



Dartmouth-Hitchcock
MEDICAL CENTER

One Medical Center Drive, Lebanon, NH 03756

**New England Organ Bank
Donor Patients - Adult
ORDER SHEET**

MRN:	
Name:	
DOB:	
Gender:	

Addressograph

• = ALWAYS selected ○ = make SINGLE selection only ☐ = May make MULTIPLE selections

Medication dosing weight: _____ kg

Measured height: _____ cm

- Verify all Allergies & Adverse Drug Reactions in Electronic Medical Record

Admitting Service: Critical Care

Admit to: ○ ICU ○ CVCC ○ ED ○ PACU

Diagnosis: Brain Death

Status: Organ Donor

Vital Signs (Blood pressure, heart rate, temperature):

- Every 1 hour and PRN
- ☐ PA line
 - Measure C.O./C.I./SVR every 1 hour
 - Measure PCWP/PVR every _____ hours (NEOB coordinator-based recommendation)

Respiratory:

- ☐ Turning every 4 hours
 - ☐ Head of bed greater than or equal to 30 degrees
 - ☐ Measure plateau pressures every 4 hours
 - ☐ Chlorhexidine 0.12% solution to brush teeth every 12 hours
 - ☐ Oral care every 2 hours and PRN
 - ☐ Recruitment maneuver every 4 hours: 30 cm/H₂O CPAP for 30 seconds
- NOTE- Consider higher pressures if Plateau pressures greater than 30 cm/H₂O

Intake and Output:

- ☐ Record Intake and Output every 1 hour

Notify provider:

- **HR** less than 80 or greater than 110 beats per minute
- **MAP** less than 60 mmHg
- **Temperature** greater than 100.4 degrees Fahrenheit or 38 degrees Celsius or less than 36 degrees Celsius
- **Urine output** less than 100 mL/hour or greater than 300 mL/hour

Intravenous Therapy:

- ☐ Peripheral access times 2 sites, central access preferable
- ☐ Solution: _____ Additive: _____ Rate: _____ mL / hour;
_____ mL/hour adjusted hourly to equal previous urine output plus 50 mL
- ☐ Sodium Chloride 0.9% IV Bolus: _____ mL
- ☐ Potassium replacement per protocol, maintain potassium greater than 4 mMol/L (complete order set)
- ☐ Dextrose 5% Water at _____ mL/hour IV infusion to equal last urine output (use if in Diabetes Insipidus)

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Medications:

- MethylPREDNISolone 1 gm/100 mL IV x1 now at the beginning of management post consent for organ donation
- Insulin Infusion per DHMC insulin protocol (complete order set)
- Vasopressin 10 units/250 mL IV infusion to start at 1.2 units/hour and titrate to keep urine output 100-300 mL/hour
- NORepinephrine 4 mg/250 mL IV infusion, titrate at 0-30 mcg/min to keep SBP greater than 100, MAP greater than 65
- PHENYLephrine 20 mg/250 mL IV infusion, titrate at 0-200 mcg/min to keep SBP greater than 100, MAP greater than 65
- DOPamine 400 mg/250 mL IV infusion, titrate at 2-20 mcg/kg/min to keep SBP greater than 100, MAP greater than 65
- Esmolol 2500 mg/250 mL IV loading dose 500 mcg/kg/min over 1 min, IV maintenance begin at 50 mcg/kg/min, Titration 50 mcg/kg/min every 5 min, Dose range 50-200 mcg/kg/min to goal HR greater than 80 and less than 120 with MAP greater than 60
- NiCARdipine 20 mg/200 mL IV infusion, start at 3 mg/hr, Titration 2.5 mg/hr every 5-15 min to a maximum of 15 mg/hour to goal HR greater than 80 and less than 120 with MAP greater than 60
- DOBUTamine 500 mg/250 mL IV infusion, titrate at 1.5 - 20 mcg/kg/min to keep CO greater than 5 L/min
- Magnesium Sulfate ___ gm IV times ___ doses(s)
- Calcium gluconate 1 gram/100 mL IV times _____ doses(s)
- Desmopressin 2 mcg/50 mL 0.9 % sodium chloride over 15 minutes
- Ipratropium unit dose nebulizer (0.5 mg/2.5 mL) inhaled per aerosol Q4 hours PRN bronchospasm
- Albuterol unit dose nebulizer (2.5 mg/3 mL) inhaled per aerosol Q4 hours PRN bronchospasm
- Albuterol Metered Dose Inhaler (90 mcg per puff) 6 puffs inhaled every 4 hours

