Admission:
Discontinue all previous orders except vasopressors, ventilator orders and non-prophylactic antibiotics
Admit to Southwest Transplant Alliance (STA)
Diagnosis: Brain Death with Organ Donation
Consulting Physician(s): ☑ Critical Care Medicine for:
☑ Central line placement if not present (triple lumen internal jugular or subclavian preferred)
☑ Arterial line placement if not present (radial preferred).
☑ Organ donor medical management
☐ Pulmonary Service for bronchoscopy with interpretation.
☐ Cardiology for 2d Echocardiogram and EKG interpretation.
☐ Other ________________________________

DISCONTINUE ALL PREVIOUS ORDERS

Vital Signs:
☑ Continuous CardioRespiratory Monitoring  ☑ Pulse Oximetry: Continuous
☑ Vital signs (HR, RR, BP and temperature) every 1 hour. ☑ CVP monitoring
☐ Other ________________________________

Notify STA:
☐ Temperature is greater than 38º C or less than 36º C  ☑ CVP less than 3 or greater than 10
☐ Urine Output greater than ________ ml/hr (3ml/kg/hr) or less than ________ ml/hr (1mL/kg/hour)
☐ Mean BP is greater than ________ or less than ________  ☑ SBP is greater than ________ or less than ________

RECOMMENDED TARGET BLOOD PRESSURES

<table>
<thead>
<tr>
<th>AGE</th>
<th>SBP</th>
<th>MAP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LOWER LIMIT</td>
<td>UPPER LIMIT</td>
</tr>
<tr>
<td>Less than 1 mo</td>
<td>65</td>
<td>110</td>
</tr>
<tr>
<td>1mo -1 year</td>
<td>70</td>
<td>120</td>
</tr>
<tr>
<td>1 year – 10 years</td>
<td>(2 x age in years) + 70</td>
<td>130</td>
</tr>
<tr>
<td>Greater than 10 years</td>
<td>90</td>
<td>140</td>
</tr>
</tbody>
</table>

Nursing care:
☑ Urinary catheter to gravity
☑ Gastric tube to:  ☐ Low Intermittent Suction  ☐ Gravity
☑ Strict intake and output, document hourly dosages and volume
☑ Turn patient every 2 hours
☐ Other:

Thermoregulation:
☑ Temperature less than 36º C: Bair Hugger to maintain temperature greater than 36º C but less than 38º C.
☑ Temperature greater than 38º C: Cooling Blanket to maintain temperature less than 38 C but greater than 36º C.

RN Noted Date & Time

STA/Physician’s signature and number:

Noted by nurse’s signature:

Driscoll Children’s Hospital
3533 S. Alameda, Corpus Christi, TX 78411

Generic interchange, standardized dosing, and automatic therapeutic interchange for specific drugs as approved by the Medical Staff, are permitted for implementation of all applicable written orders, unless do not substitute appears with each order.

PICU, 5102E, SWTA Organ Donation Orders
Form # 5102E  Next Review: 08/2012
Page 1 of 7  Date: 08/2010

Patient Identification
Southwest Transplant Alliance (STA) Pediatric Organ Donation Order Set

**Ventilation:**

<table>
<thead>
<tr>
<th>Conventional Ventilation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Control</td>
</tr>
<tr>
<td>FiO2</td>
</tr>
</tbody>
</table>

- Suction ETT every 3 hour and PRN secretions
- Maintain SpO₂ greater than 92% *(Notify Coordinator if SpO₂ drops below 95%)*
- Keep □ □ □ PaCO₂ less than **45** but greater than **35**

**Nebulizer / Metered Dose Inhaler (MDI) Treatments:**

- Turbuhaler: _____ mg nebulized every 2 hours and PRN wheezing.
- Albuterol MDI: _____ puff(s) inhaled every 2 hours and PRN wheezing.
- Other: __________________________

**Laboratory:** *(Reason for labwork: Organ Donation)*

- **✓** AbG, CBC with differential, CMP, Magnesium, Phosphorus, Amylase, Lipase, PT, PTT, INR, LDH, **Direct Bilirubin**, ETT aspirate for Gram Stain (no culture), Gamma-glutamyl transpeptidase (GGT), Urinalysis **STAT**
- **✓** Type and cross match 2 units of PRBC’s on hold for OR
- Bronchial (BAL) washings for gram stain only, obtaining sample from each lung *(Obtained if bronchoscopy is ordered)*
- Troponin
- CKMB
- Total CK
- Other: __________________________
- Other: __________________________

