

Organ Donation Clinical Pathway

*This Management Process Description replaces
MPD940/2*

Copy Number

Effective **04/06/13**

Summary of Significant Changes
Updated for the microsite

Policy

The process of facilitating organ donation can be complex and staff must ensure that they documented processes to guide them in this. In addition, to work within a Quality Management System, good documentation practice is key, and the Organ Donation Clinical Pathway assists in this.

Purpose

To provide guidance for SN-OD and an opportunity for the SN-OD to collate information and record actions during the organ donation process.

Responsibilities

Specialist Nurse - Organ Donation (SN-OD) -

Note: This MPD is to be utilised by a qualified and trained SN-OD. If the SN-OD is in training, this MPD is to be utilised under supervision.

To use the Organ Donation Clinical Pathway as a tool to ensure that all required actions have been completed.

To date and time actions that have been completed to provide evidence of action.

To sign sections that have been completed

To highlight variances from standardise practices, that can be reviewed, where required.

To use the Organ Donation Clinical Pathway as a handover tool, when transferring accountability and responsibility of the organ donation process from one SN-OD to another.

Team Manager

To provide support to the SN-OD, where required.

Regional Manager

To provide support to the SN-OD and/or TM, where required.

Organ Donation Clinical Pathway

Definitions

Patient - This term refers to the donor/potential donor.

Patient's Family- For the purpose of this document "patients family" refers to the family, friends and significant others of the patient.

SN-OD – for the purposes of this document the terminology "SN-OD" will apply to either Specialist Nurse or Specialist Practitioner with the relevant knowledge, skills and training in organ donation, working within NHSBT Organ Donation Services Teams (ODST).

TM – Team Manager is the line manager for the SN-OD.

RM – Regional Manager is the line Manager for the Team Manager.

Sequence of Escalation for SN-OD Managerial Support:

1. Notification of Team Manager
2. Notification of the geographical Regional Manager in office hours if available
3. Notification of On call Regional Manager if geographical Regional Manager not available or outside office hours (e.g. at weekend).

HCP – Medical/Nursing Healthcare Professional in critical care, responsible for the patient.

ODST- The Organ Donation Services Teams

In this document the terms ' must' and ' should' are used in the following ways:

'Must' refers to an overriding duty or principle.

'Should' is used to provide an explanation of how you meet the overriding duty.

'Should' is also used where the duty or principle will not apply in all situations or circumstances, or where there are factors outside the SN-OD's control that affect whether or how you can comply with the document.

NORS - National Organ Retrieval Service - UK-wide network of dedicated organ retrieval teams to ensure timely, high quality organ removal from all deceased donors

Lead SN-OD – the SN-OD who has facilitated the majority of the donation process, who will be the named contact for ongoing communications

Applicable Documents

[MPD921](#) - Handover between Specialist Nurses – Organ Donation

Record keeping Guidance for Nurses and Midwives (2010). Nursing and Midwifery Council: London

[FRM4212](#) – Organ Donation Clinical Pathway

Organ Donation Clinical Pathway

Note:

The organ donation process does **not** occur in a linear fashion, and the sections within [FRM4212](#) Organ Donation Clinical Pathway should be completed once an action has occurred.

1. INTRODUCTION

- 1.1. To facilitate the organ donation process, the SN-OD must complete a series of actions to ensure the quality and safety of organs for transplantation. In addition, the SN-OD may be required to provide clinical advice to a variety of healthcare professionals at the donating hospital.
- 1.2. The SN-OD is responsible for providing information and support, where required, to the patient's family, whilst completing formal consent/authorisation for organ and/or tissue donation.
- 1.3. The Organ Donation Clinical Pathway must be completed to ensure that all elements/clinical events of the donation process are completed.
- 1.4. The SN-OD must complete the relevant action point in [FRM4212](#) Organ Donation Clinical Pathway as it occurs, to provide an accurate timeline of clinical events and action.
- 1.5. [FRM4212](#) Organ Donation Clinical Pathway will form part of the donor record.

2. SIGNATURE LOG

- 2.1. All SN-ODs who are involved in the organ donation process must complete the Signature Log found at the start of [FRM4212](#) Organ Donation Clinical Pathway.
- 2.2. SN-ODs/TMs/RMs who are in training or who are shadowing must also complete the Signature Log as evidence of attendance at the donation process. The reason for their attendance must be documented in the detail section.
- 2.3. By completing both the full signature and initial boxes of the Signature Log, the SN-OD/TM/RM will then be able to utilise their signature initial rather than full signature when completing actions.

