MANAGEMENT PROCESS DESCRIPTION MPD872/3

Diagnostics – Infections

This Management Process Description replaces MPD872/2.2

Copy Number

Effective **31/03/14**

Summary of Significant Changes

Inclusion of **EOS** access, **FRM4212**, **FRM4211**, **INF947**, **SOP3649**, **MPD884**, **POL188**, **MPD1043** and **SOP3888** in items required

Detail regarding the need to voice record clinical conversations added

Document condensed and edited for clarity and application for practice, there is no change to the process.

Policy

The Quality and Safety of Organs Intended for Transplantation Regulations 2012 stipulates that a minimum data set must be collected by the Specialist Nurse – Organ Donation (SNOD) from each patient when organ donation is being considered, and that the information is communicated to the Recipient Centre Points of Contact (RCPoC) to identify potential infections that may effect the quality and safety of organs and/or tissues for transplantation.

Purpose

The purpose of this Management Process Description is to outline to the SN-OD the key information that must be obtained during the donor characterisation process in relation to potential infections.

Responsibilities

Specialist Nurse – Organ Donation

Note: This MPD is to be utilised by a competent and trained SN-OD. In the event of a SN-OD who is in training, this MPD is to be utilised under supervision.

To undertake a review of tests that have been performed to identify potential infection(s).

To ascertain if routine tests for infection have been done and if not, to request that they are.

To identify any potential sources of infection, and request additional tests where indicated.

To determine what therapies have been given to combat any sources of infection.

To collate and document all information gained from the review of the tests for infection and document these clearly onto the Electronic Offering System (EOS).

To seek advice in relation to any specialist tests, where clarity is required..

To follow up any outstanding test results post donation and report any findings to the Recipient Centre Points of Contact (RCPoC)/Tissue Establishments (TE)/Duty Office.

Duty Office staff	To relay, where directed, the information entered onto EOS to the RCPoC's and TEs.
Recipient Centre Points of Contact	To confirm the details of test results provided by the Specialist Nurse-Organ Donation and pass them onto the transplanting surgeon.

Definitions

SN-OD – Specialist Nurse – Organ Donation

RCPoC – Recipient Centre Point Of Contact

TM – Team Manager

RM - Regional Manager

TE – Tissue Establishment

DBD – Donation following Brain Death

DCD – Donation following Circulatory Death

ODST – Organ Donation Services Team

CDDF – Core Donor Data Form

HCP – Healthcare Professional

EOS - Electronic Offering System

M,C&S – Microscopy, Culture and Sensitivity

Applicable documents

EOS access

FRM4193 - Core Donor Data (used as EOS back up)

FRM4212 – Organ Donation Clinical Pathway

FRM4211 – Patient assessment Form

INF947 – Rationale Document for Patient Assessment Form

SOP3631 – Diagnostic Tests – Imaging

SOP3630 – Diagnostic Tests – Blood Tests

SaBTO guidance on the microbiological safety of human organs, tissues and cells used in transplantation (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121497)

SOP3649 – Voice Recording of Organ Donor Clinical Conversations

MPD882 – Findings Requiring Additional Action (Communicating with Families)

MPD884 – Organising Solid Organ Retieval

MPD873 – Physical Assessment

POL162 – Donor Characterisation

MPD385 – Good Documentation Practice

INF135 – Examples of Good Documentation Practice

SOP3632 - General Practitioner Assessment

MPD867 - Patient Information to be Communicated to Recipient Centre Points of Contact

MPD881 –Findings Requiring Additional Action

The Quality and Safety of Organs Intended for Transplantation Regulations 2012

http://www.legislation.gov.uk/uksi/2012/1501/contents/made

POL188 – Contraindications to Organ Donation

MPD1043 – National Standards for Organ Retrieval from Deceased Donors

SOP3888 – Reporting an Organ Donation or Transplantation Incident to NHSBT

INTRODUCTION

1.1. The therapeutic use of organs for transplantation demands that the quality and safety should be such as to minimise any risks associated with the possible transmission of infections and diseases.

1.2. It is the responsibility of the SN-OD to undertake a thorough review of the routine and specialist tests for infection already performed and request additional testing as required following discussion with the medical practitioner.

1.3. It is the responsibility of the SN-OD to document all of the information obtained and to accurately communicate this to the Duty Office, RCPoCs and TEs - MPD867.

1.4. This review will complement other findings identified during the donor characterisation process using FRM4211; SOP3631; SOP3630; MPD873; SOP3632, to ensure that a thorough medical and social history is obtained by the SN-OD.

Note (applicable to all sections):
All test results received or transmitted verbally should be voice recorded (SOP3649)

2. COMMUNICATING WITH THE DONOR FAMILY

2.1. The SN-OD will inform the family that a review of the patient's diagnostic tests for infection must be undertaken and that further tests may be requested if a new potential source of infection is identified.

2.2. The SN-OD should inform the family that further information may be required from them following this review and the SNOD should ascertain who the appropriate family contact is and how to contact them if they leave the hospital.

3. ROUTINE/ADMISSION DIAGNOSTIC TESTS

Note:
Additional testing should not delay the donation process. The SN-OD should update EOS/inform RCPoC's of the tests performed and that results may not be available prior to going to theatre. It is the transplanting surgeon's decision to accept an organ for transplant based upon the information available.

