Wisconsin Donor Network Donor Process Checklist- DCD

Donor identification: ___________________ Coordinator(s): ________________________________
Date: ____________________________

___ Pull Heparin consent
___ Notification of case pending: AOC__________________
___ Huddle with Attending MD ________________
___ Identify Declaring MD ________________
___ Confirm presence of DNR order
___ Medical Screening with Med Director ________________
___ Pre-screen with WTB __________________
___ Complete hospital consent form for the administration of HEPARIN at time of extubation
___ FS notify AOC prior to meeting with the family
___ MD or RN to write orders: antibiotics, cultures, blood draws, heparin administration, DNR, extubation etc.

Approach:
___ Heparin Consent
___ Heparin order
___ WDN orders

Notification after consent/approval to pursue DCD:
___ Notify Medical Director ________________ review med/soc
___ Larry Glasser
___ Determine if pretransfusion blood is needed/compleote hemodilution worksheet
___ Add lot # and expiration date to hemodilution worksheet
___ Draw and label blood including WTB (1 red top)
    ___ Quicksilver Express Courier 414-645-4000, ACCT WI8877
    ___ NAT testing 937-6110; Pager- 531-7170 contact_____________________
    ___ IDT lab 937-6110; Cell- 531-7183 contact_____________________
    ___ H&I Lab 937-6191; Cell- 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 ________________________________

___ Notify WTB/LEBW (fax consent and med/soc)
___ Call and leave Colleen (#1) a voice mail message that the donor case is a DCD. (FMLH donor only)
___ FS/OPC/HD huddle (donation process plans)
___ Have unit secretary change the account to NBC-O (FMLH only)
___ Call ME for release
___ Call the D.A. (leave message if after hours)
___ Page Hospital Administrative Representative or House Supervisor
___ Find a Declaring MD-Check hospital policy for appropriate MD ______________________
___ Declaring physician to meet with WDN
Allocation:

- Call Micro lab to ensure cultures have been started
- Run UNOS lists; Initiate organ placement
- Tissue Bank
- Eye Bank: 877-233-2354
- LifeNet (heart valves) 866-727-3365

- Back-up offers:
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<tr>
<th>Center</th>
<th>Contact</th>
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<td>Liver</td>
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- Research placement
  - NDRI 800-222-6374
  - IIAM 1-800-486-IIAM (4426)
  - Dr. Fernandez 608-843-0029 (pancreas)

Pre-OR: (all calls about OR time to be made by OPC)

- Extubation time (withdrawal of care in ICU)
  - 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 with Larry, preservation, and lead coordinator (full chart review & allocation)

- 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 lung center what blood they need***

- Copy of donor chart: 1. Each team (redact family name/address from consent form) 2. Tissue bank 3. LEBW 4. ME

- CXR available for OR if lung recovery

- Verify written order for withdrawal of support

- Ensure all hospital death forms are completed by RN/MD

In OR:

- Ensure MD documents Declaration of Death note
- Notify tissue/eye bank, ME, or funeral home of cross clamp / case completion
- Notify research organization if backup research is going for transplant