

Organ Retrieval: Pre-Theatre DCD

This Management Process Description replaces  
MPD880/4

Copy Number

Effective 02/05/17

**Summary of Significant Changes**  
Section 5.2 responsibility for mobilisation of the NORS team is now initiated by Duty Office. Section 6.4 changed hospital number to NHS number. Section 7.3 added in section re informing Duty Office if standing down from donor.

**Policy**

This document aims to guide the SNOD in facilitating the process of Donation following Circulatory Death (DCD) and relates to the role of the SNOD pre and post consent/authorisation and pre organ retrieval

**Purpose**

The purpose of this document is to give guidance on the process of the preparations to facilitate DCD pre theatre. This MPD also outlines the responsibilities of the SNOD in supporting the patient's family.

**Responsibilities**

**Specialist Nurse Organ Donation-** organises the organ retrieval, liaising with the theatre co-ordinator, critical care staff, medical practitioner and RCPoC. The SNOD also supports the patient's family during the Withdrawal of Life Sustaining Treatment (WLST) process.

**Team Manager** - to provide support and advice to the SNOD, where required

**Note:** – This MPD is to be utilised by a qualified and trained SNOD. If the SNOD is in training, this MPD is to be utilised under supervision.

**Regional Manager** – to provide support and advice to the SN-OD, where required.

**Lead Retrieval Surgeon(s)** - receives information from RCPoC regarding the patient, which organs are being retrieved and which other retrieval teams are involved.

**Definitions**

**SNOD** - Specialist Nurse Organ Donation - for the purposes of this document the terminology "SNOD" 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).

**Theatre Coordinator-** Nurse in charge of the donating hospital theatre department. Facilitates theatre provision and local staff to assist the NORS team.

**HCP** - Health Care Professional

**ICU** – Intensive Care Unit

**ED** – Emergency Department

**Patient family** – for the purposes of this document "patient family" refers to the family, friends and significant others of the patient.

**Medical Practitioner** – facilitates the WLST process

**Scrub Practitioner(s)** - receives information from RCPoC regarding the patient and specific items

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**WLST** – Withdrawal of Life Sustaining Treatment

**DonorPath** - Secure electronic system that SNODs utilise to register potential organ donors and upload donor characteristics prior to organ offering using an iPad or pc. DonorPath also creates and stores an electronic donor record of the donation process.

required for the retrieval

**TM** – Team Manager

**RM** – Regional Manager

**NTLC**-National Transplant Liaison Coordinators (formerly NHSBT Duty Officer)

**RCPoC** - Recipient Centre Point of Contact

**NORS** - National Organ Retrieval Service

**DCD** - Donation after Circulatory Death

**CHI** – Community Health Index number (Scotland)  
Unique patient identifier used in NHS Scotland

#### ***Applicable Documents***

[POL162](#) - Donor Characterisation

[POL164](#) – Consent/Authorisation for Organ and/or Tissue Donation

[POL188](#) – Clinical contraindications to approaching families for possible organ donation

[MPD873](#) – Physical assessment

[MPD881](#) – Findings Requiring Additional Action

[MPD882](#) – Findings Requiring Additional Action (Communication with Families)

[MPD884](#) – Organise Solid Organ Retrieval

[MPD885](#) – In Theatre Support

[MPD865](#) - Obtaining Coroner/Procurator Fiscal Decision

[FRM4131](#) – DCD Observation Chart

[FRM4135](#) –NHSBT Surgical Safety Checklist

[FRM4153](#) – Proceeding and Non-Proceeding Donors after Cardiac Death

[SOP3888](#) - Reporting an Organ Donation or Transplantation Incident to NHSBT

[SOP4600](#) - DCD Kidney Donor Screening – (where SNOD requires clinical advice from screening centres)

[SOP4574](#) – National Organ Retrieval (NORS) Mobilisation Process

[POL162](#) - Donor Characterisation

[SOP3925](#) - Manual Organ Donation Process for a Potential Organ and/or Tissue Donor in the event of DonorPath/IT network unavailability

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**Note:**

If the patient is being cared for outside the ICU when referred to the SNOD, best practice would indicate a negotiation with the medical practitioner to transfer the patient to the ICU whilst the process of donation is facilitated. This is so that they and their family can be cared for in an environment more appropriate for withdrawal of life sustaining treatment and end of life care. It is the medical practitioner's ultimate decision to transfer a patient.

### 1. INTRODUCTION

This document will outline the SNODs role in facilitating the process of DCD pre theatre, including the support for patient's families.

### 2. COMMUNICATION TO HEALTHCARE PROFESSIONALS POST REFERRAL

2.1. On arrival to the ICU the SNOD should confirm that the patient is a potential DCD

- Clarify that a clinical decision been made to withdraw life sustaining treatment based upon the grounds of overall best interest for the patient. It must be ensured that the medical practitioner has documented these details in the patient's medical records before proceeding further.
- A signed 'Do Not Attempt Resuscitation' (DNAR) form completed, or a comparable medical records entry, should have been completed by the donating hospital as per local hospital policy

2.2. The SNOD should review the patient's medical history, following [POL162](#) Donor Characterisation process and associated procedural documentation.

