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

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___________________________________________________________ 1/4

Date_______________ / Time _______________
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
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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___________________________________________________________  3/4

Date________________ / Time ________________
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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 H2O
☐ CPT every 4 hours and PRN
☐ Use transport ventilator when disconnected from ventilator
  ☐ If N/A use ambu-bag with PEEP valve

Sign___________________________________________________________

Date________________    / Time _______________