

CORE Donor Data - ODST Feedback

OPC		Intensivist		Date of ODST Consult		Monitor Study	
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Donor Data									
Donor Hospital Code	CORE ID	UNOS ID	Age	Gender	Race		ABO	BMI	ME Refusal or limits
Donor Type		Cause of Death		Clamp Date	Clamp Time (HH:MM)		WI Time -DCD (min)		
Positive Serologies	<input type="checkbox"/> RPR	<input type="checkbox"/> HBs AG	<input type="checkbox"/> HBc AB (total)	<input type="checkbox"/> HBc AB (IGM)	<input type="checkbox"/> HBs AB	<input type="checkbox"/> HCV AB	<input type="checkbox"/> HIV I/II	<input type="checkbox"/> CMV (total)	<input type="checkbox"/> Herpes I/II
	PMH	<input type="checkbox"/> Diabetes	<input type="checkbox"/> HTN	<input type="checkbox"/> CAD/MI	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> COPD/ Asthma	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> PVD
Other PMH									
UNOS Data	<input type="checkbox"/> CVA	<input type="checkbox"/> HTN	<input type="checkbox"/> Terminal Cr > 1.5	SH and Habits	<input type="checkbox"/> CDC High Risk	<input type="checkbox"/> IVDA	<input type="checkbox"/> Smoker		
ECHO	<input type="checkbox"/> Not Done	EF %		Comments					
CXR Findings	<input type="checkbox"/> Normal	<input type="checkbox"/> Atelectasis	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Infiltrate	<input type="checkbox"/> Opacity	<input type="checkbox"/> Pulmonary edema	<input type="checkbox"/> ARDS	<input type="checkbox"/> COPD/ Emphysema	<input type="checkbox"/> Aspiration
Most Recent Exam	<input type="checkbox"/> No abnormality	<input type="checkbox"/> Pleural effusion	<input type="checkbox"/> Pneumothorax	<input type="checkbox"/> Hemothorax	<input type="checkbox"/> Chest tube	<input type="checkbox"/> Pulmonary contusion	<input type="checkbox"/> Cardiomegaly		
CXR Comments									

Organ Recovery and Outcomes				
Organ	Recovery/Transplant Status	Reason for No recovery or Discard of Organ	Transplant Hospital	Comments
Right Kidney				
Left Kidney				
Liver				
Right Lung				
Left Lung				
Heart				
Small bowel				
Pancreas				
Multivisceral				
Total Organs Transplanted		Comments		

DONOR LAB DATA									
Hemodynamics			Lab Data			Respiratory Data			
	Initial	Prior to OR	Data	Initial	Prior to OR	Data	Initial	Prior to OR	Oxygen Challenge
	Date	Date		Date	Date		Date	Date	Date
	Time	Time		Time	Time		Time	Time	Time
Dopamine dose			NA			Mode			
Levophed dose			BUN			FIO2			
Neosynephrine dose			Creat			PEEP			
Epinephrine dose			Glu			Tidal Volume			
Vasopressin			Bili			RR			
T4 Dose			SGOT/AST			Mean AWP			
Dobutamine dose			SGPT/ALT			pH			
HR			Troponin			PO2			
MAP			Lactate			PCO2			
CVP			Hematocrit			HCO3			
Uop (ml/hr)						PaO2/ FiO2			

ODST MD EVALUATION						
	Best		Worst		NA	Comments
	4	3	2	1		
ODST MD was available to me in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ODST MD assisted in brain death testing in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ODST MD was compassionate in family interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ODST MD entered all necessary orders and meds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ODST MD provided necessary interventions in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ODST MD was sensitive to the concerns of the OPC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ODST MD evaluated the patient in a timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall evaluation of the ODST MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments Regarding ODST	
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Current Date