New England Donor Services
60 First Avenue
Waltham, MA 02451
24-hour number: 800/446-6362

Known allergies/medication sensitivities:
Following authorization for organ donation, discontinue previous orders except as noted

Date/Time

New England Donor Services Orders

Patient Care Orders for All Donors

☐ Measured HT __________/Admission Dry WT ________
☐ Blood Pressure, Heart Rate, Temperature, Input and Output every 1 hour and PRN
☐ Arterial Line/Central Line placement
☐ Transduce CVP hourly
☐ Maintain normothermia (36-37.5 C or 97-100 F.) Warming or cooling as indicated
☐ Maintain goal MAP >65; HR 60-120; UOP 100-300 cc/hr (1-3 cc/kg/hr); SaO2 > 95%
☐ Pulmonary Hygiene: Frequent suctioning; chest PT and turning q 2-4 hours and PRN
☐ VAP orders: HOB ^ 30 degrees; Oral care q 2 hours and PRN
☐ ETT cuff inflated to at least 25 cm H2O pressure
☐ NG/OG tube to intermittent low wall suction
☐ Other: ________________________________

Donor Evaluation Orders:

Order in collaboration with NEDS Coordinator

☐ Blood Type and screen x 1
☐ Crossmatch 3 units PRBC and place on hold for the OR
☐ CBC with Differential Q6
☐ Electrolytes, BUN/Creatinine, Glucose Q6
☐ Mg, Ca+ (ionized), Phos Q6
☐ AST/ALT/LDH/Alk Phos/T. Bili/D.Bili/ Total Protein/ Albumin Q6
☐ PT/PTT/INR Q6
☐ Amylase/Lipase Q12
☐ Lactate Q12
☐ HbA1C x 1
☐ CPK with MB/Troponin x 1
☐ Sputum -Stat Gm stain and culture, ideally from bronchoscopy (minimal lavage)
☐ Beta HCG (only if ICH as cause of death in females of childbearing age)
☐ O2 challenge ABG q 4 hours and PRN
    ☐ Place pt on 100% FIO2 x 30 minutes prior to drawing ABG; return to previous settings post-draw
☐ UA Q12
☐ Urine culture (if bacteria noted on UA)
☐ Urine albumin or protein/ creatinine ratio x 1
☐ Portable Chest Xray Q24

Provider Signature: ___________________________ Print Name: ______________________

Write in/check choice or preference.
Provider Must Exercise Independent Clinical Judgment When using Order sets
Following authorization for organ donation, discontinue previous orders except as noted.

**Lung Donors:**
- Bedside bronchoscopy
  - Obtain sample and send for stat gram stain and sputum culture
- Review all ventilator settings
  - Review all ventilator settings: Ventilate 8cc/kg of ideal body weight
  - Goals: PaO2 >100 torr on least FiO2 possible, PaCO2 35-40 torr, pH > 7.3, P/F ratio > 300
  - Add at least 5 cm of peep on all patients
- Recruitment maneuvers in collaboration with NEDS & RTT, as indicated
- Maintain CVP 4-6 if possible
- Assess Plateau Pressure and Peak Airway Pressure q 4 hours and PRN
- Chest CT (to assess trauma, emphysematous changes, r/o pneumonia, etc.)
- Other:

**Heart Donors:**
- EKG with physician interpretation
- BNP Q12
- Trans-thoracic Echocardiogram (TTE) with reading
- If concern for endocarditis or poor images on TTE, perform Trans-esophageal Echocardiogram (TEE)
- Non-invasive cardiac monitoring device (Flo-Trac/CardioQ) or PA catheter placement
  - Monitor q 1 hour, CO/Cl/SVR/PCWP/PVR except PCWP (at NEDS coordinator request)
- Cardiac Catheterization per NEDS or transplant surgeon request
- Other:

**ALL DONORS:**

**MEDICATIONS:**
- Maintenance IV:
  - Please order fluid checked below at Rate of: _______ cc/hr
  - NS
  - ½ NS
  - D5½ NS
  - D5¾ NS
  - D5NS
  - D5W
- Electrolyte Replacement Protocol:
  - Potassium
  - Calcium
  - Magnesium
  - Phosphorus

**Provider Signature:** ____________________________  **Print Name:** ____________________________

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Following authorization/medication sensitivities:

- Discontinue previous orders except as noted.

