The objective of intraoperative management of the multi-organ donor is to continue physiologic support during recovery of organs. Please do not hesitate to speak with the Gift of Life Michigan Donation Coordinator or Surgeon(s) for any clarifications of donor maintenance objective, or for assistance during the recovery process regarding necessary labs and/or other concerns. Prior to cross clamp of the Aorta, Heparin will be administered IVP. The Gift of Life Coordinator or Surgeon(s) will determine the exact dosage.

During the recovery our **Primary Goals** for patients > 16 years of age are to maintain:

- SBP>100 and/or MAP>60
  - Adequate Hydration: Ensure adequate hydration to maintain euvolemia.
  - Vasopressor Support: If hypotensive post adequate hydration, utilize Dopamine as the first pressor of choice up to 20 mcg/kg/min followed by Levophed up to 30 mcg/min as needed.
- CVP 6-10
- SpO2 >95%
- Administer ____________ units of Heparin upon surgeon's request

For patients <16 years of age please discuss management goals with Coordinator

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WE SINCERELY APPRECIATE YOUR ASSISTANCE IN DOCUMENTING THE FOLLOWING INFORMATION ON THE ANESTHESIA RECORD DURING THE RECOVERY PROCEDURE.

1. Enter OR time
2. Incision time
3. Cross Clamp time
4. Average BP during recovery with high/low and duration of high/low
5. Average HR during recovery with high/low and duration of high/low
6. Average O2 Sat
7. Vasopressor (s) and/or Inotrope (s) given/dosages(s)
8. Fluid(s) and/or blood product(s) given/dosage(s)
9. Heparin dose given
10. Other medications given with dosage
11. Urine output __________ ml

Anesthesia Staff Name: __________________________________________ Title: __________________________
Anesthesiologist Staff Name: ______________________________ Title: __________________________

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UPON COMPLETION THE GIFT OF LIFE COORDINATOR WILL REQUIRE A COPY OF THE ANESTHESIA RECORD IDENTIFYING THE ABOVE ITEMS FOR THEIR DOCUMENTATION.

For general questions, please contact Gift of Life Michigan:
Phone: 1.800.482.4881 Fax: 1.734.973.0124

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revised 2/2010
8. Fluid(s) and/or blood product(s) given/dosage(s)
9. Heparin dose given
10. Other medications given with dosage