

STANDARD OPERATING PROCEDURE SOP5058/2

Neonatal and Infant Organ Donation

*This SOP replaces
SOP5058/1*

Copy Number

Effective **DRAFT**

Summary of Significant Changes
Definition of en-bloc techniques. Addition of Donor Path. Addition of FRM 5510 – Neonatal and Infant Donor Assessment, Organ Screening and INF1335 – Paediatric and Neonatal Donor Optimisation Care Bundle.

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.

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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

1. RCPCH Guidance <http://www.rcpch.ac.uk/system/files/protected/page/DNC%20Guide%20FINAL.pdf>
2. AMORMC Guidance http://www.aomrc.org.uk/doc_details/42-a-code-of-practice-for-the-diagnosis-and-confirmation-of-death
3. Paediatric Intensive Care Society Standards on organ donation <http://picsociety.uk/wp-content/uploads/2015/09/PICS-standards-for-organ-donation.docx>

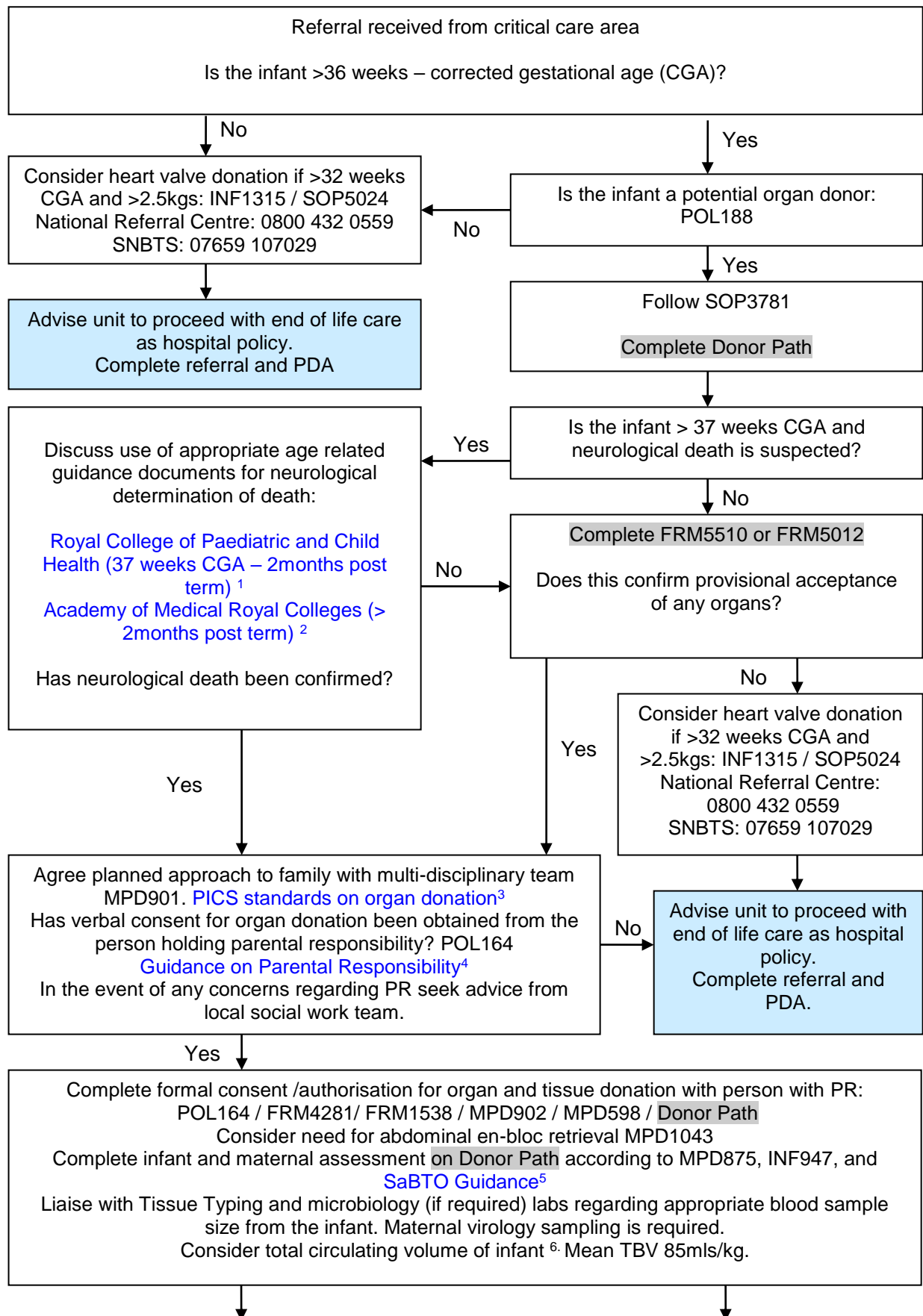
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4. Parental Responsibility: Guidance from the British Medical Association, Ethics Department. October 2008. <http://www.bma.org.uk/support-at-work/ethics/ethics-a-to-z>
5. SaBTO guidance on the microbiological safety of human organs, tissue and cells used in transplantation www.gov.uk/government/uploads/system/uploads/attachment_data/file/215959/dh_130515.pdf
6. Howie (2011) Blood sample volumes in child health research: review of safe limits *Bulletin of the World Health Organization* 2011; 89:46-53. doi: 10.2471/BLT.10.080010
7. UKDEC Position paper on Donation after Circulatory Death in Children <http://www.aomrc.org.uk/general-news/ethical-issues-in-paediatric-organ-donation-a-position-paper-by-the-uk-donation-ethics-committee-ukdec.html>
8. NMC guidance – <https://www.nmc.org.uk/standards/code/> Recognise and work within the limits of competence Section 13.

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