

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

Patient Identification

Room No.

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

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ORGAN SPECIFIC ORDERS:

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/CI/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
 - 1/2 NS
 - D5 1/4 NS
 - D5 1/2 NS
 - D5NS
 - D5W
- Electrolyte Replacement Protocol:
 - Potassium
 - Calcium
 - Magnesium
 - Phosphorus

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MEDICATIONS:

- Methylprednisolone 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
 - Phenylephrine (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 2.5mg/hr Q5 minutes to max dose 15mg/hr for goal SBP <180
 - Sodium Nitroprusside (100mg/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/sulbactam 1.5 gm IV Q6 hours
- Clindamycin 600 mg Q8 hrs (if donor has a penicillin allergy)
- Consult pharmacy for fungal coverage
- Other: _____

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THYROID HORMONE REPLACEMENT PROTOCOLS (T3 AND T4)

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

T3 Protocol:

- Liothyronine /Triiodothronine(T3) (Mixture:15 mcg/100 ml Normal Saline)
 - Bolus 4 mcg IV over one minute, then 3 mcg/hour(20ml/hr) IV infusion x 5 hrs. Then mix 10 mcg/50ml Normal Saline infuse at 15ml/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
 - Levothyroxine (Mixture:200 mcg/500 ml), Bolus 20 mcg IV over one minute (50ml of mixture)
- Maintenance Phase:**
 - Levothyroxine (T4) 200 mcg/500 ml, IV infusion at initial rate of 10mcg/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

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