

MANAGEMENT PROCESS DESCRIPTION MPD867/1.1

Patient Information to be Communicated to Recipient Centre Points of Contact

This Management Process Description replaces
MPD867/1

Copy Number

Effective

06/06/13

Summary of Significant Changes

Update for microsite

Policy

The Quality and Safety of Organs Intended for Transplantation Regulations (2012) stipulates the ultimate decision to transplant a donated organ lies with the transplanting surgeon. It is therefore imperative that the Specialist Nurse - Organ Donation (SN-OD) undertakes a thorough assessment of the patient's medical, behavioural and travel history and communicates clearly all of the information obtained to the recipient points of contact, documenting that the information has been communicated.

Purpose

The purpose of this document is to outline to the SN-OD their responsibilities in the patient assessment; describe the key information that must be gathered, explain how this information should be documented and communicated to the recipient points of contact. The information obtained from the patient assessment is vital in enabling the transplant surgeon to assess the 'risk-benefit' ratio and make a decision regarding suitability for transplantation.

Responsibilities

Specialist Nurse- Organ Donation (SN-OD) It is the responsibility of the SN-OD to obtain and document comprehensive information on medical, behavioural and travel history. In circumstances when the SN-OD is communicating directly with the recipient centre points of contact it is their responsibility to ensure that all patient information obtained is communicated clearly and voice recording is used as necessary as outlined in [SOP3649](#).

In circumstances when the duty office are communicating directly with the recipient centre points of contact it is the SN-OD's responsibility to ensure that all patient information obtained is communicated clearly to the Duty Office.

Duty Office In circumstances when the Duty office are communicating the patient

Recipient Centre Point of Contact It is the responsibility of the recipient centre point of contact to relay the donor information provided by the SN-OD clearly to the transplanting surgeon.

Transplant Surgeon It is the transplant surgeon's responsibility to assess the 'risk-benefit' ratio and make a decision regarding suitability for transplantation based on the information provided by the recipient centre point of contact.

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information obtained by the SN-OD to the recipient centre points of contact, It is the responsibility of the Duty Office to accurately relay all of the patient information provided by the SN-OD to the recipient centre points of contact. The patient information can be communicated verbally or via the Electronic Offering System (EOS). The duty office are also responsible for transferring patient information communicated onto NTxD, ensuring the entry is dated, timed and initialled.

Definitions

SN-OD Specialist Nurse-Organ Donation

PMH Past Medical History

EOS Electronic Offering System

HCP Health Care Professional

CCU Critical Care Unit

GP General Practitioner

Applicable Documents

[FRM932](#) Patient Assessment

[FRM1602](#) Fax - General Practitioner Medical Report for Organ/Tissue Donation

[MPD873](#) Physical Examination

[SOP3630](#)- Diagnostics-Blood Tests

[MPD942](#) Receipt and Management of Microbiological blood results in the Organ/Tissue Donor

[MPD385](#) Good Documentation Practice

[INF135](#) Examples of Good Documentation Practice

[MPD881](#)-Findings Requiring Additional Action

[FRM4212](#)-Organ Donation Clinical Pathway

[SOP3649](#)-Voice Recording of Organ Donor Clinical Conversations

[FRM4211](#)-Patient Assessment Form (PA1)

The Quality and Safety of Organs Intended for Transplantation Regulations 2012

<http://www.legislation.gov.uk/ukxi/2012/1501/contents/made>

NHSBT Guidance on Handling Person Identifiable Information:

<http://nhsbtweb/userfiles/22474%20Guidance%20of%20Confidential%20Comms%20pp%20DL.pdf>

<http://nhsbtweb/userfiles/final%206%20IG%20proofs.pdf>

Record keeping Guidance for Nurses and Midwives (2009). Nursing and Midwifery Council: London

