

## Organising Solid Organ Retrieval

*This Management Process Description replaces  
MPD884/7*

### Copy Number

Effective **22/09/17**

### Summary of Significant Changes

Update with the new 5hrs rule of mobilisation of NORS. Addition of a sentence for the SNODs to transfer a DBD patient to theatre where possible when the NORS teams are within 30 mins of the Hospital. (section 6.3, 6.4 and 8.2).

### Policy

The organ retrieval operation requires a co-ordinated approach to ensure the safe and timely retrieval of organs from deceased organ donors. The SNOD is responsible for organising and co-ordinating organ retrieval at the donor hospital.

### Purpose

The purpose of this document is to guide the SNOD in co-ordinating the organ retrieval process.

### 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).

**NORS**-National Organ Retrieval Service.

**Lead Surgeon**- Refers to the lead surgeon for abdominal and/or cardiothoracic retrieval. Receives information from RCPoC regarding the donor including which organs are being retrieved

**RCPoC**- Recipient Centre Point of contact.  
**NTLC**-National Transplant Liaison Coordinators (formerly NHSBT Duty Officer)

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

**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.

### Applicable Documents

[MPD880](#) - Organ Retrieval: Pre-Theatre DCD

[MPD1043](#) - National Standards for Organ Retrieval from Deceased Donors

[SOP4574](#) – National Organ Retrieval (NORS) Mobilisation Process

[MPD886](#) – Collection, Labelling and Transport (Organs and Samples)

[SOP5116](#) – Kidney, pancreas and HLA manual – Duty Office

[POL188](#) - Clinical contraindications to approaching families for possible organ donation

[FRM4135](#) - NHSBT Surgical Safety Checklist

[SOP3925](#) - Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability

[MPD885](#) – In Theatre Support

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### INTRODUCTION

This document aims to assist the SNOD in organising the organ retrieval operation.

#### Note

The **donor record** should be completed as confirmation of actions as below. The donor record may be completed using DonorPath or in the event of unavailability following the manual process as described in [SOP3925](#)

### 1. FOLLOWING CONSENT/AUTHORISATION FOR ORGAN DONATION

- 1.1. After consent/authorisation for organ donation has been ascertained, the SNOD must inform the theatre coordinator in the donating hospital of the pending organ retrieval. This should be documented in the donor record.

### 2. INTRODUCTION TO THE THEATRE CO-ORDINATOR

- 2.1. The SNOD should introduce themselves to the theatre coordinator obtaining their contact details and provide them with their contact details. In addition, information about handover times and the name and contact details of the person who will be co-ordinating the following shift should be gained to ensure continuation of effective communication.
- 2.2. The SNOD should take this opportunity to discuss the planned organ retrieval process and ascertain from the theatre staff if they have ever been involved in organ retrieval before; the SNOD should address any questions or concerns they may have at this time

### 3. ORGANISING A THEATRE TIME

- 3.1. The SNOD should negotiate an agreed estimated theatre time taking into consideration the organs to be retrieved, theatre space and local staff availability. The SNOD should inform the theatre coordinator at the earliest opportunity of any changes or developments in the process that would affect the planned theatre retrieval.

### 4. DCD DONATION

- 4.1. The SNOD should confirm where Withdrawal of Life Sustaining Treatment (WLST) is taking place with the theatre coordinator and critical care unit staff, considering the hospital policy for DCD donation.
- 4.2. The SNOD should assess the area for planned WLST to ensure it is appropriate for continuation of end of life care and privacy for the family.
- 4.3. The SNOD should ensure that the relevant donating hospital staff are clear about the withdrawal process and have understood their roles and responsibilities in the process. Attention should be paid to the family's wishes at the point of death, timing of declaration of death and transfer to the operating theatre.
- 4.4. The SNOD should also explain to the staff that the patient may not become asystolic within the time frame for donation in which case repatriation of the patient to critical care or to a ward bed may be necessary. This should be discussed and arrangements in place prior to withdrawal of treatment.

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4.5. Please refer to [MPD880](#) Pre-Theatre DCD for detailed guidance.