**New England Donor Services Orders**

**MEDICATIONS:**
- Methyprednisolone 1gm IV x 1 now
- Insulin Infusion per hospital protocol
  - Finger stick every hour, goal 120-180 mg/dl
- DI Treatment:
  - Vasopressin (10 units/250 ml) IV infusion titrate @ 1-3 units/hr titrate to goal UOP 1-3 cc/kg/hr
  - DDAVP 1-2 mcg in 50 ml NS q 12 hrs
- Pressors:
  - Norepinephrine (4 mg/250 ml) IV infusion, titrate at 0-30 mcg/min to keep MAP > 65
  - Phenytoinephrine (20 mg/250 ml) IV infusion, titrate 1-300 mcg/min to keep MAP > 65
  - Dopamine (400 mg/250 ml) IV infusion, titrate at 2-20 mcg/kg/min to keep MAP >65
  - Dobutamine (500 mg/250 ml) IV infusion, dosing per NEDS coordinator
- Anti-Hypertensives:
  - Esmolol (2500 mg/250ml) IV Loading dose 500 mcg/kg/min over 1 min, begin at 50 mcg/kg/min titrate Q5 mins. Dose range 50-200 mcg/kg/min to maintain HR<120 and SBP <180
  - Nicardipine (20 mg/200 ml) IV Titrate 2.5mcg/hr Q5 minutes to max dose 15mg/hr for goal SBP <180
  - Sodium Nitroprusside (100mcg/250 D5W) IV start at 0.25 mcg/kg/min, titrate to max 10 mcg/kg/min for goal SBP <180
  - Labetalol Hydrochloride (400mg/250mL (1.6mg/ml)) titrate @ 0.5-2 mg/hr to keep SBP <180
- Electrolyte Repletion:
  - Magnesium Sulfate _____ gm x _____ IV
  - Calcium gluconate 1gm/100ml x _____ IV
  - Potassium Chloride (KCl) _____ meq x _____ IV
  - Other: _____________________________
- Nebulizers:
  - Ipratropium unit dose nebulizer (2.5 ml) inhaled per aerosol Q4 hrs and PRN
  - Albuterol unit dose nebulizer (3 ml) inhaled per aerosol Q4 hrs and PRN
  - Albuterol/Ipratropium (Combivent) metered dose inhaler 6 puffs Q4 hrs and PRN
- T3 Protocol (see protocol below)
- T4 Protocol (see protocol below)
- Other: _______________________________

**ANTIBIOTICS/Antifungals:**
- Piperacillin/Tazobactam (Zosyn) 3.375 gm IV Q6 hours
- Vancomycin_____ gram IV every____hrs
- Cefazolin 1 gm IV Q8 hrs
- Ampicillin/sublactam 1.5 gm IV Q6 hours
- Clindamycin 600 mg Q8 hrs (if donor has a penicillin allergy)
- Consult pharmacy for fungal coverage
- Other: _______________________________

**Provider Signature: _____________________________ Print Name: _____________________________**

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Provider Must Exercise Independent Clinical Judgment When using Order sets
THYROID HORMONE REPLACEMENT PROTOCOLS (T3 AND T4)

NOTE: CLOSE MONITORING OF GLUCOSE & ELECTROLYTES REQUIRED, BEFORE & DURING

☐ T3 Protocol:
  ☐ Liothryronine /Triiodothyronine (T3) (Mixture: 15 mcg/100 ml Normal Saline)
    ☐ Bolus 4 mcg IV over one minute, then 3 mcg/hour (20 ml/hr) IV infusion x 5 hrs. Then mix 10 mcg/50 ml Normal Saline infuse at 15 ml/hr (can bolus if needed)
  ☐ Vasopressin (Mixture: 10 units/250 ml Normal Saline)
    ☐ Bolus 1 unit IV over one minute, then 0.5 – 4 units/hr IV infusion, titrate to SVR 800-1200 (wean if UOP less than 80 ml/hr.)
  ☐ Insulin Infusion, titrate to serum glucose level 120-180 mg/dl
  ☐ Solumedrol 2 gm IV bolus (if not already given)
  ☐ Hemodynamic profile every hour or 30 minutes after each adjustment in above infusion rates
  ☐ Obtain repeat Echo portable after a minimum of 6 hours of T3 infusion and improved hemodynamic profile. Check with NEDS Coordinator for timing

☐ T4 Protocol:
  ☐ Initiation Phase
    ☐ 50 mEq 50% Dextrose (25 gm dextrose) IV bolus
    ☐ Solumedrol 2 gm IV bolus (if not already given)
    ☐ Regular Insulin 20 Units IV Bolus
    ☐ Levothyrinovine (Mixture: 200 mcg/500 ml), Bolus 20 mcg IV over one minute (50 ml of mixture)
  ☐ Maintenance Phase:
    ☐ Levothyroxine (T4) 200 mcg/500 ml, IV infusion at initial rate of 10 mcg/hr (25 ml/hr). For donor weight < 45 kg, set initial rate to 20 ml/hr
    ☐ Reduce levels of other pressors as tolerated while titrating T4 infusion to maintain adequate BP.
      After 30 to 60 minutes, the donor heart rate, BP and temperature may increase.
    ☐ Monitor K+ level closely/q 1 hour--T3/T4 therapy may decrease K+ levels
    ☐ Insulin Infusion per Hospital Protocol