MANAGEMENT PROCESS DESCRIPTION MPD885/5

In-Theatre Support

This Management Process Description replaces MPD885/4.2	**Copy Number**
	Effective **01/09/16**

Summary of Significant Changes

Definitions section edited to include DonorPath App, DRD and updated job title for NTLC
Inclusion of FRM4212 and SOP3925 in applicable documents, removal of non referenced documents and website addresses
Reference to Surgical Safety Checklist taking place primarily on DonorPath.

Policy

Organisation of the organ retrieval process requires a co-ordinated approach to ensure that organs are retrieved in a safe and timely manner. The SNOD is responsible for organising and co-ordinating the organ retrieval and also ensuring that communication is maintained throughout and that the patient is cared for in a dignified and respectful manner.

Purpose

The purpose of this document is to outline the SNOD's responsibility in theatre in ensuring that the organ retrieval process occurs in a well co-ordinated and timely manner, with minimal disruption to the donor hospital, and the overriding principle of respect for the donor and safety of potential recipients is ensured.

Definitions

SNOD - (Specialist Nurse Organ Donation) **-** for the purposes of this document the terminology ''SNOD'' will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST).

Theatre Coordinator- Nurse in charge of the donating hospital theatre department. Facilitates theatre provision and local staff to assist the NORS team.

NORS – National Organ Retrieval Service

HTA - Human Tissue Authority.

Lead Retrieval Surgeon – Refers to the Lead Surgeon for Abdominal and/or Cardiothoracic retrieval.

Timely Manner- 5 working days.

TM -Team Manager

RM – Regional Manager

NTLC-National Transplant Liaison Coordinators (formerly NHSBT Duty Officer)

DonorPath - Secure electronic system that SNODs utilise to register potential organ donors and upload donor characteristics prior to organ offering using an iPad or pc. DonorPath also creates and stores an electronic donor record of the donation process.

DRD – Donor Record Department

Applicable Documents

MPD845 - Family Care
MPD881 - Findings Requiring Additional Action
MPD886 - Collection, labelling and transport (organs and samples)
MPD889 - Abdominal Perfusion
MPD891 - Pregnancy in Donation
MPD1043 National Standards for Organ Retrieval from Deceased Donors
SOP5024 – Tissue Referral Process
FRM4153 - Proceeding and Non Proceeding Donor after Cardiac Death
FRM4217 - Organ Handover Form
FRM4135 - NHSBT Surgical Safety Checklist
FRM4212 Organ Donation Clinical Pathway
SOP3925 - Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability.

1. INTRODUCTION:

1.1. This document outlines the SNOD's responsibilities regarding the entire retrieval process.

2. SURGICAL SAFETY CHECKLIST ADOPTED FROM THE WORLD HEALTH ORGANISATION (WHO):

2.1. The SNOD should ensure that all relevant sections of the pre-operative checklist in DonorPath is completed prior to handover to NORS lead surgeon(s). If DonorPath is unavailable **FRM4135** Surgical Safety Checklist should be completed prior to the organ retrieval process commencing.

2.2. The NORS lead surgeon(s) must review the donor documentation and medical records as guided by the peri -operative checklist, the SNOD will document this handover of information in 'Retrieval' section of the DonorPath. If DonorPath is unavailable **FRM4135** Surgical Safety Checklist should be utilised for the pre and peri-operative checks as per **SOP3925**

3. THE SNOD's ROLE IN THEATRE:

3.1. The SNOD must maintain a presence in theatre to ensure co-ordination of the retrieval process.

3.2. The SNOD should support the theatre staff and aid communication between the theatre staff and visiting teams.

4. PERFUSION UNDERTAKEN BY THE SNOD

4.1. The SNOD should undertake the perfusion of the abdominal organs, when required, following the directions set out in **MPD889**.

5. RECORD OF TIMINGS DURING RETRIEVAL PROCESS:

5.1. The SNOD must record all the necessary key time points during the retrieval process, as required for DonorPath and for each of the organ specific HTA-A forms. If DonorPath is unavailable utilise **FRM4212**.

5.2. Aditionally the SNOD must record the necessary key time points in Donor Path during the withdrawal of treatment process. If DonorPath is unavailable utilise **FRM4153**.