2.3. If no absolute contraindications are identified as per [POL188](#), the donation process should continue as per NHSBT policy and procedure.

2.4. If the SNOD has concerns about the patient's suitability to donate, advice should be sought from the local/regional implanting surgeons following [SOP4600](#). Additional support can be obtained from the ODT TM/RM on call RM, where required.

2.5. The SNOD should negotiate a plan of action with the medical practitioner in determining communication strategies with the patient's family. This should include:

- Information already delivered to the patient's family – e.g., if WLST has been discussed, the futility of the patient's condition.
- Plan for communicating the WLST decision.
- Timescales for withdrawal of treatment.

2.6. The SNOD should also confirm local hospital procedure in relation to WLST and organ donation, including:

- Location of WLST – critical care area or theatre suite.
- Mode of WLST – for example, extubation or removal of ventilation and/or haemodynamic support.
- End of life care comfort measures/pathways instigated.

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- 2.7. The SNOD should speak with the medical practitioner and facilitate a discussion with HM Coroner/Procurator Fiscal, if required, according to local Coroner/Fiscal office procedure, to determine if there is an objection to donation proceeding. Refer to [MPD865](#) Obtaining Coroner/PF Decision for detailed guidance.
- 2.8. Following agreement of the plan, Consent/Authorisation for DCD should be established through the donation conversation with the patient's family, utilising [POL164](#) and associated procedural documentation.

### 3. COMMUNICATION POST CONSENT/AUTHORISATION FOR DCD

- 3.1. The SNOD should follow [MPD884](#) – for detailed guidance on how to arrange solid organ retrieval, including organ offering and allocation advice.
- 3.2. The SNOD should communicate clearly with the ICU/theatre staff and inform them that consent/authorisation for DCD has been obtained. This will allow the hospital staff time to prepare for WLST and organ retrieval and also enable the SNOD to answer any questions the staff may have.
- 3.3. The family should be kept informed at all times with explanations for any examinations and/or interventions undertaken. Please refer to [POL162](#)- and associated procedural documents for further guidance and advice.
- 3.4. The SNOD should document all relevant conversations held with HCP's in the donor record.

### 4. MANAGEMENT OF THE POTENTIAL DCD DONOR

- 4.1. The SNOD should undertake a complete physical assessment following [MPD873](#). Current therapeutic treatments should be noted, and any limitations of treatment should be discussed with the medical practitioner and HCP.
- 4.2. If the patient's physical condition deteriorates then the SNOD should discuss treatment initiation or escalation with the medical practitioner. The patient's family should be informed of any changes to the patient's clinical condition, as agreed with them. Advice should be sought via the escalation sequence for managerial support, if required.

It is the medical practitioner's ultimate decision to determine any treatment limitations prior to WLST. The SNOD should determine what the medical plan of care is prior to WLST

- 4.3. If the patient's condition becomes unstable and the medical practitioner and/or patient's family does not wish to undertake any further intervention, then the SNOD should inform the relevant HCP's/NTLC/RCPoC's/Laboratories that donation will not proceed, and continue to provide end of life care for the patient's family, as required and appropriate.

### 5. PREPARATION FOR WLST/ORGAN RETRIEVAL

- 5.1 The SNOD should follow [MPD884](#) when undertaking organ offering.
- 5.2 The SNOD, after having an abdominal/abdominal and a cardiothoracic organ accepted and are ready to approach a NORS team to mobilise, will discuss with NTLC a planned theatre time. NTLC will then initiate mobilisation of the NORS team following [SOP4574](#).

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- 5.1. The SNOD should identify the location where WLST will take place.
- 5.2. Wherever the location of WLST, the SNOD should consider the logistics of patient transfer. The SNOD should also clarify:
  - Location on critical care unit for WLST
  - Location of anaesthetic room for WLST – size to accommodate family members, if relevant.
  - Path for transfer to theatre– location of theatres in relation to location/area of WLST
  - Personnel required – portering staff/HCP requirements for transfer of patient
  - Communication pathway – contact details of NORS team for critical information during WLST to minimise any organ damage secondary to ischaemic times.
  - A designated HCP will stay with the family following WLST and transfer of the patient to theatre
- 5.3. The SNOD must identify the medical practitioner who will certify death following WLST. A discussion must be held between the SNOD, the appropriate medical practitioner and nurse, to include:
  - Availability of the medical practitioner following WLST and methods of communication to ensure they return to the location of WLST, when circulatory death is imminent if unable to remain present..
  - An explanation of the critical time points during the WLST process – critical hypotension, loss of pulsatile arterial trace/asystole, five minute post asystole until certification of death.
  - A discussion surrounding the possible re-intubation by local anaesthetist if the patient for DCD lung donation. The SNOD should facilitate a discussion between NORS Lead Cardiothoracic Surgeon and local Anaesthetist to confirm the requirements needed.
  - Instigation of end of life comfort measures to minimise any potential distress to the patient and patient's family, if present.
  - Repatriation of patient if donation does not proceed. This may be applicable if WLST occurs outside of the ICU.
- 5.4. The SNOD must confirm which HCP will remain with the patient and their family during the process of WLST. The SNOD must also ensure that a member of the local hospital staff is available to accompany the family to an appropriate location and provide support, whilst the SNOD is in theatre.
- 5.5. The SNOD should confirm the plan for WLST with the theatre co-ordinator so that all members of the donating hospital team are aware of the planned course of action.

