ARC Kidney Passport

Directions for completion

1. This is a five-page single copy form to be completed for all kidneys that have undergone assessment at an ARC. This is a supplementary form and all other forms (i.e. HTA A, HTA B, RTI) should be completed as well.

2. All sections to be completed by hand and uploaded to TransplantPath under the appropriate donor number.

3. At hour 2 of Normothermic Machine Perfusion (NMP), in preparation for the kidney to be offered from the ARC, upload sections 1 and 2 to TransplantPath

4. Once all sections are completed and the kidney has been taken off NMP, upload the completed version of the document to TransplantPath

5. Once all sections are completed, then upload the entire document to TransplantPath before the organ departs from the ARC

6. The hard copy of the document should be retained by the ARC

Governance:
Ensure that an Incident Reporting form is submitted in the event of any damage to the kidney https://www.odt.nhs.uk/odt-structures-and-standards/clinical-governance-and-patient-safety/tell-us-about-an-incident/

ARC Kidney Passport

Section 1

ODT Donor Number | Donor DOB (dd/mm/yyyy) | Donor Hospital

DONOR DETAILS

Donor NHS No. or CHI

DBD or DCD? *DBD = 1, DCD = 2*

Kidney side *Right = R, Left = L*

Did NRP occur? *No = 1, Yes = 2*

Indication for acceptance to ARC? *Poor perfusion = 1, Prolonged cold ischaemia time = 2, Organ damage = 3, Low grade AKI = 4, Other = 5*

If other, please specify

ORGAN ARRIVAL

ARC Location

Organ date/time of arrival D D M M 2 0 Y Y at (24hr) H H M M

Visual assessment Pre-NMP? *Good perfusion = 1, Fair perfusion = 2, Poor perfusion = 3, Patchy perfusion = 4*

Responsible individuals: Perfusionist

Clinician

Contact number to discuss results

PRE-NMP

Pre-NMP organ weight (g)

Venous cannula or free vent? *Venous = 1, Free vent = 2*

Arterial cannula or patch clamp? *Arterial = 1, Patch = 2*

Uretetic cannula? *No = 1, Yes = 2*

Was the kidney flushed before perfusion? *No = 1, Yes = 2*

If yes, specify which crystalloid solution

Batch number

Expiry date

NMP start date/time D D M M 2 0 Y Y at (24hr) H H M M

Retrieval injury?** *No = 1, Yes = 2*		Comment
Bench injury?** *No = 1, Yes = 2*		Comment
Arteries (number)		Comment
Veins (number)		Comment
Ureters (number)		Comment
Urine recirculation in perfusate *No = 1, Yes = 2*		Comment

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Section 1

ODT Donor Number | | | | | | |

Donor DOB (dd/mm/yyyy) | | | | | | | | | |

Donor Hospital

DRUGS

Unfractionated heparin (Units)

Crystaloid bolus (mL)

Dextrose / Insulin infusion

Synthamine 17 (mL)

Cernevit (Units):

Prostacycline (mg/mL)

Dexamethasone (mg)

Flolan (mg)

Other drug used? *No = 1 Yes = 2* | If yes, please specify

Anti-fungals *No = 1 Yes = 2* | If yes, please specify

Antibiotics *No = 1 Yes = 2* | If yes, please specify

BLOOD

Units of blood used

Blood Type (A+, A-, B+, B-, AB+, AB-, O+, O-)	DIN										Expiry	Administered By

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Donor Hospital

Section 2

Repeated Observations	Start	1 Hour	2 Hour	3 Hour	4 Hour	5 Hour	6 Hour
Arterial pH of perfusate - pH (7.00 - 8.00)							
Arterial PO2 - kPA (7-90)							
Arterial PCO2 - kPa (0-15)							
Arterial Base Excess (BE)							
Arterial Bicarbonate (mmol/L)							
Arterial Lactate (mmol/L)							
Arterial Perfusate Na+ (mEq/L)							
Arterial Perfusate K+ (mmol/L)							
Arterial Glucose							
Venous pH of perfusate - pH (7.00 - 8.00)							
Venous PO2 - kPA (7-90)							
Venous PCO2 - kPa (0-15)							
Venous Base Excess (BE)							
Venous Bicarbonate							
Venous Lactate							
Venous Perfusate Na+							
Venous Perfusate K+							
Venous Glucose							
Hb (g/dL)							
Hematocrit (%)							
MAP (mmHg)							
Temperature (°C)							
Renal blood flow (mL/min)							
Intra-renal resistance (mmHg/mL/min/100g)							
Hourly urine output (mL) *							
*If not possible to measure, Urine produced Y/N							
Macroscopic appearance *1=good perfusion, 2=fair perfusion, 3=poor perfusion, 4=patchy perfusion*							

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Section 3

ODT Donor Number | Donor DOB (dd/mm/yyyy) | Donor Hospital

SAMPLES TAKEN

Date/Time transport solution pre-NMP: D D M M 2 0 Y Y at (24hr) H H M M

Date/Time perfusate post-NMP: 2 0 at (24hr)

Date/Time biopsy (if applicable): 2 0 at (24hr)

POST-NMP

Date/Time end of NMP: D D M M 2 0 Y Y at (24hr) H H M M Duration H H M M

Was the kidney offered from ARC? *No = 1 Yes = 2* | If no, why?

Was the kidney accepted? *No = 1 Yes = 2* | If yes, which centre?

If not accepted, give final outcome *Research = 1 Disposed of = 2*

Was the kidney flushed after perfusion? *No = 1 Yes = 2*

Post-NMP organ weight (g)

Damage to the kidney when taken off NMP?** *No = 1 Yes = 2* | If yes, give details

Any adverse events during NMP?** *No = 1 Yes = 2* | If yes, give details

POST-NMP FLUSHING SOLUTION

Fluid Type

EuroCollins = 10
UW, eg ViaSpan, SPS-1 = 20
HOC/Marshall's, eg Soltran = 30
PBS = 40
St Thomas' = 50
Papworth solution = 60
Perfadex = 70
Celsior = 80
HTK/Bretschneider's = 90
Other = 98

Fluid 1 Type: | Batch Number: | Expiry Date:

Fluid 2 Type: | Batch Number: | Expiry Date:

Fluid 3 Type: | Batch Number: | Expiry Date:

COMPLETION OF PASSPORT

Clinician completing passport | Position | Signature

Date/Time completed: D D M M 2 0 Y Y at (24hr) H H M M