**Imaging:** *(Reason: Organ Donation)*

- **✓** CXR - AP
- 12 lead EKG with Cardiologist interpretation
- ECHO with Cardiologist interpretation
- Abdominal sonogram

<table>
<thead>
<tr>
<th>RN Noted Date &amp; Time</th>
<th>STA/ Physician’s signature and number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note by nurse’s signature:</td>
<td></td>
</tr>
</tbody>
</table>

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**Southwest Transplant Alliance (STA) Pediatric Organ Donation Order Set**

### IV Therapy Maintenance Fluids:

<table>
<thead>
<tr>
<th>Solution</th>
<th>Rate (ml/hour)</th>
<th>KCl (mEq/L)</th>
<th>Rate (ml/hour)</th>
<th>KCl (mEq/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>D 5 NS</td>
<td></td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>D 5 ½ NS</td>
<td></td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>D 5 ¼ NS</td>
<td></td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>D 10 ⅓ NS</td>
<td></td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>0.9% NS</td>
<td></td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>0.45% NS</td>
<td></td>
<td>20</td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>0.25% NS</td>
<td></td>
<td>20</td>
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<td>40</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Pressure Line Fluids:

<table>
<thead>
<tr>
<th>Solution</th>
<th>Rate (ml/hour)</th>
<th>KCl (mEq/L)</th>
<th>Rate (ml/hour)</th>
<th>KCl (mEq/L)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART 500 ml NS</td>
<td>1.5</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ART 500 ml NS w/ Heparin</td>
<td>1.5</td>
<td></td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CVP 500 ml NS</td>
<td>1.5</td>
<td></td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

### Other Medications:

- CeFAZolin (25 mg/kg/dose; max 2000 mg): ____ mg IV every 8 hours.
- Vitamin K: 1 mg (for infants less than 1 year of age) IV every 4 hours X 2 doses
- Desmopressin (0.03 mcg/kg, DI dosing): ____ mcg IV X 1 dose
- Albumin 5% (10-20 ml/kg): ____ ml IV to be infused over 1 hour x 1 dose
- Albumin 25% (0.5 g/kg): ____ g IV to be infused over 1 hour x 1 dose
- Furosemide (1 mg/kg, max 80 mg): ____ mg IV X 1 dose
- Other:__________________________

### Electrolyte Replacement:

- Calcium chloride (20 mg/kg, max 1 gram): ____ mg IV, infused over 15 min. PRN ionized Ca++ less than 1.15 and recheck in 1 hour.
- Potassium chloride (0.5 mEq/kg, max 20 mEq): ____ mEq IV, infused over 1 hour, PRN K+ less than 3.5 and recheck in 1 hour.
- Magnesium sulfate (25 mg/kg, max 2 grams): ____ mg IV, infused over 1 hour, PRN Mg less than 1.6 and recheck in 1 hour.

**RN Noted Date & Time**

**Patient Identification**

**Noted by nurse’s signature:**
**Diabetes Insipidus Management:**

- If urine output is greater than target range of 1 to 3 ml/kg/hour, increase Vasopressin infusion by 2 milliunits/kg/hour (max 10 milliunits/kg/hour) every 30 minutes until urine output is within target range.
- If urine output is less than 1ml/kg/hour, decrease Vasopressin infusion by 1 milliunits/kg/hour every 30 minutes until urine output is within target range.
- If urine output is greater than 3 mL/kg/hour on max Vasopressin infusion of 10 milliunits/kg/hour, then administer Desmopressin and notify STA.
- Desmopressin (0.03mcg/kg/dose) ________ mcg prn per urine output parameters X 1 dose.
- 0.225% NS replace urine volume 1:1 IV over 1 hour if urine output remains greater than 3mL/kg/hour
- Check serum Sodium every 2 hours after starting Vasopressin infusion

**Blood Sugar Management:**

- If blood sugar is greater than 250 mg/dl notify STA then initiate protocol as follows to keep blood glucose (BG) in target range of 120 - 180 mg/dl
- Glucometer BG checks every hour if on insulin drip (obtain sample from arterial line)
- Prior to starting insulin infusion prime tubing with infusion, wasting 25ml and DO NOT use in line filter
- **Initiate Insulin Treatment:** Start Insulin infusion at 0.05 units/kg/hour (use drip order sheet)
  - If BG drops less than 25 mg/dL/hr and BG is greater than 180 mg/dL, increase insulin infusion by 50% by multiplying current dose by 1.5 (example, if insulin at 0.05units/kg/hr, increase to 0.075units/kg/hr)
  - If BG drops greater than 50 mg/dL/hr, decrease insulin infusion by 50% by multiplying current dose by 0.5 (example, if insulin at 0.05units/kg/hr, decrease to 0.025units/kg/hr).
- Once BG less than 180 mg/dL, go to Maintenance of BG in target range

