Organ Chart QA Checklist

Referral (LifeLogics)

Demographics [ ] Admissions [ ] Labs [ ] NOK/ME
Disposition [ ] Approach [ ] Organ Referral Summary

Comments: ________________________________

Upload Scans

Check for correctness/completion on the following paper forms:

- DAL-Organ (#002)
- Labels
- Consent/Consent Checklist
- Registry Doc
- Medical Social History
- Death Pronouncement
- Hospital Chart
- Anesthesia Worksheet (#007)
- Operative Report (#008)
- Biopsy Report (if applicable)
- High Risk Form
- NAT Testing Results
- Standing Orders
- Hospital Cultures
- Autopsy/MEIR Report
- Misc Correspondence
- Hospital Face Sheet
- Hemodilution Worksheet
- Serology Form/Report(s)
- 10cc RTT included for archive
- ABO Confirmation (x2)
- Sub-typing for A blood types
- HLA Form/Report
- Cross-match Results
- Billing Memorandum
- Organ Recovery Personnel (#028)
- Hospital Personnel (#016)
- Family Letters (if applicable)
- Staff Letters
- Sympathy Card
- Recipient Information
- Asystolic Flowsheet
- Pulsatile Perfusion Record

☐ Check upload scans versus paper copies

Have all procured organs been consented? Yes ☐ No ☐
Research consented? Yes ☐ No ☐

AOPO Donor Form

☐ Demographics/Death Info

Comments: ________________________________

☐ Admission Course

Comments: ________________________________

☐ Physical Assessment

Comments: ________________________________

☐ Pre-Mgmt Hemodynamics

Comments: ________________________________

☐ Pre-Mgmt I/O

Comments: ________________________________

☐ Labs

Comments: ________________________________

- All donors: ☐ Electrolytes ☐ Serum Glucose
- Kidney donors: ☐ Creatinine ☐ BUN
- Liver donors: ☐ AST ☐ ALT ☐ Alkaline Phosphate ☐ Direct Bil ☐ Total Bil ☐ PT/INR ☐ PTT
- Panc donors: ☐ Serum Amylase

☐ UA/CBC

Comments: ________________________________

- All donors: ☐ UA within 24hrs of cross-clamp ☐ CBC

CDS Form #706
Revision Date: 4/29/10
Effective Date: 5/17/10
Organ Chart QA Checklist

T# ___________________ Donor: ___________________ REF# ___________________ ODC ___________________

☐ Serologies/Cultures Comments: ____________________________
   All donors: ☐ Urine culture ☐ Blood Culture
   Lung donors: ☐ Sputum gram stain

☐ EKG/Echo/Cath Comments: ____________________________
   Heart donors: ☐ 12 Lead ECG ☐ Echocardiogram or Cardiology consult

☐ CXR/Bronch/ABGs Comments: ____________________________
   All donors: ☐ Chest X-Ray ☐ ABGs

☐ Donor Mgmt Flowsheet Comments: ____________________________

☐ Intraoperative Info Comments: ____________________________

☐ Kidney Anatomy Comments: ____________________________
   ☐ Biopsy ☐ Vessels ☐ Pumped

☐ Liver Anatomy Comments: ____________________________
   ☐ Biopsy ☐ Vessels

☐ Ht/Lung/Panc/Int Anatomy Comments: ____________________________

☐ Organ Disp/Recipient Info Comments: ____________________________

☐ Med-Soc UNOS Comments: ____________________________

DARTS
☐ Darts data entry completed?

UNET
☐ Feedback completed with appropriate disposition codes?

☐ PTR Completed?

☐ DDR Completed? Full audit ______ Partial audit ______
   Comments: ____________________________

☐ Serologies verified in DonorNet and Tiedi