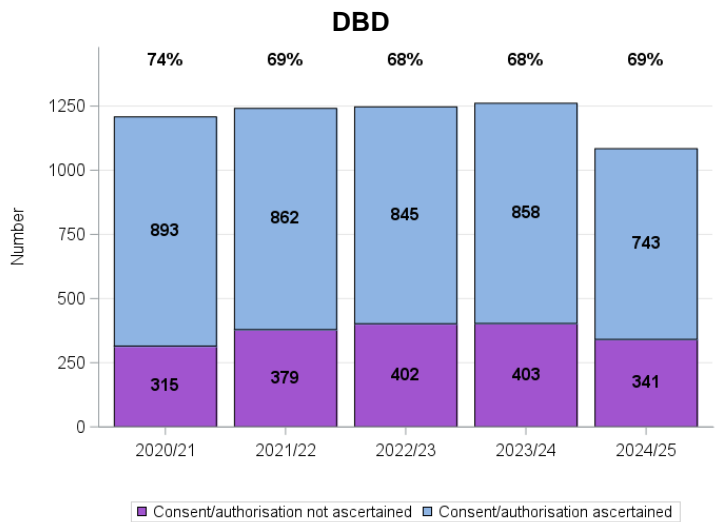
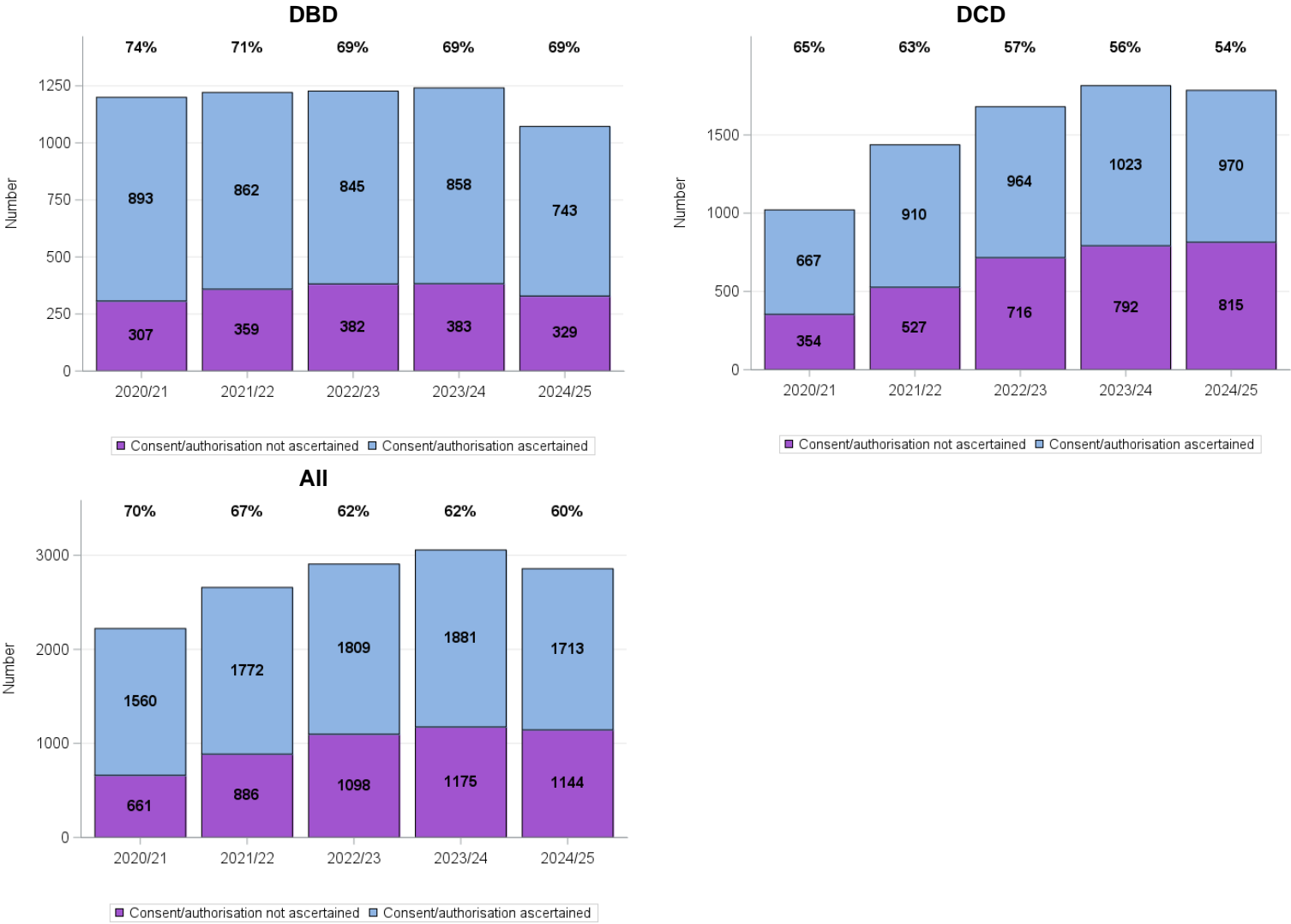


Figure 9 **Number of families approached by consent/authorisation ascertained excluding ODR opt outs, 1 April 2020 – 31 March 2025**



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://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/34324/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/34324/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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