Initial Order Set for
Adult Brain Dead Donors

Date: __________ Time: __________

Nursing Orders:

☐ Transfer care to Gift of Life Michigan on: ____________________________

☐ Discontinue all previous orders, except vasoactive medications, antibiotics, insulin, and maintenance IV fluids.

☐ Record vital signs, CVP, intake, and output every hour.

☐ Titrate vasoactive medications to maintain MAP greater than:

☐ 65 mm Hg.

☐ _____ mm Hg.

☐ Maintain body temperature 35.0-36.0°C (95.0-96.8°F), use warming or cooling blanket as needed.

☐ NG/OG to low intermittent wall suction.

☐ Continue use of SCD’s, if previously ordered.

☐ Elevate head of bed to at least 30° and reverse trendelenburg unless contraindicated.

Turning:

☐ Turn side to side every 1-2 hours.

☐ Specialty bed for continuous lateral rotation.

☐ Suction ET tube every four hours and as needed.

☐ Perform oral care according to ICU protocol.

Respiratory Orders:

☐ Chest percussion in trendelenburg (as tolerated) every 4 hours.

☐ Maintain ET tube cuff pressure greater than 30 cm H₂O

☐ Continue intermittent subglottic suctioning (-100 to -150 mmHg wall suction), if present.

☐ Record plateau pressures every 4 hours.

Procedures and Tests:

☐ 12 Lead EKG- STAT

☐ Echocardiogram with Compumed to read. Please copy echo to CD for Gift of Life.

☐ Bronchoscopy with gram stain- STAT (if lung recovery is anticipated)

☐ Portable chest x-ray- STAT read and call. Please copy to CD for Gift of Life.

☐ Place central line (internal jugular placement is preferred)

☐ Insert arterial line (radial is preferred location)

Laboratory Tests:

STAT Labs:

☐ Blood Type and Screen

☐ CBC with Differential

☐ PT/INR

☐ U/A

☐ Arterial Blood Gas

☐ Amylase

☐ PTT

☐ BNP/Pro BNP

☐ Magnesium

☐ Lipase

☐ Ionized Calcium

☐ D-dimer

☐ Phosphorus

☐ CPK with MB

☐ Troponin

☐ Fibrinogen

☐ Direct Bilirubin

☐ Lactate

☐ Central Venous blood gas

☐ CMP (Electrolytes, BUN, Creatinine, Glucose, Albumin, Total Protein, AST, ALT, Total Bili, Aik Phos)

Signed: ____________________________ Gift of Life Michigan

Printed on: __________ Printed by: ____________________________
Initial Order Set for 
Adult Brain Dead Donors 

Date: ___________ Time: ___________

Medications:

Maintenance IV Fluid:
- 0.45% NS at 75 ml/hr
- ____________________________

- Solumedrol 250mg IV push initial bolus followed by 50 mg/hr continuous infusion of 1000mg in 250cc NS.
- Vasopressin:
  - Vasopressin 1 unit IVP
  - Followed by Vasopressin 0.5 - 2.4 units/hr IV infusion. Start at _______ units/hr IV gtt
  - Titrate for urine output as directed by Gift of Life Michigan coordinator

- Levothyroxine (T4) 250 mcg/ 250 ml of NS in glass bottle. Administer loading dose of 20 mcg IVP, and then infuse at 10 mcg/hr continuous infusion. Titrate up to 30 mcg/hr as directed by GOLM coordinator.

Antibiotic Therapy:
- Zosyn 3.375 gm IV every 6 hours or
- Zosyn 4.5 gm IV every 8 hours

*Consult pharmacy to adjust dosing for CrCl <40.

- Penicillin Allergy: Clindamycin 600 mg IV every 8 hours and Ciprofloxacin 400 mg IV every 12 hours
- Norcuron 10 mg IVP once to be administered prior to administration of Narcan
- Norcuron 10 mg IVP every hour PRN for spinal reflexes
- Narcan 8 mg IVP once
- Albuterol 2.5 mg via nebulization every 4 hours, or MDI 10 puffs every 4 hours

Eye Care
- Lacrilube 1 application to each lower eye lid every 12 hours or
- Artificial tears 2 drops in each eye every 6 hours
- Free water 300 mL via NG/OG every 4 hours for Na >155. Clamp for 3 hours and aspirate residual prior to each dose.

Signed: ____________________________ Gift of Life Michigan
Hyperglycemia Protocol for Adult Brain Dead Donors

Date: ___________ Time: ___________

- Initiate Glycemic Protocol:
  - Maintain blood glucose (BG) <180 mg/dL
  - Use regular insulin IV
  - Insulin infusion: Mix 1 unit of regular human insulin per 1 mL of 0.9% NaCl. Administer via infusion pump in increments of 0.5 units/hr.
  - Prime all IV tubing with 50 mL of infusion before insulin begins to saturate binding sites in the tubing.
  - Minimize DSW from other sources
  - Obtain blood sample for glucose from arterial or venous blood. Avoid capillary blood glucose-finger sticks.
  - Check blood glucose:
    - Hourly until in target range (80-180) for 3 consecutive values, then every 2 hours until stable.
    - Every hour after any change in the infusion rate.
    - Every hour after steroid infusion, if given bolus.
  - Initiate Insulin drip if blood glucose is greater than 180 mg/dL, as follows:
    - Bolus and Initial Infusion rate:

<table>
<thead>
<tr>
<th>Baseline BG</th>
<th>Bolus</th>
<th>Initial Infusion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>180 – 200</td>
<td>3 units and</td>
<td>5 units/hour</td>
</tr>
<tr>
<td>201 – 250</td>
<td>5 units</td>
<td>10 units/hour</td>
</tr>
<tr>
<td>251 – 300</td>
<td>5 units and</td>
<td>15 units/hour</td>
</tr>
<tr>
<td>&gt; 300</td>
<td>10 units and</td>
<td>15 units/hour</td>
</tr>
</tbody>
</table>

Check blood glucose 1 hour after beginning insulin drip and follow the Insulin Titration Guide below.

<table>
<thead>
<tr>
<th>BG</th>
<th>Action</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;60</td>
<td>Give 1/2 Amp D50</td>
<td>Stop infusion. Recheck BG in 15 mins.</td>
</tr>
<tr>
<td>61-79</td>
<td>-</td>
<td>Stop infusion. Recheck BG in 15 mins.</td>
</tr>
<tr>
<td>80-180</td>
<td>Target goal</td>
<td>No intervention</td>
</tr>
<tr>
<td>181-200</td>
<td>2 units</td>
<td>Increase by 2 units/hour</td>
</tr>
<tr>
<td>201-250</td>
<td>4 units</td>
<td>Increase by 5 units/hour</td>
</tr>
<tr>
<td>251-299</td>
<td>5 units</td>
<td>Increase by 5 units/hour</td>
</tr>
<tr>
<td>&gt;300</td>
<td>5 units</td>
<td>Increase by 5 units/hour</td>
</tr>
</tbody>
</table>

Check BG 1 hour after each insulin titration. If no titration required, check blood glucose every 2 hours.

- Hypoglycemia: Blood Glucose <50
  - Administer D50 1 amp IVP or if unavailable, D10 500 mL IV bolus

Signed: ____________________________ Gift of Life Michigan