KEY DIFFERENCES:

BRAIN DEAD ORGAN DONORS & DONATION AFTER CIRCULATORY DEATH

### Brain Dead Organ Donors:

- **Pronouncement:** A physician will pronounce the patient dead by neurologic criteria in the ICU. Ideally, the physician will use the hospital policy and American Academy of Neurology Practice Parameters for Determining Brain Death in Adults.

- **Authorization:** The OPO will speak with the family after they have been informed of the patient’s brain death pronouncement. This purposely decouples the pronouncement and donation conversations. We ask that hospital staff does not bring up donation.

- **Management:** As the patient has already been pronounced, the OPO coordinators use clinical protocols for managing the care of the donor and assume the responsibility of writing orders to determine which organs are transplantable. This most often includes evaluation of the heart, lungs, liver, kidneys, small bowel and pancreas for transplant and research.

- **OR:** OR and anesthesia staff will accompany the patient to the OR from the ICU. Heparin will be given five minutes before cross clamp to help prevent blood clots.

### Donation after Circulatory Death (DCD) Organ Donors:

- **Pronouncement:** The patient will be pronounced by a physician via circulatory death in the OR. The process of withdrawal should not differ from the standard hospital protocol. This includes comfort care medications.

- **Authorization:** Once the patient’s family and healthcare team have determined that patient is terminal and irreversible, and family elects to WD support, the OPO and the healthcare team will collaborate to assess if patient is expected to expire in a timeframe that will allow for organ recovery. If the patient is expected to expire within a timeframe that indicates potential for organs to be transplanted, the OPO will speak with the patient’s family. It is important to note that the decision to withdraw support is made independent of organ donation. We ask that hospital staff does not bring up donation.

- **Management:** As the patient is still alive, the OPO cannot write orders, and will speak with the attending physician about which organs are being evaluated to determine orders to facilitate the process. The OPO coordinator and the primary physician will discuss maintaining the donor with as little intervention as is necessary to evaluate the lungs, liver and kidneys for transplant and research (and pancreas for research as authorization allows). This physician may also be a consulted or designated physician (hospitalist, pulmonologist, resident etc.) if the attending physician desires.

- **OR:** OR staff, the bedside nurse and the bedside RT will accompany the patient to the OR from the ICU; anesthesia is not used. Prior to transport to the OR, the pronouncing MD (who cannot be involved with the transplant or procurement) will write withdrawal of support orders and heparin administration orders. The pronouncing MD (or other staff authorized to declare circulatory death) will be present in the OR once the withdrawal of support process begins. Heparin will be administered five minutes before withdrawal of support.

#### DEATH (DCD) ORGAN DONORS

****Note: the referral process remains the same until the patient is determined to be brain dead or the family elects to withdraw support independent of organ donation.****