**Maintenance of BG in target range (120-180 mg/dL):**

- If BG greater than 180 mg/dL, increase insulin infusion by 50% by multiplying current dose by 1.5
- If BG is 170 - 180 mg/dL, increase insulin infusion by 25% by multiplying current dose by 1.25
- If BG 120 - 140 mg/dL, decrease insulin by 50% by multiplying current dose by 0.5.
- If BG is less than 120 mg/dL, discontinue insulin drip and notify STA immediately.
- If BG is less than 60 mg/dL, give ordered dextrose, notify STA, and recheck BG immediately then again in 30 minutes.

- Dextrose 25% (2 ml/kg) ________ ml IV push prn BG less than 60 (see protocol)
- Dextrose 10% (5ml/kg) ________ ml IV push prn BG less than 60 (see protocol)
Southwest Transplant Alliance (STA) Pediatric Organ Donation Order Set

### ABNORMAL/UNSTABLE BLOOD PRESSURES

<table>
<thead>
<tr>
<th>AGE</th>
<th>SBP</th>
<th>MAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 mo</td>
<td>Less than 65</td>
<td>Less than 40</td>
</tr>
<tr>
<td>1mo - 1 year</td>
<td>Less than 70</td>
<td>Less than 45</td>
</tr>
<tr>
<td>1 year - 10 years</td>
<td>Less than (2 x age in years) + 70</td>
<td>Less than (2 x age in years) + 50</td>
</tr>
<tr>
<td>Greater than 10 years</td>
<td>Less than 90</td>
<td>Less than 65 - 70</td>
</tr>
</tbody>
</table>

**Unstable Blood Pressure Management:**

If SBP is less than ________ mmHg or MAP is less than ________ mmHg then do the following:

- [ ] Albumin 5% (10-20 ml/kg) ________ ml IV over 30 minutes if CVP is less than 10 and may repeat X 1
- [ ] If inadequate response. If patient blood pressure remains unstable then start methylprednisolone and Levothyroxine as follows:

  - [ ] Levothyroxine (T4) Protocol.
    - Administer (please check) ALL of the following medications just prior to starting Levothyroxine loading dose.
      - Dextrose 50% (1 ml/kq) ________ ml IV push x 1 dose
      - Regular Insulin (0.1 units/kg) ________ units (0.1units/kg) push x 1 dose
      - Methylprednisolone (30 mg/kg) ________ mg IV over 1 hour

- [ ] Give Levothyroxine Loading Dose (if it has not already being administered) and start infusion
  - [ ] 5 mcg IV push x 1 dose (0 – 6 months)
  - [ ] 4 mcg IV push x 1 dose (6 – 12 months)
  - [ ] 3mcg IV push x 1 dose (1 – 5 years)
  - [ ] 2.5mcg IV push x 1 dose (6 – 12 years)
  - [ ] 1.5mcg IV push x 1 dose (12 – 16 years)
  - [ ] 0.8mcg IV push x 1 dose (greater than 16 years)

  - Followed by Levothyroxine infusion (use drip order sheet) 0.4 mcg/kg/hour IV
  - Titrate Levothyroxine infusion by 0.2 mcg/kg/hour every 15 minutes to a **max of 1.4 mcg/kg/hour** until the SBP or MAP is greater than above ordered parameter.

  - If blood pressure remains unstable notify STA.

---

**RN Noted Date & Time**

**STA/ Physician’s signature and number:**

**Noted by nurse’s signature:**
**Stable Blood Pressure:**

If the blood pressure is greater than lowest order parameter and has remained stable for at least an hour commence weaning vasoactive infusions in the following order:

- **☐** Wean Norepinephrine IV infusion by 0.01 mcg/kg/min every 15 minutes until discontinued to keep blood pressure greater than ordered parameter. THEN

- **☐** Wean Epinephrine IV infusion by 0.01 mcg/kg/min every 15 minutes until discontinued to keep blood pressure greater than ordered parameter. THEN

- **☐** Wean Dopamine IV infusion by 1 mcg/kg/min every 15 minutes until discontinued to keep blood pressure greater than ordered parameter.

**Hypertension Management:**

If SBP remains above specified upper limit, and the patient is not on vasoactive medications, then initiate antihypertensive management as follows (choose preferred drug regimen):

- **☐** Nitroprusside (use drip order sheet); Titrate by 0.5 mcg/kg/min every 15 minutes to a max of 5 mcg/kg/min to keep blood pressure within ordered target range.

