





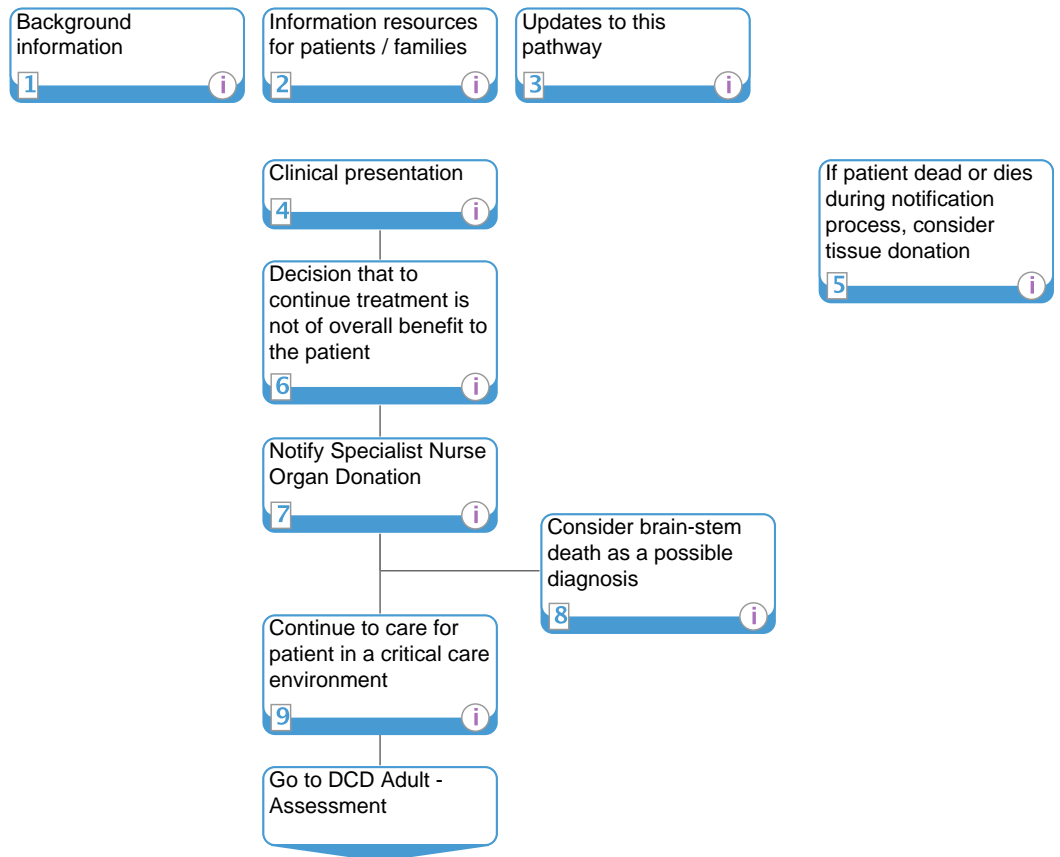


Donor Identification in Emergency Medicine

Medicine > Organ donation > Donor Identification in Emergency Medicine

-  Information
-  Referral
-  Local info
-  Note
-  Primary care
-  Secondary care



IMPORTANT NOTE

Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.

Donor Identification in Emergency Medicine

Medicine > Organ donation > Donor Identification in Emergency Medicine

1 Background information

Quick info:

Scope:

- Identification of potential adult organ donors in Emergency Medicine Departments

Out of Scope:

- Identification of potential paediatric donors in Emergency Medicine Departments. Decision making as to whether or not the continuation of care is in the child's best interest should include a Consultant Paediatric Intensivist. Clinical pathways relating to paediatric organ donation will be available within Map of Medicine later in 2010

Introduction

This pathway has been written to advise and guide senior members of EM staff (medical and nursing) in decision making around organ donation in EM patients. It should also guide Clinical Leads for Organ Donation. It is aimed at those departments where donation is not an everyday occurrence and guidance on the correct procedures would be welcome. The recognition of potential donors and their referral are the key areas for Emergency Medicine. Each hospital is responsible for considering and planning for the logistics of patient care.

The scenario is most likely to arise when dealing with a severely brain injured patient; either from trauma or acute medical catastrophe e.g. sub-arachnoid haemorrhage (SAH). The assumption made throughout is that patients who require intubation and ventilation will receive this as part of their general care prior to discussions of survivability / futility.

Patients cannot be intubated and ventilated purely for organ donation reasons if a decision of futility has already been made.

Where a patient has suffered a catastrophic neurological injury whether from trauma or medical event e.g. SAH and the senior clinical team has decided that the injury is unsurvivable then the local Donor Transplant Coordinator should be contacted. The aim of this pathway is to highlight the donation potential of every patient who dies in the ED.

2 Information resources for patients / families

Quick info:

Information leaflets for families is available here:

[Organ and Tissue Donation following Cardiac Death](#)

[Organ and Tissue Donation Information for Families](#)

3 Updates to this pathway

Quick info:

This is the first version of this pathway.