3. COMPLETING SECTIONS

- 3.1. The SN-OD must date and time the action points within each Section of [FRM4212](#) Organ Donation Clinical Pathway as they occurred during the organ donation process. Not all sections will require completion.

Organ Donation Clinical Pathway

- 3.2. When the required actions for each section have been completed then the SN-OD must sign in the signature box.
- 3.3. If, due to handover, a section has not been completed, the outgoing SN-OD must sign the signature box to confirm the actions they have completed, and the incoming SN-OD must also sign when the remaining actions have been completed. Up to two signatures can be associated with each section.
- 3.4. As has been noted above, it is recognised that the organ donation process does not occur in a linear fashion, and therefore [FRM4212](#) Organ Donation Clinical Pathway should be completed as specific actions have been performed to aid the organ donation process.

4. VARIANCES

- 4.1. There may be instances in which the actions of the SN-OD have had to be adapted to facilitate organ and/or tissue donation to proceed.
- 4.2. In addition, there may be circumstances in which certain actions points cannot be completed, due to the impact of other processes. Examples of these include:
 - 4.2.1. lack of ancillary diagnostic tests being performed (decision made by healthcare professionals in donating hospitals)
 - 4.2.2. non proceeding donation due to change of clinical processes (decision made by healthcare professionals in donating hospitals)
 - 4.2.3. lack of medical history due to family members being unable to provide information or patient not registered with General Practitioner
- 4.3. In these circumstances, the SN-OD must enter a variance on [FRM4212](#) Organ Donation Clinical Pathway, which will provide the SN-OD the opportunity to give reason why the action has changed and detail surrounding any alternative action taken.
- 4.4. The SN-OD must enter a variance by using the letter 'V' following by a sequentially increasing number (starting at 1), in the variance column.
- 4.5. This number (for example, **V1**) must be repeated in the left hand column of the Sequence of Events Section (which is titled).
- 4.6. The SN-OD must then provide the relevant detail surrounding the variance, sign, date and time the entry.

5. "YES/NO" QUESTIONS

- 5.1. To aid the SN-OD in undertaking specific actions [FRM4212](#) Organ Donation Clinical Pathway provides the SN-OD with a series of questions that can be answered either "yes" or "no".

Organ Donation Clinical Pathway

5.2. In this instances, the SN-OD is able to initial either yes or no, and enter the date and time of completion.

6. HANDOVER BETWEEN SN-ODs

6.1. SN-ODs must handover the organ donation process in a professional and consistent manner, consistent with the principles outlined in [MPD921](#) Handover between Specialist Nurses – Organ Donation.

6.2. The SN-OD who is handing over the organ donation process must systematically use [FRM4212](#) Organ Donation Clinical Pathway as a guide to:

6.2.1. Ensure that all actions that have been performed as part of the organ donation process have been evidenced.

6.2.2. Identify all actions that are yet to be completed are highlighted to the incoming SN-OD assuming responsibility for the completion of the organ donation process.

6.2.3. Confirm that the responsibility of the organ donation process has been formally handed over from one SN-OD to another.

6.3. The SN-OD who is handing over the organ donation process over must make an entry in the Sequence of Events section confirming that handover has taken place. The entry must be signed, dated and timed.

6.4. The incoming SN-OD who is assuming the responsibility for the organ donation process must complete the Signature Log upon completion of the handover process, time and date their entry onto the Log.

7. POST DONATION

7.1. [FRM4212](#) Organ Donation Clinical Pathway forms an integral part of both proceeding and non proceeding organ donation records, in conjunction with other mandatory documentation.

7.2. The SN-OD who assumes lead responsibility for the proceeding or non proceeding donation process must review [FRM4212](#) Organ Donation Clinical Pathway to confirm that all relevant Sections and action points have been completed.

7.3. If omissions are apparent, then the SN-OD assuming lead responsibility must complete the relevant sections, or contact any other SN-OD involved in the process to complete, sign date and time their action points at the earliest opportunity.

7.4. If required, the SN-OD assuming lead responsibility must highlight any issues to their TM.

7.5. [FRM4212](#) Organ Donation Clinical Pathway must be kept for the donor record and stored securely, according to agreed regional practice, whether organ and/or tissue donation has proceeded or not.

Organ Donation Clinical Pathway

7.6. [FRM4212](#) Organ Donation Clinical Pathway can be scanned and stored as an electronic file.

8. GUIDANCE ON GOOD DOCUMENTATION - RESPONSIBILITIES OF THE SN-OD

8.1. The SN-OD must always ensure that the principals of good documentation practice are followed. All documented entries must be signed and dated. Further guidance on good documentation can be found in [MPD385](#) and examples of good documentation in [INF135](#).