## Wisconsin Donor Network Donor Process Checklist - BD

<table>
<thead>
<tr>
<th>Donor identification: __________________</th>
<th>Coordinator(s): __________________</th>
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<td>Date: __________________------------------</td>
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- Notification of case pending: AOC __________________
- Huddle with Attending MD _________________________
- Confirm presence and declaration of brain death ______
- Notify / Medical Screen with Med Director _______
- Pre-screen with WTB ____________________________
- FS notify AOC prior to meeting with the family ______
- FS/OPC/HD huddle (donation process plans) ________

**Notification after consent:**

- Fax consent and med/soc to WTB coordinator 414-937-3951 ______
- File original consent form in hospital chart and write consent progress note ______
- Larry Glasser ____________________________
- Determine if pretransfusion blood is needed/complete hemodilution worksheet ______
- Add lot # and expiration date to hemodilution worksheet ______
- Draw and label blood including WTB (1 red top) ______
  - Quicksilver Courier 414-645-4000, Ask for “Direct” service, use WDN Acct # W18877. ______
  - NAT testing 937-6110; Pager-531-7170 contact______________ ______
  - IDT lab 937-6110; Pager- 531-7183 contact____________________
  - H&I Lab 937-6191; Pager- 330-1851 contact__________________
- SLMC LIC (2yellow tops, 2 red tops) notify coordinator of blood on the way 649-3700 ______
  - contact_________________________ (call made by OPC) ______
- FMLH transplant coordinator ________________ ______
- Preservationist ________________________ ______
- ME for release. Call the ME office in the county where the cardiac death or brain death occurred! ______
- Call DA (leave message if after hours) ______
- Ensure all hospital death forms are completed by RN/MD ______

**Initiate standing orders with RN:**

- Orders given to and reviewed with RN, HUC, RT, Pharmacy ______
- Call lab to ensure orders started and aware of need for cultures ______
- Donor Assessment and chart ______
- Call cardiology as necessary; echo/cath ______ (obtain copies for accepting center) ______
- Call pulmonology as necessary; bronch ______
- Initiate pulm care-freq turning, suctioning, chest PT as tolerated ______

**Allocation**

- Call Microlab to ensure cultures have been started ______
- Run UNOS lists; Initiate placement ______
- Tissue Bank ____________________________
- Eye Bank: 877-233-2354 __________________
- LifeNet (heart valves) 866-727-3365 ______
- Back up offers: Center Contact Number ______
  - Liver ____________________________ __________________
- Page AOC prior to abandoning any organ allocation ______

**Research placement**

- Dr. Fernandez (pancreas) 608-843-0029 ______
- NDRI 800-222-6374, ______
- IIAM 1-800-486-IIAM (4426), ______

Revised 5/4/2011
**Pre OR:** (calls about OR time to be made by OPC)  
_____ Initiate pancreas lavage 3 hours prior to OR if whole pancreas or islets  

**OR Time:** ______  
____ Preservation; meet time ______  
____ OR time in Lifeguard comments  
____ OPO Surgeon  
____ Accepting Centers  
____ LEBW, WTB if applicable  
____ Larry Glasser  
____ Nursing supervisor  
____ Aerocare 800-823-1911  
___ (must tell Aerocare that the teams coming must be billed for transportation, not WDN)  
___ FBO (Signature)  
___ Tail Number ________________  
____ Security  

___ Physician Credentialing  
___ TIME OUT- Larry, preservation, and lead coordinator (full chart review & allocation specifics)  

___ Draw OR blood: Red Yellow Lavender  
heart, liver, lung, intestine: 2 red  
kidney, pancreas: 1 red & 2 yellow  
LEBW: 1 red & 1 lavender  
LifeNet: 1 red & 1 lavender  
ME: ________  
**WISL always needs a minimum of 2 red & 2 yellow**  
***Confirm with heart/lung center what blood they need***  

___ Copy of chart for: 1. Each team (redact family name/address from consent form) 2. Tissue bank (unredacted) 3. Eye bank (unredacted) 4. ME (if ME case)  

___ CXR, echo, cardiac films available for review in OR  

**In surgery:**  
___ OPO guidelines to anesthesia  

___ Text FSC with allocation update  

___ Notify tissue/eye bank, ME, or funeral of cross clamp/case completion  

___ Notify research organization if backup research is going for transplant