Rapid Recovery – Intent to enter the OR before IDTs are resulted

1. OPC 1
2. OPC 2
3. RSC (at Hospital)
4. RSC (at Office)
5. AOC
6. HD

- Notifies AOC of pending rapid recovery
  - Notify OPC 2 & HD & RSC
  - OPO surgeon if applicable
- Huddles
  - Attending MD, RN, HD, OPC
  - Family prep for withdraw of care
  - RN death paperwork
- Paperwork
  - Increased risk-if necessary
  - Review with AOC/MD
- IDTs
  - GOH/BCW/NORA/E-freight expedited case
  - ABO
    - Two hospital samples
    - No subtyping
- ME
- Contact hospital OR staff/pathology of consented RR donor
- Local center expedited report
  - WISL / WISE
    - Age/Sex/Race/Hospital/Mechanism of injury/ABO/Offers sent before IDTs/Expedited case (remind coordinator that minimal communication will occur prior to offers being sent)
- WTB/LEBW if applicable
  - WTB take over LEBW communication after ruling out
- Pack accordion folder, clipboard, travel bag and solutions (standard supplies)
- Identify declaring MD
  - Huddle and discuss needs
- Minimum orders
  - Antibiotic
  - Heparin
  - WD care
  - Cultures (Blood & Urine)
- UA
- DNR
- Labs

- **Minimum RR standards**
  - Physical assessment
    - Prepare donor for OR
  - DTP
    - Minimum of one hour of OPO flow
    - Minimum of one set of labs

- **Verify HLA & ABO**
- **Run lists / Allocation**
  - Likely prior to ITDs resulted
  - Back ups
    - As able, do not delay OR for securing backups

- **Set OR**
- **Time out**
- **ICU timeout and blood draw** (use RR paperwork located in case kit)
- **Research calls** (can't occur till ABO and IDTs are resulted)
- **Family services**
  - Memory making
  - Support and prepare for withdraw of care

- **Withdraw care & OR**
  - Notify WTB/LEBW/ME/FH cross clamp

- **After case catch up**
  - Notify Colleen McKinnon of DCD at FMLH/CHW/SJWB/CMH
  - Enter IDTs & verifier
  - Case summary & intra-op decline (if applicable)
  - Case contacts
  - Notify family
  - Enter additional pending UA/CXR/labs & final upload
  - Pre OPO flow