

# Donor Management Goals and Dosing Guidelines

## Donor Management Goals

### Hemodynamic parameters

- Maintain MAP > 70 mm Hg (adults)  
*Maintain systolic blood pressure appropriate for age (pediatrics)*
  - CVP 5-10 mm Hg
  - Dopamine < 10 mcg/kg/min or Single inotropic agent to maintain MAP
  - PCWP < 12 mm Hg \*
  - SVR 800-1200 dynes/sec/cm<sup>5</sup> \*
  - Cardiac index > 2.5 l/min/m<sup>2</sup> \*
- \* If measured*

### Oxygenation and ventilation

- Maintain PaO<sub>2</sub> > 100 mmHg
- Normalize PaCO<sub>2</sub> 35 - 45 mmHg
- FiO<sub>2</sub> 0.40
- Tidal volumes 8-10 cc/kg
- PEEP 5 cm H<sub>2</sub>O
- Arterial pH 7.32-7.48

### Fluid and electrolytes

- Serum Na<sup>+</sup> 130 – 160 meq/L
- Serum K<sup>+</sup> 3 – 5.0 meq/L
- Serum glucose <150 mg/dL

### Thermal regulation

- Core body temperature  
36 – 37.5° C or 96.8 – 99.6° F

- Donor management will be dictated by regional standards of care and the physicians caring for the patient.
- Consultation with an intensiviste care specialist and transplant coordinators is essential to ensure the best possible outcome for organ recovery.
- Become familiar with the intensivists, recovery protocols, and transplant surgery guidelines in the institutions that you serve.

## Suggested adult dosing guidelines for hormonal replacement therapy used by CDS

Drug	Dose
<b>Levothyroxine (Synthroid®)</b>	200 mcg IVP
<b>Methylprednisolone (Solumedrol®)</b>	2 grams IV
<b>Insulin/Glucose</b>	1 ampule of D 50 (hold if Glucose >250) 20 units of regular insulin IV
<b>Vasopressin (Pitressin®)</b>	25 units of Vasopressin in 250 ml normal saline 2 units bolused over 15 minutes IV 0.5 - 3 units/hour continuous IV infusion titrated to maintain urine output 100-300 ml/kg/hour OR 0.04 units/hour to maintain systolic blood pressure 100 mmHg (IV = intravenous)

# THE ANESTHESIOLOGIST'S ROLE IN ORGAN RECOVERY

## PATIENT OPERATING ROOM GOALS/STANDARDS (Adult and Pediatric)

- Carolina Donor Services (CDS) Coordinator will be present in the operating room and will be an active partner in the care of the donor.
- Confirm 4 units of packed red cells have been ordered (typed and cross-matched) before transport. Have 2 units in the operating room at the time of organ recovery.

### *For pediatric patients:*

- *Confirm sufficient packed red cells have been ordered (typed and cross-matched) based upon weight. (10-15 cc/kg/transfusion). Ensure that blood for 2 transfusions is available. Have 1 transfusion volume available (10-15 cc/kg/transfusion) in the operating room at the time of organ recovery.*
- Maintain donor management goals as listed on previous page.
- Be prepared to draw labs and administer medications for changes in the above parameters as specified in the procurement protocol order set.
- Be prepared for the CDS Coordinator's request for up to 100 cc of blood draw to be used for tissue typing; sample tubes will be provided by the CDS Coordinator .

### *Pediatric donors will require less blood volume for sampling*

- Be prepared to administer the following medications, according to established protocols, at the request of the Coordinator:
  - Lasix (up to 300 mg)
  - Mannitol (up to 100 g)
  - Heparin (up to 30,000 Units)
  - Insulin
  - Dopamine (up 20 mcg/kg/min)

### *Pediatric dosing will vary based upon patient weight. Medication administration should be discussed with a pediatric intensivist or anesthesiologist.*

- Communicate with the Coordinator and the transplant surgeons prior to administration of additional medications. At the time of aortic cross-clamp, mechanical ventilation and cardiac monitoring may be discontinued, except in cases of lung recovery; in lung recovery cases the surgeon will provide you with specific ventilation orders.

## Compiled by:

**Kevin Shute, M.D.** and  
**Thomas A. Nakagawa, M.D. FAAP, FCCM**  
Department of Anesthesiology  
Wake Forest University School of Medicine  
Winston-Salem, NC



(800) 200-2672 info line  
[www.carolinadonorservices.org](http://www.carolinadonorservices.org)