Summary of Significant Changes


Purpose

To describe the considerations and differences when taking a referral, assessing potential and facilitating donation from neonates and infants.

Responsibilities

SN-ODs to identify potential for donation and facilitation of the donation process incorporating specific guidance required when facilitating donation from this group of patients.

Restrictions

This guidance should be followed by a qualified and trained SN-OD. In the event of a SN-OD who is in training using this guidance, it should be used under supervision.

Definitions

SN-OD – Specialist Nurse Organ Donation
DCD – Donation after Circulatory Death
DBD - Donation after Brain Death
PR – Parental Responsibility
CGA – Corrected Gestational Age – Age corrected to allow for prematurity. An infant born at 30 weeks gestation, now 8 weeks old = 38 weeks CGA.
NORS – National Organ Retrieval Service
UKDEC – UK Donation Ethics Committee
SNBTS – Scottish National Blood Transfusion Service
PICS – Paediatric Intensive Care Society
ODST – Organ Donation Services Team
SaBTO – Safety of Blood, Tissues and Organs
RCPCH – Royal College of Paediatric and Child Health

AoMRC – Academy of Medical Royal Colleges
TBV – Total Blood volume
PDA – Potential Donor Audit

En-bloc kidney retrieval - relates to the removal of both kidneys together with the aorta and cava remaining attached.

En-bloc abdominal or multivisceral retrieval - refers to removal of all abdominal organs as a cluster attached to the aorta. Separation may take place on the back table or at the recipient centre under optimal conditions. This technique is predominately used in very small donors. This may be used to facilitate donation of specific organs without the intention or possibility to transplant all removed organs.
Neonatal and Infant Organ Donation

**Items Required**

- **POL188** - Clinical contraindications to approaching families for possible organ donation
- **INF1315** - Absolute Contraindications to Tissue donation
- **SOP5024** - Tissue Referral Process
- **SOP3781** - Receipt of Referral from Critical Care Area
- **FRM5012** - DCD Donor Assessment and Kidney Screening
- **FRM5510** - Neonatal and Infant Donor Assessment and Organ Screening
- **MPD901** - Approaching the Family regarding Organ and Tissue Donation
- **MPD902** - Consent Conversation for Organ and/or Tissue Donation
- **MPD598** - Management of the deceased donor family donation conversation (Scotland)
- **POL164** - Consent/Authorisation for Organ and/or Tissue Donation
- **FRM4281** - Consent - Solid Organ and Tissue Donation - Not listed in document?
- **FRM1538** - Authorisation – Solid Organ and Tissue Donation
- **MPD875** - Patient Assessment (Family Conversation)
- **INF947** - Rationale Document for Patient Assessment Form (PA1)
- **MPD873** - Physical Assessment
- **INF1335** - Paediatric and Neonatal Optimisation Care Bundle
- **MPD880** - Organ Retrieval: Pre-Theatre DCD
- **MPD1043** - National Standards for Organ Retrieval from Deceased Donors
- **MPD885** - In-Theatre Support
- **MPD884** - Organising Solid Organ Retrieval
- **MPD845** - Family Care Policy

**Background**

Organ donation from donors less than 6 months of age including within the neonatal period has increased since 2012. The reason for this has been attributed to advances in techniques of en-bloc renal transplantation, development of hepatocyte transplantation from this age group and revised guidance, released in April 2015, on neurological determination of death in infants 37 weeks of age to 2 months which has also been instrumental in increasing possibilities in organ donation from this age group.

The donation process is clearly set out in MPD / SOP guidance and this remains unchanged. However, in donation from small infants and neonates there are specific considerations and complexities of the donation process which SN-ODs need to be aware of.

Setting these out clearly in the form of the attached flow charts should assist the SN-OD in facilitation of organ donation from these very young donors.

There should be consideration for specific end of life care practices in neonatal and paediatric units.

There is a potential need for additional support strategies for all professionals involved in the process, including unit staff, NORS teams, theatre staff and donation services teams and this should be considered fully following each process.

The flow charts should be used in conjunction with the stated controlled documents and additional guidance documents as referenced.