## 5. ORGAN OFFERING

- 5.1. The SNOD and/or NTLC will ensure that all potential donor organs are offered to transplant centres, subject to [POL188](#). The NTLC will advise the SNOD of offering sequences and allocation criteria. Guidance on kidney and pancreas offering can be found in Duty Office [SOP5116](#).
- 5.2. If a potential DCD donor is subsequently diagnosed dead by neurological criteria during preparations for retrieval and consent/authorisation for DBD donation is in place, organ retrieval may be delayed whilst the organs are re-offered as advised by NTLC. This will only occur if the SNOD has gained agreement for subsequent delays from the patient's family. If recipients have already been identified and notified for transplant through the DCD process, these recipient centres may still allocate those organs for these recipients, as per [MPD1043](#).
- 5.3. If organs fulfil fast track criteria and fast track offering is commenced, organs should not be deemed untransplantable until the end of the fast track period. The SNOD should confirm with the Duty Office at the end of the fast track period whether an organ has been accepted. This also applies when organs are accepted and then subsequently declined and fast tracked during the theatre process.
- 5.4. If transplantable organs cannot be placed in the UK, the SNOD should contact the NTLC to discuss the possibility of placing the organs in Europe considering potential for delays in the process. The SNOD must document these discussions in the donor record.

## 6. ACTUAL THEATRE TIME: ACTIVATING THE NATIONAL ORGAN RETRIEVAL TEAMS

- 6.1. The SNOD should liaise with the theatre coordinator and confirm that a staffed theatre is still available prior to requesting NORS mobilisation.
- 6.2. When ready for a NORS team to mobilise, the SNOD will contact and notify NTLC of their planned theatre time. NTLC will then initiate mobilisation of the NORS team following [SOP4574](#).
- 6.3. A NORS team cannot be mobilised 5 hours ahead of a planned theatre time by a SNOD. The NTLC will ask the SNOD to ring back at the appropriate time point. It is the SNOD's responsibility to contact the NTLC as they understand the activity within the Trust/Board they are working in.
- 6.4. In exceptional circumstances an RM can be contacted for advice by the SNOD if they need to go outside of the 5-hour rule
- 6.5. The NORS team will liaise with the SNOD confirming the organs and/or tissues to be donated. The SNOD should communicate any specific requests from the accepting centres when activating the NORS team/s via the nominated RCPoC. This will ensure the team arrive with suitable resources for the planned retrieval ([MPD1043](#)).
- 6.6. The NORS team or their transport provider will notify the Duty Office if they encounter delays and/or do not expect to arrive at the donor hospital at the agreed time. The NTLC will share this information with the SNOD.

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6.7. The SNOD should communicate with Duty Office if any changes are expected to the theatre time. The NTLC will share this information with the NORS team.

6.8. NORS mobilisation times and arrival times should be recorded in the donor record.

### 7. REQUIREMENTS FOR ORGAN RETRIEVAL PROCESS

The SNOD should inform the local theatre team of the equipment that will be required during the retrieval process (e.g. trolleys, adequate suction units) and of any special requests from the NORS teams.

7.1. The SNOD must ensure that they contact the local hospital staff who will be present in theatre to discuss if they have ever assisted in an organ donation retrieval in and detail what will be required of them.

7.2. Where lungs are to be retrieved, the SNOD should ascertain the location of the blood gas analyser and confirm that this can be accessed by local staff during the retrieval operation.

### 8. THEATRE PREPARATION

8.1. In conjunction with staff at the donor hospital the SNOD will ensure that arrangements have been made for transfer of the donor to the identified theatre.

8.2. For DBD patients the SNOD should transfer the patient to theatre where possible, when the NORS teams are within 30 minutes of the hospital.

8.3. The SNOD must complete the pre-operative checklist in the donor record prior to handover to NORS lead surgeon

8.4. The SNOD must ensure that a witnessed copy of the patient's blood group is available for each organ to be donated and that sufficient blood samples have been procured prior to theatre for DCD donation. [MPD886](#)

8.5. The NORS lead surgeon 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 donor record.

8.6. The NORS lead surgeon should perform a 'Surgical Pause' as part of this checklist to ensure that hospital and retrieval team members are aware of their purpose in theatre and clarify any final points prior to retrieval. Confirmation of this action is documented by the SNOD in the 'Retrieval' section of the donor record. If DonorPath is unavailable [FRM4135](#) should be utilised for the pre and peri-operative checks as per [SOP3925](#)

### 9. TRANSFER TO THEATRE

9.1. The SNOD should aim to minimise manual handling risks when assisting the local donating hospital staff transferring the patient from the critical care unit to the operating table. The NHSBT manual handling guidance can be accessed at <http://nhsbtweb/userfiles/odt%20gen%20007%2014008.pdf>

### 10. IN THEATRE SUPPORT

10.1. [MPD885](#) should be followed for guidance in theatre