

INFORMATION REQUIRED BY THE DONOR COORDINATOR

Accurate information is required about the potential donor to enable the transplant teams and tissue banks to determine suitability of the organs and tissues for transplantation.

<p>Donor Blood Pack</p>	<ul style="list-style-type: none"> • Ensure blood form is signed and pink top tube (ABO and Rh grouping) only is handwritten. • Label all other tubes and Lab form with patient stickers. • Phone donor coordinator on call to arrange courier 09 6300935 (24 hours) <p>Donor bloods are not tested until after family agreement to donation.</p>
<p>Useful early information</p>	<ul style="list-style-type: none"> • Name • NHI • Date of birth • Details of present illness <p>For potential DCD:</p> <ul style="list-style-type: none"> • ABO blood group (if known) • Height and weight • Smoking and alcohol history (if known) • ABG on 100% O₂ • Renal function – urine output • Cr on admission and prior to this admission • LFTs
<p>Stage of donation process</p>	<ul style="list-style-type: none"> • In HIE what was the time of ROSC? • The time of commencement of 4-hour period of observation • Has brain death been determined? • Has there been discussion with family about withdrawal of intensive therapies? • Has there been any discussion with the family about donation?
<p>COVID-19 testing</p>	<ul style="list-style-type: none"> • Nasopharyngeal swab. • Tracheal aspirate may also be required. Discuss with ODNZ.
<p>Information required for all patients (DBD and DCD)</p>	<ul style="list-style-type: none"> • Height, weight and build • Date and time: intubation, admission to hospital, admission to ICU <p>History and current clinical assessment:</p> <ul style="list-style-type: none"> • Observations – BP, MAP, HR, temperature, urine output • Temp < 35°C and duration, > 39°C • Cultures taken • BP < 70mmHg, > 170mmHg • Oliguria < 20 mL or polyuria • Fluids – type, volume <p>Medications:</p> <ul style="list-style-type: none"> • Inotropes • Antibiotics • DDAVP • Insulin – when stated, stopped, concentration, rate <p>Laboratory results from admission to day of referral, investigations:</p> <ul style="list-style-type: none"> • FBC • U&Es, LFTs (including GGT and AST), coags • Reports of chest or abdomen CTs (if applicable) <p>Other investigations/tests may be requested if the potential donor is older (CT chest, coronary angiography)</p>



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<p>Potential heart donors 65 years (DBD only)</p>	<ul style="list-style-type: none"> • ECG 12 lead • Echocardiogram
<p>Potential pancreas donors 45 years (DBD only)</p>	<ul style="list-style-type: none"> • Amylase • Lipase
<p>Potential lung donors 75 years (DBD or DCD)</p>	<ul style="list-style-type: none"> • ABG on 100% O₂ and ≥ 5 PEEP • CXR on day of referral • Aspiration • Tracheostomy • Chest drain • Sputum (colour, quantity, consistency)
<p>Potential kidney (DBD or DCD)</p>	<ul style="list-style-type: none"> • Urine protein creatinine ratio: ≥ 50 years, or history of diabetes or hypertension
<p>Documentation to be emailed to the donor coordinator</p>	<p>The following documentation should be emailed to the donor coordinator contactus@donor.co.nz:</p> <ul style="list-style-type: none"> • Ambulance Report • ED Admission Report • ICU Admission Report • DBD only: Determination of Brain Death Form • Authority for Organ and Tissue Removal Form • Medical/Social Questionnaire • Physical assessment of donor