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5.6. The SNOD must facilitate a discussion with the patient's family to confirm with them the planned course of action, giving as much or as little information as requested by them. The patient's family should be prepared for potential physiological changes that can occur following WLST. This should be done in conjunction with the donating hospital staff. Areas to discuss may include but are not limited to:

- Confirmation of mode of withdrawal of treatment
- End of life comfort measures
- Documentation of observations
- Asystole and five minute period prior to confirmation of death (pronouncement of life extinct)
- Confirmation of death prior to transfer
- Transfer to theatre for organ retrieval,
- Support for family post confirmation of death
- Family plans following confirmation of death

5.7. The SNOD should confirm the family's understanding of the possible eventuality that donation may not proceed, as per the discussion during the consent/authorisation process.

5.8. Any questions and concerns raised by the family should be addressed and their immediate needs met, prior to proceeding further.

5.9. The SNOD must document, in the donor record, all relevant conversations held with HCP's and any agreements reached in relation to WLST and transfer plans. The SNOD must also document relevant conversations held with the patient's family.

## 6. ACTIONS TO BE TAKEN PRIOR TO AND FOLLOWING WLST

6.1. The SNOD must complete the pre-operative checklist in DonorPath prior to handover to NORS lead surgeons(s). If DonorPath is unavailable [FRM4135](#) Surgical Safety Checklist should be completed prior to the organ retrieval process commencing.

6.2. The NORS lead surgeon(s) must review the donor documentation and medical records as guided by the peri-operative checklist, the SNOD will document this handover of information in 'Retrieval' section of the DonorPath. If DonorPath is unavailable [FRM4135](#) Surgical Safety Checklist should be utilised for the pre and peri-operative checks as per [SOP3925](#)

6.3. Prior to WLST the SNOD should confirm the following with the Lead Retrieval or Implanting surgeon(s):

- Method of communication between SNOD and retrieval team.
- Frequency of update on patient's clinical condition.
- Stand down times
- Logistics of transfer to theatre.
- Roles and responsibilities of theatre team/NORS retrieval team/SNOD/local anaesthetist.
- The SNOD should confirm the volume and type of blood samples required to accompany each organ/tissue retrieval with the NORS retrieval team(s)/RCPoC's/Tissue Establishment

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- 6.4. The SNOD should facilitate the collection of these blood samples prior to WLST and ensure the patient's Name, Donor number, Date of Birth and NHS number/CHI number are placed on ALL blood samples.
- 6.5. Additionally the SNOD must record the necessary key time points in DonorPath DCD section and DCD observations during the withdrawal of treatment process. If DonorPath is unavailable utilise [FRM4131](#) – DCD Observation Chart and [FRM4153](#) Proceeding and Non Proceeding Donor after Cardiac Death.
- 6.6. Once death has been certified by the medical practitioner, the SNOD should follow the plan of action agreed with the patient's family (if applicable) and relevant HCP's, following [MPD885](#) for detailed guidance.

### 7. NON-PROCEEDING DONATION

- 7.1. Post consent/authorisation, if the SNOD has identified and confirmed an absolute contraindication that prevents DCD from proceeding, they must immediately contact NTLC/RCPoC's and Tissue Establishments, to inform them of this, utilising [MPD881](#) Findings Requiring Additional Action and [MPD882](#) Findings Requiring Additional Action (Communication with Families)
- 7.2. If all recipient centres/tissue establishments decline the offer of organs and/or tissues for donation, then the SNOD should inform the relevant HCPs/NTLC/ Laboratories that donation will not proceed.
- 7.3. If donation cannot proceed for example, due to patient instability, family circumstances or protracted time to asystole, the SNOD must inform Duty Office of stand down time.
- 7.4. Inform family of reason for non proceeding donation if no RCPoC's accept organs or if standing down from donation after WLST. If the patient's family is not present, the SNOD should follow the agreed communication pathway discussed during the consent/authorisation process to outline to the patient's family why organ and/or tissue donation could not proceed.
- 7.5. If the SNOD requires support in the case of non-proceeding donation, they should contact the TM/RM/ on call RM for advice and guidance.
- 7.6. **If advised** by the TM/RM on call RM, the SNOD must report the reason for donation not proceeding via NHSBT on-line Clinical Governance system at the earliest opportunity post process so that the management team can analyse the sequence of events, and reasons for non donation. The SNOD should ensure their TM is aware that an incident report has been submitted as per [SOP3888](#)
- 7.7. The SNOD must change the status on DonorPath to non-proceeding explaining the reason why donation could not proceed.
- 7.8. The SNOD must also document clearly the sequence of events in the donor record, and via the EOS Referral/PDA forms, giving clear details as to the reasons why donation could not proceed.