5.3. Agreed timings should be reported to the RCPoC as arranged at the time of acceptance of an organ.

6. COMMUNICATING KIDNEY ANATOMY:

6.1. The SNOD should communicate the kidney anatomy as obtained from the lead retrieving surgeon clearly and accurately to the NTLC to help identify the most suitably matched recipient.

7. PACKAGING AND LABELLING OF ORGANS:

7.1. The SNOD must ensure that the organs are appropriately packaged and labelled to ensure the organs are dispatched to the appropriate designated recipient centres as per **MPD886**

7.2. The SNOD must ensure that any samples required by the recipient centres to support implantation (e.g. blood samples, lymph nodes, spleen and vessels) accompany the organs and are correctly labelled as per **MPD886**

7.3. The SNOD must ensure that a copy of the donor's blood group and HTA A Organ Specific form accompanies each organ.

7.4 The Organ Handover Form **FRM4217** must be completed for each organ leaving theatre.

8. FINDINGS REQUIRING ADDITIONAL ACTION DURING THE RETRIEVAL PROCESS:

8.1. Any findings requiring additional action must be reported by the SNOD to NTLC/RCPoC's as quickly as possible, as per **MPD881**. If appropriate, the TM/RM/on call RM should be informed as soon as is practical.

8.2. The Lead Surgeon must document any abnormalities/anomalies, organ damage, sub-optimal perfusion or donor instability during the procedure on the HTA A -Organ Specific form and in the patient's medical records.

8.3. In the event pregnancy is suspected during the organ retrieval process please refer to **MPD891**.

8.4. Any unexpected findings identified intra-operatively should be reported by the SNOD to the accepting transplant surgeon/RCPoC.

9. COMMUNICATION DURING RETRIEVAL PROCESS:

9.1. The SNOD must liaise with the respective RCPoC's/NTLC/Tissue Establishments to identify what information they require during the procedure and communicate it accordingly e.g., information about progress of the retrieval.

9.2. The SNOD should ensure that all relevant information regarding the retrieval has been entered into DonorPath. In the event of limited/no connectivity, updated information should be communicated by the SN-OD to the NTLC.

10. COMPLETION OF MANDATORY FORMS:

10.1. DonorPath should be completed for all consented organ donors, in the event of unavailability follow the manual process as described in **SOP3925.**

10.2. The SNOD must ensure that the demographic sections of the HTA A- Organ Specific Form, organ retrieval and necessary vessel forms have been accurately and legibly completed. **IF** the SNOD has carried out the perfusion (when NORS do not have a perfusionist) they must also complete the perfusion fluid section of the HTA A Form. All the forms **must** include a legible name and contact telephone number of the appropriate lead retrieval surgeon. The top copy of the organ specific forms should be retained for the donor file.

10.3. The SNOD must ensure that the relevant copies of the HTA A - Organ Specific forms are returned to the DRD within 5 days.

11. COMPLETION OF THE ORGAN RETRIEVAL:

11.1. The Lead surgeon from each team is responsible for producing an accurate account of the retrieval process in the patient's medical records including all organs/tissues removed and any anomalies found this should also take account of any Coronial or Fiscal requests for information to be detailed. All entries to be signed and dated and a contact telephone number added as per **MPD1043**

12. CARE AFTER DEATH:

12.1. The SNOD should attempt to facilitate any specific requests made by the family following the organ retrieval process.

12.2. The family may have accepted the offer to participate in care after death and/or sharing in religious or cultural rituals as per **MPD845**- the SNOD should support this decision and facilitate as local policy/practice allows.

12.3. The family may wish to spend time with the patient following the organ retrieval. The SNOD should always undertake the act of final care as per national guidance and local policy.

12.4. The SNOD must document the condition of the patient's body following care after death procedures in the patient's medical records - for example, body cleaned, no oozing or excessive oozing present, incision site dressed appropriately.

12.5. If the patient is to donate tissues /eye tissue following organ donation, a referral to NRC/SNBTS should be made following the process described in **SOP5024.**

12.6. The SNOD should liaise with local theatre/portering staff to facilitate the safe transfer of the patient to the mortuary.

13. LEAVING THEATRE:

13.1. The SNOD should liaise with the donating hospital theatre staff to ensure that the operating theatre is left in an acceptable condition as per local hospital policy, post retrieval.The SNOD must ensure that following the organ retrieval all external equipment and paperwork has been removed.

13.2. The SNOD should provide contact details to the theatre co-ordinator and offer a debrief, if appropriate.