4 Clinical presentation

Quick info:

A ventilated patient with a catastrophic injury such as:

- a medical event e.g. Sub arachnoid Haemorrhage, or
- from acute traumatic injury

These are the most likely scenarios for a patient identified and referred as a potential organ donor from an Emergency Department. Liaise with local intensivists for advice on the further management of complicated, critically ill patients.

5 If patient dead or dies during notification process, consider tissue donation

Quick info:

See attachment for detailed information on tissue (including eye) donation: [Tissue and Eye Donation Information](#)

6 Decision that to continue treatment is not of overall benefit to the patient

Locally reviewed: 05-Sep-2010 Due for review: 02-Sep-2012 Printed on: 05-Oct-2010 © Map of Medicine Ltd

IMPORTANT NOTE

Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.

Donor Identification in Emergency Medicine

Medicine > Organ donation > Donor Identification in Emergency Medicine

Quick info:

The decision of futility / unsurvivability should be made as per local guidelines / protocols but should involve more than one doctor of Consultant position, ideally the EM Consultant, Neurosurgeon and Intensivist. The senior members of nursing staff should also be part of this process. The decision making should be clearly recorded in the patient's notes..

This decision should

- Be based upon a multi-disciplinary consensus that it is no longer in of overall benefit to the patient to continue or escalate life sustaining cardio-respiratory support
- Be robust enough to bear objective scrutiny
- Adhere to a local policy on withholding and withdrawing treatment, based on national guidance
- Be documented, signed and dated in patient's notes
- Be fully independent from any subsequent discussion regarding organ donation
- Not involve members of staff potentially involved in transplantation of organs retrieved from the patient following death.

Unless brought up by the family, the issue of donation should not be discussed until the decision to withdraw life-sustaining treatment has been accepted by the family. Some units will leave discussions regarding organ donation until a subsequent conversation.

Reference: 'Withholding and withdrawing - guidance for doctors', General Medical Council.

http://www.gmc-uk.org/guidance/ethical_guidance/6859.asp

7 Notify Specialist Nurse Organ Donation

Quick info:

To avoid any perceived clash of interests, the Specialist Nurse Organ Donation should not be contacted until after a dated, timed and signed withdrawal decision is entered in the patient's notes. The Specialist Nurse Organ Donation notification should occur even if the attending clinical staff believe that donation may be contra-indicated or inappropriate. Allow the Specialist Nurse Organ Donation to make any decisions about suitability for donation. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082120.pdf page 39.

If the Specialist Nurse Organ Donation can attend in a timely manner, allow the Specialist Nurse Organ Donation to check the Organ Donor Register (ODR) and approach the family. Bereaved families have a 40% refusal rate when approached at these times of great stress. The Specialist Nurses Organ Donation are expert in requesting donation in a sympathetic and knowledgeable manner. If the Specialist Nurse Organ Donation is remote to your hospital, they will check the ODR on your behalf and senior members of the ED team should approach the family to initiate donation discussions. ED staff ideally should not enter into a detailed discussion of the donation pathway unless they have a specific knowledge of the donation process. Incorrect details and explanations can cause distress to the donor family.

8 Consider brain-stem death as a possible diagnosis

Quick info:

The acutely brain injured patient in the ED is most likely to follow the Donation after Cardiac Death (DCD) pathway. However, consider:

- Could your patient be brain-stem dead?

Remember that donation via brain-stem death results in a greater number of donated organs. It is crucial to consider whether brain-stem death tests may be appropriate. Please seek the advice of your consultant Intensivist. Brain-stem death pathway is available here: [Brain-stem Death Testing, Adult](#)

9 Continue to care for patient in a critical care environment

Quick info:

Agreed local policy should guide whether the critical care environment is:

- ICU
- Emergency Department
- Other critical care area, e.g. theatre suite

The policy should offer potential alternative areas should the primary area not be available.

Locally reviewed: 05-Sep-2010 Due for review: 02-Sep-2012 Printed on: 05-Oct-2010 © Map of Medicine Ltd

IMPORTANT NOTE

Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.

Donor Identification in Emergency Medicine

Medicine > Organ donation > Donor Identification in Emergency Medicine

Locally reviewed: 05-Sep-2010 Due for review: 02-Sep-2012 Printed on: 05-Oct-2010 © Map of Medicine Ltd

IMPORTANT NOTE

Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.

Donor Identification in Emergency Medicine

Medicine > Organ donation > Donor Identification in Emergency Medicine

Key Dates

Due for review: 02-Sep-2012

Locally reviewed: 05-Sep-2010, by England & Wales

Updated: 05-Sep-2010

Locally reviewed: 05-Sep-2010 Due for review: 02-Sep-2012 Printed on: 05-Oct-2010 © Map of Medicine Ltd

IMPORTANT NOTE

Locally reviewed refers to the date of completion of the most recent review process for a pathway. All pathways are reviewed regularly every twelve months, and on an ad hoc basis if required. Due for review refers to the date after which the pathway on this page is no longer valid for use. Pathways should be reviewed before the due for review date is reached.