**References**


Referral received from critical care area

Is the infant >36 weeks – corrected gestational age (CGA)?

No

Consider heart valve donation if >32 weeks CGA and >2.5kgs: INF1315 / SOP5024
National Referral Centre: 0800 432 0559
SNBTS: 07659 107029

Advise unit to proceed with end of life care as hospital policy. Complete referral and PDA

Yes

Is the infant >37 weeks CGA and neurological death is suspected?

No

Complete FRM5510 or FRM5012

Does this confirm provisional acceptance of any organs?

No

Consider heart valve donation if >32 weeks CGA and >2.5kgs: INF1315 / SOP5024
National Referral Centre: 0800 432 0559
SNBTS: 07659 107029

Advise unit to proceed with end of life care as hospital policy. Complete referral and PDA.

Yes

Is the infant a potential organ donor: POL188

No

Follow SOP3781

Complete Donor Path

Yes

Is the infant > 37 weeks CGA and neurological death is suspected?

No

Complete FRM5510 or FRM5012

Does this confirm provisional acceptance of any organs?

Yes

Agree planned approach to family with multi-disciplinary team MPD901. PICS standards on organ donation³

Has verbal consent for organ donation been obtained from the person holding parental responsibility? POL164

Guidance on Parental Responsibility⁴

In the event of any concerns regarding PR seek advice from local social work team.

No

Complete formal consent /authorisation for organ and tissue donation with person with PR:

POL164 / FRM4281 / FRM1538 / MPD902 / MPD598 / Donor Path

Consider need for abdominal en-bloc retrieval MPD1043

Complete infant and maternal assessment on Donor Path according to MPD875, INF947, and SaBTO Guidance⁵

Liaise with Tissue Typing and microbiology (if required) labs regarding appropriate blood sample size from the infant. Maternal virology sampling is required.

Consider total circulating volume of infant ⁶ Mean TBV 85mls/kg.
**STANDARD OPERATING PROCEDURE SOP5058/2**

**Neonatal and Infant Organ Donation**

**DBD Pathway**
Complete full patient assessment according to MPD873
Include information from maternity notes and any available antenatal anomaly scans.
Discuss parameters with local ITU team, age and condition specific variations will apply.
Instigate donor optimisation care bundle INF1335 or agreed local optimisation policy, recognise and work within limits of your competence NMC Guidance
Complete offering and allocation according to policy.

**DCD Pathway**
Complete full patient assessment according to MPD873, UKDEC position paper
Include information from maternity notes and any available antenatal anomaly scans.
Discuss parameters with local ITU team, age and condition specific variations will apply.
Complete offering and allocation according to policy.
Discuss local practices policy and expectations around end of life care and withdrawal of treatment.

**Preparation for retrieval** MPD884
Inform retrieval team of infant details. Clarify details of any en-bloc technique planned, organs for removal and appropriate consent.
Establish any concerns around retrieval and advise liaison with accepting transplanting centres.
Direct discussion between accepting surgeon and NORS surgeon may be necessary. MPD1043 Lung retrieval – ensure anaesthetist is experienced in intubation of infants
Consider blood sampling in relation to circulating volume of infant, Liaise with recipient centres regarding minimal quantities. Consider timings of blood sampling just prior to WOT/ X clamp.
Mean TBV 85mls/kg.

**Withdrawal of treatment**
Consider locations of theatres particularly if nearest theatres are maternity theatres / position of withdrawal of treatment and normal end of life practices / family wishes. UKDEC position paper
Consider need for second supporting SNOD if appropriate.
Does donation proceed?

**DCD / DBD Proceeding Donation**
Complete retrieval process according to MPD885
End of life care in conjunction with unit following completion of theatre process.

**Non – Proceeding DCD Donation**
Return to unit for continued end of life care.
Complete tissue services referral and ensure blood available if appropriate.

**Follow Family Care Policy** MPD845
Consider Support Strategies as required:
Liaise with neonatal/paediatric units regarding debriefing sessions.
Discuss debrief with ODST team managers.