OR

- Albuterol/Ipratropium (Combivent) Metered Dose Inhaler (103-18 mcg per puff) 6 puffs inhaled every 4 hours
- Methylprednisolone 1 gm/100 mL IV every 12 hrs
- Renal Insufficiency pre treatment for SCr greater than 1.50 mg/dL **OR** estimated GFR less than 60 mL/min
 - Sodium Bicarbonate IV infusion (150 mEq sodium bicarbonate/1000 mL D5W): 3.5 mL/kg/hour x 1 hour and then decrease to 1mL/kg/hour. Start the infusion on call to Cath Lab and continue for 6 hrs post-Cath

Antibiotics (utilize dosage adjustment for renal insufficiency)

- Cefazolin 1 gm IV every 8 hrs
OR
- Ampicillin/sulbactam 1.5 gm IV every 6 hours
OR
- Piperacillin/tazobactam 3.375 gm IV every 6 hours
AND (if indicated):
- Vancomycin _____ gram IV every ___ hours
- Ciprofloxacin 400 mg IV every 12 hours
- T3 Protocol:**
 - Liothyronine 15 mcg/100 mL, Bolus 4 mcg IV over one minute, then 3 mcg/hour IV infusion
 - If vasopressin not already ordered, vasopressin 10 units/250 mL, Bolus 1 unit IV over two minutes, then 0.5-4 units/hr IV infusion, titrate to SVR 800-1200 (wean if urine output is less than 80 mL/hour)
 - Hemodynamic profile every hour or 30 minutes after each adjustment in above infusion rates
 - Obtain repeat Echo portable after a minimum of 6 hours of T3 infusion and improved Hemodynamic Profile
- T4 Protocol:**
 - **Initiation Phase:**
 - Dextrose 25 gm IV bolus
 - Methylprednisolone 2 gm/150 mL IV bolus
 - If insulin protocol not ordered, regular Insulin 20 Units IV bolus
 - Levothyroxine 200 mcg/500 mL, bolus 20 mcg IV over 5 minutes

Generic equivalent may be administered when a drug is prescribed by a brand name unless order states to the contrary

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• **Maintenance Phase:**

- Levothyroxine 200 mcg/500 mL, IV infusion at initial rate of 25 mL/hr. For donor weight less than 45 kg, set initial rate to 20 mL/hr
- Reduce levels of other pressors as tolerated while titrating levothyroxine infusion to maintain adequate BP. After 30 to 60 minutes, the donor heart rate, BP and temperature may increase.
- Monitor K+ level closely (every 1 hour) -- T3/T4 therapy may decrease K+ levels

Lung Donors:

- Bronchoscopy
- Inflate ET balloon to 25 mmHg or greater to prevent aspiration (plan in conjunction with RRT)
- NG to low constant wall suction

Laboratory (Baseline Labs and every 4 hours and PRN):

- CBC with Differential
- Electrolytes, BUN/Creatinine, CPK with MD/Troponin
- Calcium (ionized), Magnesium, Phosphate, Protein, Albumin, Lactate
- LFTs (AST/ALT/LDH/SGT/alk phos/T. Bili/D.Bili)
- Glucose
- PT/INR/PTT
- Amylase/Lipase
- U/A and urine culture
- Blood cultures (two sets)
- Sputum gram stain (send STAT) and culture
- Hemoglobin A1C at baseline
- Beta HCG if Female and childbearing age

Transfusion Medicine:

- Type and screen
- (Order 3 units on hold for the OR)

Diagnostic Testing and Imaging:

- CXR PA upright (if Lung Donor)
- CT Scan (if Lung Donor and history of smoking/inhalation of drugs/trauma)
- EKG 12 LEAD (if Heart Donor)
- Echocardiogram with reading (if Heart Donor, request copy of CD for transplant centers)
- Cardiac Catheterization (if Heart Donor and greater than 40 years old)

Consults: (Provider must call)

- Cardiology (if Heart Donor) 34443

Signature: _____ MD/DO/APRN/PA Date: _____ Time: _____

Print Name: _____ Pager #: _____