Minimum required components prior to entering OR
- Identify primary coordinator in charge
- Hospital ABO drawn or 2 sets of GOLM ABO draws
- Serology drawn
- CBC, Electrolytes
- Blood and Urine Cultures Obtained
- U/A
- ABG
- Consent (minimum verbal consent witnessed by 2 people)
  - designated requestor
  - disinterested witness
  - on recorded line or documented in record

Post OR Requirements
- ABO Type
- Serology Results
- CXR (any one since admission)
- All cultures documented pending and final
  - written consent

Preservationist
Preservation Supplies and Solutions

Med/Soc
Physical Exam
Chart
Chart QA completed/verified by second DC
Minimum Requirements Prior to Entering OR

Identify primary coordinator in charge

Hospital ABO or 2 differently timed specimens for confirmation
Serology and Tissue Typing obtained (2-red tops, 1-lavendar, (4-yellow tops if available-post recovery spleen and nodes may be recovered))

ABG
CBC
Electrolytes with serum glucose
Blood and Urine Cultures
Urinalysis

Antibiotic therapy is administered as required
Consent obtained. (Minimum is verbal witnessed by designated requestor and disinterested witness on a recorded line or documented in the electronic record.)

Appropriate brain death declaration or pronouncing physician for DCD's

*Per fusionist on site with preservation supplies and solutions
Accelerated Case Huddle Completed
OR Conference Call-heparin requirements identified

Intra-op Requirements

For every organ being recovered blood must accompany each organ

• One 7 to 10ml. clot (red top) tube for ABO verification, plus
• 2 ACD (yellow top) tubes
• 3 to 5 lymph nodes
• One 2 X 4 cm. wedge of spleen in culture medium, if available

*Alternative flush solution-LR followed by back table flush utilizing HTK

Post OR Requirements

Two ABO types resulted and verified, including sub-typing for ABO-A donors
Serology Results prior to releasing an organ for transplant
CXR (any one since admission is ok) or post OR
All cultures documented pending and final
Written Consent
Med/Soc Interview conducted and documented in electronic record
Physical Exam
Chart completed
Chart QA completed and verified by second donation coordinator
Pre-upload Huddle
Gift of Life Michigan Accelerated Organ Recovery Checklist

Donor Name:  
CNS:  
UNOS:  
Donor Hospital:  

Minimum Requirements for

<table>
<thead>
<tr>
<th>Kidney</th>
<th>Liver</th>
<th>Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bun</td>
<td>AST</td>
<td>12 lead ECG</td>
</tr>
<tr>
<td>Creatinine</td>
<td>ALT</td>
<td>Echo with consult</td>
</tr>
<tr>
<td></td>
<td>Alk Phos</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total and direct bili</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INR</td>
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<tr>
<td></td>
<td>PTT</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Pancreas</th>
<th>Lung</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amylase</td>
<td>Sputum gram stain</td>
</tr>
</tbody>
</table>
Gift of Life Michigan Accelerated Organ Recovery Checklist

Donor Name: ___________________ CNS: __________ UNOS: __________
Donor Hospital: ___________________

Potential Hospital Responsibilities

______ Report imminent death
______ Contact Blood Bank, hematology and chemistry for potential pre-transfused samples
______ Print full hospital chart
______ Secure cooler for Sterile and non sterile ice
______ Obtain 300units/kg Heparin

If directed by OPO (this ensures reimbursement responsibilities)

______ Order lab testing per organ requirements
______ confirm/order antibiotic

________ Ancef 1gram q8 IV
________ Clindimycin 600mg q8 IV

______ Board case
______ Contact Anesthesia
______ Call Recovery Surgeon-if transplant based hospital
______ Other duties as assigned by lead donation coordinator