

NHS BLOOD AND TRANSPLANT

CARDIOTHORACIC ADVISORY GROUP

SPECIFYING RANGE OF ACCEPTABLE DONOR SIZE FOR HEARTS

BACKGROUND

1. A recent incident (INC 2093) highlighted that there is nothing in the NHSBT allocation policy to prevent the heart from a neonatal donor being offered to all cardiothoracic transplant centres.
2. It is important to reduce the number of redundant organ offers made by the ODT Duty Office. This paper presents several options for reducing offers based on acceptable donor size.

CURRENT POLICY

3. Policy 188, *Clinical contraindications to approaching families for possible organ donation*, states that the **heart-specific absolute clinical contraindications** for donation are:

For urgent patients:

- Donor age of 65 years or more (on or after their 65th birthday)

For non-urgent patients:

- Documented coronary artery disease (e.g. confirmed history of MI, CABG or percutaneous stenting)
- Median sternotomy for cardiac surgery
- LVEF \leq 30% on more than one occasion
- Massive inotropic or pressor support, but only if adequate circulating volume has been confirmed by monitoring

4. Patients in the Super-Urgent and Urgent Heart Allocation Schemes can be registered with a maximum and minimum donor height and weight they are willing to accept. These patients will subsequently not receive offers of donor hearts from donors that fall outside of these specified criteria. However, it is not mandatory to provide this information and a patient will receive offers from all donor sizes if it is left blank on the registration form.
5. Patients in the Non-Urgent Heart Allocation Scheme cannot be registered with any specific donor acceptance criteria. Offering is centre-based rather than patient-based.

POSSIBLE OPTIONS (not mutually exclusive)

Option	Description	Effort rating
1	Add national size restrictions to the heart-specific absolute clinical contraindications for donation in POL188, meaning that no patient will receive an offer outside of these limits.	Easy - simple change to policy and re-training of SNODs/Duty Office
2	Make maximum and minimum donor height and weight compulsory on the <i>Super-urgent/Urgent Heart Recipient Registration Form</i> and the Duty Office will delay registration until this information is provided by the centre.	Easy - communication to centres and re-training of Duty Office
3	Ask each centre to provide centre-specific acceptance criteria for donor size. This would screen out offers across all offering tiers (Super-Urgent/Urgent/Non-Urgent) and would be used in conjunction with additional patient-specific acceptance criteria for super-urgent/urgent patients. For Newcastle these could be different for paediatric and adult recipient offers.	Difficult - would require NHSBT IT resource to be implemented without manual workaround and associated risk (could be brought in with “task based offering” in 6-12 months)
4	Allow non-urgent patients to be registered with a maximum and minimum donor height and weight they are willing to accept. If a donor is outside of the ranges specified for all active patients in the non-urgent tier for a given centre, the offer will not be made to that centre.	Difficult - would require NHSBT IT resource to edit non-urgent registration form and allow information to be captured and used for screening offers

ACTION

6. CTAG are asked to decide which combination of the 4 options is most appropriate, or suggest alternatives.

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