- **☐** Esmolol (500 mcg/kg loading dose) ____________ mcg IV over 1 minute

  THEN start an Esmolol infusion (use drip order sheet) and titrate by 50 mcg/kg/min every 15 minutes to a max of 300 mcg/kg/min to keep blood pressure within ordered target range.

- **☐** Other: _______________________________________________________________________________________

---

**DATE & TIME**

**USE A BLACK OR BLUE BALL POINT PEN**

| Weight: _______ kg. | Height: _______ cm. |

---

**Dangerous Abbreviations – Do Not Use On Any Form**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Example</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>U or u</td>
<td>MGS04</td>
<td>Q.D.</td>
</tr>
<tr>
<td>MS</td>
<td>IU</td>
<td>Q.O.D.</td>
</tr>
</tbody>
</table>

ALWAYS place a zero in front of a decimal point – 0.5mg not .5mg

NEVER place a zero after a decimal point - 5mg not 5.0mg

- **Southwest Transplant Alliance (STA) Pediatric Organ Donation Order Set**

---

**RN Noted Date & Time**

**STA/ Physician’s signature and number:**

**Noted by nurse’s signature:**
<table>
<thead>
<tr>
<th>DRUGS</th>
<th>DOSE</th>
<th>LOW CONCENTRATION</th>
<th>MEDIUM CONCENTRATION</th>
<th>HIGH CONCENTRATION</th>
<th>USUAL DOSING RANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoBUTamine</td>
<td>____ mcg/kg/min</td>
<td>1000 mcg/ml</td>
<td>2000 mcg/ml</td>
<td>4000 mcg/ml</td>
<td>2 – 20 mcg/kg/min</td>
</tr>
<tr>
<td>DOPamine</td>
<td>____ mcg/kg/min</td>
<td>800 mcg/ml</td>
<td>1600 mcg/ml</td>
<td>3200 mcg/ml</td>
<td>2 – 20 mcg/kg/min</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>____ mcg/kg/min</td>
<td>20 mcg/ml</td>
<td>40 mcg/ml</td>
<td>80 mcg/ml</td>
<td>0.1 – 1 mcg/kg/min</td>
</tr>
<tr>
<td>Esmolol</td>
<td>____ mcg/kg/min</td>
<td></td>
<td>10 mg/ml</td>
<td></td>
<td>50 – 300 mcg/kg/min</td>
</tr>
<tr>
<td>Insulin (Regular)</td>
<td>____ units/kg/hour</td>
<td>0.2 units/ml</td>
<td>1 units/ml</td>
<td></td>
<td>0.05 – 0.2 units/kg/hour</td>
</tr>
<tr>
<td>Levothyroxine</td>
<td>____ mcg/kg/hour</td>
<td>2 mcg/ml</td>
<td>4 mcg/ml</td>
<td></td>
<td>0.4-1.4 mcg/kg/hour</td>
</tr>
<tr>
<td>Milrinone</td>
<td>____ mcg/kg/min</td>
<td>200 mcg/ml</td>
<td></td>
<td>1000 mcg/ml</td>
<td>0.25 – 0.75 mcg/kg/min</td>
</tr>
<tr>
<td>Phenylephrine</td>
<td>____ mcg/kg/min</td>
<td>20 mcg/ml</td>
<td>40 mcg/ml</td>
<td>60 mcg/ml</td>
<td>0.1 – 0.5 mcg/kg/min</td>
</tr>
<tr>
<td>NitroPRUSSide</td>
<td>____ mcg/kg/min</td>
<td>100 mcg/ml</td>
<td>200 mcg/ml</td>
<td>400 mcg/ml</td>
<td>0.5 – 5 mcg/kg/min</td>
</tr>
<tr>
<td>Norepinephrine</td>
<td>____ mcg/kg/min</td>
<td>16 mcg/ml</td>
<td>30 mcg/ml</td>
<td>60 mcg/ml</td>
<td>0.05 – 2 mcg/kg/min</td>
</tr>
<tr>
<td>Vasopressin</td>
<td>____ milliunits/kg/hour</td>
<td>100 milliunits/ml</td>
<td></td>
<td></td>
<td>0.5 – 10 milliunits/kg/hour</td>
</tr>
</tbody>
</table>

(All solutions are in Dextrose 5% ONLY, unless incompatible or commercially available in alternative solution. Levothyroxine will be mixed in 0.9% normal saline. Dextrose 5% diluent and standard concentrations approved by physician group and Pharmacy Committee.)

Date: 08/2010

Noted by nurse’s signature: