**Organ Donation After Circulatory Death (DCD)**

**OR Procedure Checklist**

The withdrawal of life-sustaining support is a decision that has been made by this patient and/or their family. This withdrawal of treatment will take place in the operating room, rather than the ICU, to allow for donation to occur. The decision to give the gift of life following this patient’s cardiac death was generously provided by this patient and/or their family. LiveOnNY is grateful for your participation in the donation process as we work collaboratively to save lives, provide comfort, and strengthen legacies through organ, eye and tissue donation.

### PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>MRN:</th>
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<tbody>
<tr>
<td>Age/Gender:</td>
<td>DOB:</td>
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Organs Being Recovered for Transplant: ____________________________

Tissues Being Recovered for Transplant: ____________________________

Organs/Tissues Being Recovered for Research: ____________________________

### LiveOnNY STAFF CONTACTS

<table>
<thead>
<tr>
<th>Transplant Coordinator:</th>
<th>Cell #:</th>
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<tbody>
<tr>
<td>Family Services Coordinator:</td>
<td>Cell #:</td>
</tr>
<tr>
<td>Hospital Services Specialist:</td>
<td>Cell #:</td>
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### IMPORTANT CONSIDERATIONS FOR OR STAFF

Hospital staff performing extubation: ____________________________

Hospital staff responsible for comfort care, declaration of death and death certificate: ____________________________

Additional people to be present in OR during withdrawal of treatment:
- # of family members: _______
  (will require paper scrubs/bunny suits)
- # of LiveOnNY staff: _______
  (will require cloth scrubs/paper scrubs/bunny suits)

Special family requests (i.e. music, prayer, etc.): ____________________________

### OR & PATIENT PREP FOR DCD

Position of Patient: Supine with one arm tucked and one arm extended (for family). Family should have full access to patient’s arm face. Once family leaves the OR, both arms will be tucked.

Skin Prep: Solution and skin prep areas (i.e. clavicle to mid-thigh, chin to pubis) vary according to surgeon preference.

Drapes: Laparotomy drapes are acceptable with a wider area of exposure. Free draping is also acceptable and may be preferred.

Additional Prep:
- **Do not use skin staples or metal towel clips to drape the patient prior to pronouncement of death.**
- If family is present in the OR for the withdrawal of treatment:
  - All instrumentation/equipment should remain out of the family’s view. (Either covered with sterile drapes or shielded from their view in some way.)
  - Dim lights
  - Cover windows for privacy
  - Ensure there is enough seating for all family members

### SEE REVERSE SIDE FOR OPERATING ROOM EQUIPMENT NEEDS

Date Approved: 01/27/15  
Effective Date: 01/27/15  
Version 2
## Operating Room Equipment Needs

### Equipment Provided by OR
- Standard OR patient table
- Surgical technician instrument table
- Mayo stand
- Large backtable (for preservation team)
  > Additional table may be required if thoracic organs are recovered
- Suction canister tree with several additional canisters
  > Prefer large Neptune suction machine (if available)
- Skin shaver
- Chloro-prep/Dura-prep X 2
- Basic pack including:
  - Half drape (down sheet)
  - Laparotomy drape
  - 2 sets suction tubing (up to 4 sets may be requested if thoracic organs are recovered)
- 2 – 4 Yankauer suction tips
- 2 – 4 Pool suction tips
- Major instrument tray that must include:
  - Short and long Metzenbaum scissors (2 pairs each)
  - Curved Mayo scissors
  - At least 15 clamps in various sizes (mosquito, cryoclip, kelly clamp, etc.)
  - Right angles in various sizes
  - Alice clamps
  - Non-penetrating towel clamps
  - DeBakey forceps (atraumatic jaws)
  - Needle holders
  - #3 scalpel blade handle
  - Handheld Retractors:
    - Richardson
    - Army-Navy
    - Malleable
- Vascular instrument requirement:
  - 2 Aortic cross clamps:
    - 1 large angled DeBakey clamp and/or Satinsky
    - 1 large curved aortic clamp (lazy “S”)
- Sternal saw with reciprocating blade
- Room temperature normal saline
- #10 Surgical blade
- 3+ full drapes (to cover all sterile tables and patient/donor)

### Optional Equipment:
- Large ioban

### Additional Equipment Needed:

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## Equipment Provided by LiveOnNY Preservation Team

- Retractor tray including:
  - Balfour retractor with extensions
  - Finochietto sternal retractor with spiked blades
  - Lebsche knife with mallet
- Backtable pack including:
  - Large basins
  - Preservation solution tubing
  - Abdominal aorta cannula
  - Portal vein cannula
  - Isolation bags
  - Ruler
  - Specimen containers
  - Telfa
  - 5-0 Prolene single arm C-1 needle
- Sterile ice
- Preservation solution

## Organ-Specific Equipment Needs

**Duplicate equipment is unnecessary if multiple organs are recovered**

### Lungs
- 2-0 Pericardial sutures with pop-off taper needle
- #15 Surgical blade
- Aortic root cannula (provided by recovery team)
- Vessel tourniquet (provided by recovery team)
- Thoracoabdominal (TA) stapler (size 45-60) with 2 reloads

### Liver
- Hemoclip appliers: small, medium, large - preferably single use
- Vessel loops
- Bulb syringe

### Pancreas
- Gastrointestinal anastomosis (GIA) stapler (size 75 or larger) w/ one reload
- Hemoclip appliers
- Vessel loops
- 500ml beta-dyne (not on sterile field)
- 50mg Amphotericin B (not reconstituted)
- Toomey syringe

### Kidneys
- No additional equipment needed for kidneys

### Intestines
- Gastrointestinal anastomosis (GIA) stapler (size 40 or larger) with one reload

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