Initial Standard Order-Set for Donor Management of the Brain Dead Donor

Addressograph Here

Donor Management Orders

Check all orders to be followed:

Nursing:

- ☐ This patient is brain dead and has been consented for organ/tissue procurement. All orders to be written by OneLegacy Procurement Transplant Coordinator (PTC)
- ☐ Transfer care of the patient to OneLegacy
- ☐ Discontinue ALL previous nursing orders
- ☐ This patient is a FULL CODE
- ☐ 1:1 nursing care
- ☐ No known drug allergies, *or*
  - ☐ Allergies include: _____
- ☐ ALL tests and procedures are to be run STAT throughout case
- ☐ Turn patient and suction ET tube every 2 hours and PRN
- ☐ Maintain HOB at 30-40 degrees
- ☐ Maintain normothermia (96-99.5 F/36-37.5°C) with heating or cooling blanket, rectal/core temps only
- ☐ Record all vital signs, including temp, and CVP hourly *if stable*
  - ☐ Record every 15 minutes *if unstable*
- ☐ Record Intake and Output every hour
- ☐ Oral care every 2 hours
- ☐ Insert Nasogastric/Orogastric (NG/OG) tube
  - ☐ NG/OG tube to low continuous suction
  - ☐ Ensure NG/OG patency every 2 hours
  - ☐ NG/OG lavage with _____ml tap water and clamp for 45min then resume low continuous suction. Repeat Q_____hrs
- ☐ Notify PTC immediately of the following: MAP < 70, or > 100; HR < 60, or > 120; core temp < 36 or > 37.5 °C; U/O < 1 ml/kg/hr or > 3 ml/kg/hr
- ☐ Bilateral lower extremity sequential compression device
- ☐ Obtain daily weight
- ☐ Notify Coroner of Brain Death

Sign_____

Date_____ / Time _____

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Tests / Procedures:

- ☐ Discontinue all previous tests/procedures
- ☐ Arterial line placement and continuous monitoring
- ☐ Central Venous Pressure (CVP) line placement and continuous monitoring
- ☐ Bronchoscopy for anatomical and therapeutic evaluation STAT
  - ☐ Minimal bilateral bronchial wash with 20-30ml NS
  - ☐ Separate gram stain, bacteria, and fungal cultures from each lung
- ☐ EKG with cardiology consultation for interpretation for donor evaluation
- ☐ Bedside glucose checks every 2 hours. If BS > 140 start insulin drip
  - ☐ Start Insulin drip per hospital protocol or,
  - ☐ Start OneLegacy Insulin drip protocol
- ☐ PCXR STAT and every 6 hours, taken with patient in upright position
  - ☐ Wet read by radiologist; have hard copy and all prior studies copied to disc and sent to floor DICOM format
- ☐ Draw the following labs immediately and run STAT:
  - ☐ ABO/Rh subtype group A blood. Cross match and hold for 2 units PRBC's, CMP (Na, K, Cl, CO2, BUN, Creatinine, Glucose, Ca, AST, ALT, Alk Phos, T. Bilirubin, Direct Bilirubin, Albumin, T. Protein), Mg, Phos, ionized Ca, Cardiac enzymes (CPK/CK MB, Troponin I), Amylase, Lipase, LDH, GGT, Serum Osmo, Lactate; CBC with manual differential; PT/PTT/INR; Urinalysis with microscopy exam
  - ☐ Every 4 hours repeat: CMP *as listed above*, Mg, Phos, ionized Ca, Cardiac enzymes *as listed above*, Amylase, Lipase, Serum Osmo, Lactate; CBC with manual differential; PT/PTT/INR; Urinalysis with microscopy exam
  - ☐ Blood Culture aerobic and anaerobic from all existing central/arterial lines and at least 1 peripheral stick
  - ☐ Urine Culture with STAT Gram Stain
  - ☐ Sputum Culture with STAT Gram Stain if not done with bronchoscopy, or if bronch is to be delayed
  - ☐ Infectious Disease consult for positive culture results
  - ☐ ABG STAT
    - ☐ Repeat every 4 hours thereafter and 30 minutes after ANY vent changes
  - ☐ Notify laboratory department to have the earliest dated blood draw held for the coroner
  - ☐ Draw HLA and Serologies per PTC

Sign_____

Date_____ / Time _____

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Pharmacy:

- ☐ Discontinue ALL previous medications except
  - ☐ Continue following vasoactive medications to maintain MAP >____: _____
  - ☐ Antibiotics: _____
- ☐ Pharmacy to mix all medications and pressors in 0.9% NaCl when possible

Start hormonal replacement for ALL donors (unless contraindicated):

- ☐ 30mg/kg Solumedrol max 2 Grams in 250ml NS IVPB over ____hrs
- ☐ 500mg Solumedrol IVP every 8 hours

If hypotensive consider:

- ☐ Dopamine drip at 1-3mcg/kg/min (400mg in 250ml)
- ☐ 20 mcg Levothyroxine (T-4) IVP, THEN
- ☐ T-4 drip 200 mcg in 500ml NS at 25ml/hr (10mcg/hr) and titrate per OneLegacy

If hypernatremic consider:

- ☐ Vasopressin drip 25 units in 100ml NS at 2ml/hr (0.5units/hr)

- ☐ Maintenance intravenous fluid:
  - ☐ Base: _____
  - ☐ Additives: _____
  - ☐ Rate: _____ml/hr
- ☐ Antibiotics as per hospital's guidelines for Ventilation Acquired Pneumonia or,
  - ☐ Zosyn 3.375 Grams every 6 hours IVPB if intubated **less than 5 days**
  - ☐ Levaquin 750 mg daily IVPB if intubated **greater than 5 days and**
  - ☐ Vancomycin 1 Gram twice daily IVPB if intubated **greater than 5 days**
  - ☐ Adjust antibiotics/doses per pharmacy
- ☐ Albuterol 2.5mg nebulizer INH every 4 hours and PRN or
  - ☐ Albuterol MDI 8 puffs every 4 hours and PRN or
- ☐ Lubricate eyes with lacrilube drops every 2 hours

Sign_____

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Respiratory:

- ☐ Continue current vent settings or
- ☐ Change vent settings to:
  - ☐ Mode:_____
  - ☐ Rate:_____
  - ☐ Vt:_____
  - ☐ PEEP:_____
- ☐ Use humidified circuit
- ☐ Inflate ETT cuff to 30cm H20
- ☐ CPT every 4 hours and PRN
- ☐ Use transport ventilator when disconnected from ventilator
  - ☐ If N/A use ambu-bag with PEEP valve

Sign_____ 4/4

Date_____ / Time _____