3.1. The SN-OD should confirm which routine/admission tests have been performed as part of standard care to diagnose any potential infection. These may include, but are not limited to:

- Sputum M,C & S
- Urinalysis
- Urine M,C & S
- MRSA Screen – Sputum, Nasal and Skin Surface (axilla or groin swab)
- Line tip M,C & S (arterial or central line tips)
- Blood cultures
- Wound swab M,C & S

3.2. If no tests have been performed and there is a clinical indication, the SN-OD should request that **normal admission** tests are performed and marked as urgent so that the laboratory staff will undertake testing as a priority.

3.3. If the tests have been taken but there are no results available, the SN-OD should liaise with the relevant HCP (medical or nursing) to communicate with the microbiology laboratory staff, identifying an estimated time for results to be available.

3.4. If waiting for the results will create a substantial delay to the donor process, then the SN-OD must document this and relay this information to the Duty Office/RCPoC's via EOS and/or verbally. It will be the RCPoC, transplanting surgeon's or TEs decision to accept an organ or tissue without these results being available.

3.5. If the results are available, the SN-OD should identify if they indicate an infection, as per the hospital microbiology policy and **in conjunction** with a medical practitioner.

3.6. If the results have identified an infection, the SN-OD should also identify any treatment plans that have been made so that this information can be relayed to the Duty Office and RCPoCs via EOS and/or verbally.

4. ADDITIONAL/SPECIALIST TESTS

4.1. Specialist diagnostic tests may be performed to identify specific sources of either local or systemic infections. These may include, but are not limited to:

- Cerebrospinal Fluid M,C & S
- Sputum, urine and blood tests for fungal/bacterial and protozoal infections
- Malarial testing
- Sputum testing for influenza/H1N1
- Bacterial and viral meningitis and meningo-encephalitis testing
- Clostridium Difficile

4.2. The SN-OD should seek advice, if necessary, from :

- POL188
- SaBTO guidance on the microbiological safety of human organs, tissue and cells used in transplantation (ESD - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121497)
- Expert advice from relevant critical care and/or microbiological medical practitioner(s).
- ODT TM/RM or on-call RM (out of hours)

4.3. The SN-OD should clearly document in the donor file and on EOS all communication held with the relevant medical practitioners. This information should be communicated to the RCPoCs so that the transplanting surgeons may make a final decision as to the suitability of organs for transplant. National protocols for offering of organs to transplant centres should be followed (MPD884).

5. SN-OD INITIATED TESTING

5.1. During the characterisation process the SN-OD may identify an untested potential source of infection or a generalised septic/infective presentation. For further detail please refer to MPD873 for potential sources of infection.

5.2. The SN-OD should discuss any findings with the relevant medical practitioner to authorise that relevant tests are performed.

5.3. The SN-OD should ascertain from an HCP the estimated timeframe for any results to be returned.

5.4. If waiting for the results will delay the donor process the SN-OD must relay this information to the Duty Office/RCPoCs/TEs via EOS and/or verbally to allow a,decision to be made whether or not to accept an organ or tissue without these results being available.

5.5. The SN-OD should document any findings following the review of the tests for infection and this should include any additional tests which have been performed.. This information should also be entered onto EOS so that it can be communicated to the Duty Office/RCPoCs/TEs..

6. NON PROCEEDING DONATION

6.1. If the SN-OD has identified and confirmed a contraindication to donation due to positive results for transmissible infections, they **must** immediately contact the Duty Office/RCPoCs and TEs, to inform them of their findings.

6.2. If all RCPoCs/TEs decline the offer of organs and/or tissues for donation, the SN-OD must stand the donor process down - MPD881 and MPD882 should be followed for guidance and support.

6.3. If the SN-OD requires support they should contact their ODT TM/RM or on call RM.

6.4. If advised by the ODT TM/RM or on call RM, the SN-OD must complete a clinical incident report at the earliest opportunity,(SOP3888).

6.5. The SN-OD must document clearly the sequence of events on EOS, via the Referral/PDA forms, giving clear details as to the reasons why the donation could not proceed.

7. POST DONATION TEST RESULTS

7.1. If tests have been performed on a patient at the request of the SN-OD then it is the SN-ODs responsibility to ensure that the results of these tests have been followed up.

7.2. The SN-OD who is responsible for the donor process should either contact the laboratory staff directly, or discuss the case with the SN-OD located at the donor hospital, to ascertain if they are able to retrieve the required results.

7.3. Once the results have been obtained, the SN-OD should update the donor file and EOS, including any communication with the laboratory staff. The SN-OD should also inform the Duty Office/RCPoCs/TEs of the updated results.

7.4. If a result has been received that may pose a risk to the quality and safety of any organ or tissue transplanted then the SN-OD **must** inform their ODT TM/RM/on call RM for support.

7.5. If advised by the ODT TM/RM the SN-OD must complete a clinical incident report at the earliest opportunity (SOP3888).

7.6. If the test results may have an impact upon the health of the patient's family and / or others then MPD881 and MPD882 should be followed for guidance and support. Expert advice should be sought from the relevant senior microbiological medical practitioner (Consultant level) at the donor hospital.

8. RECORDING OF INFORMATION

8.1. The SN-OD must record details of all infection test results for the donor file and document on EOS.

8.2. All results received or transmitted verbally should be voice recorded (SOP3649)