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1. INTRODUCTION

- 1.1. Organ transplantation is now the most cost-effective treatment for end-stage renal failure, albeit end-stage failure of organs such as the liver, lung and heart it is the only available treatment. Risks are, however, associated with the use of organs in transplantation. The extensive therapeutic use of organs for transplantation demands that their quality and safety should be such as to minimise any risks associated with the transmission of infections and diseases.
- 1.2. It is the responsibility of the SN-OD to undertake a thorough assessment of the patient's medical, behavioural, and **social and** travel history. This information is obtained by the SN-OD employing a number of processes, which are described in detail in section 2 of this MPD.
- 1.3. It is the responsibility of the SN-OD to document all of the information obtained during the patient assessment and to accurately communicate this information to the recipient points of contact. **This clinical conversation should be recorded as outlined in [SOP3649](#).**
- 1.4. The information obtained during the patient assessment is considered by the transplanting surgeon to determine the associated risks of transplanted organs for recipients. It is important that the SN-OD documents communication with the recipient points of contact accurately in the donor file; so that the meaning is clear (NMC, 2009).

2. COLLATION OF INFORMATION

- 2.1. Obtaining an accurate account of the patient's reason for admission, course of illness, diagnosis and history from the Medical Practitioner and Nursing staff is a crucial first step in determining a detailed **medical, behavioural, social and travel history**.
- 2.2. A detailed review of the medical and nursing **records** must also be undertaken. The SN-OD must make enquiries to ascertain if other medical **records** exist and to trace these where possible.
- 2.3. The SN-OD is responsible for speaking directly to the patient's General Practitioner (GP). This should be undertaken as part of the patient assessment (on the day of donation where possible) to ascertain and verify PMH. Attempts should be made outside office hours to contact the GP, as some GPs will be available. If the GP is not contactable out of office hours, this must be completed as soon as possible, as a maximum within the next two working days. Please refer to GP Assessment [SOP3632](#) for further information.
- 2.4. Other Health Care Professionals (HCPs) caring for the patient pre-admission should also be contacted where applicable for example, drug and alcohol workers, carers, health visitor, social worker, care home staff, or community nurse. If the relevant HCPs are not contactable out of office hours, they should be contacted as soon as possible on the next working day, if required. **Additional** information obtained from HCPs should be documented **in the donor file and communicated the RCPoC** by the SN-OD.
- 2.5. Integral to information gathering is the completion of the patient assessment form **(PA1)** [FRM4211](#) which must be undertaken by the SN-OD at the family interview. It is important that this information is discussed with and obtained from the most relevant person, as some of the questions are personal in nature in relation to sexual/behavioural history, please refer to Patient Assessment **Rationale Document** [INF947](#) for further detail. It may be necessary

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for the SN-OD to follow up or make further enquiries in reference to information disclosed during the patient assessment.

- 2.6. The SN-OD must undertake a physical assessment of the patient as per Physical Assessment [MPD873](#) - and complete a detailed body map as part of [FRM4212](#) Organ Donation Clinical Pathway.
- 2.7. All of the information obtained in points 2.1 to 2.6 must be documented in preparation for communication by the SN-OD to the recipient points of contact and /or the duty office
- 2.8. The Information collated and communicated must be documented within the SN-OD's donor documentation for subsequent filing in the patient's donor file. Traceability of the aforementioned communication is vital in keeping with the [The Quality and Safety of Organs Intended for Transplantation Regulations 2012](#).
- 2.9. In addition to documenting and communicating the information established when assessing the medical, behavioural, social and travel history. It is equally important to notify the recipient points of contact of any information that is unavailable at the time of patient assessment, such as a second set of medical records, repeat blood results, pending biopsy or scan reports. All information should be communicated documented and voice recorded.

3. KEY INFORMATION TO BE COMMUNICATED TO RECIPIENT CENTRES

In addition to the information listed above, consideration must be given to providing the recipient centre points of contact with a detailed medical, behavioural, social and travel history. Guidance is offered in the list below:

3.1. The following is not an exhaustive list.

- Re-confirm Blood Group
- Diagnosis/Cause of Death (If Hypoxic Brain Injury detail mechanism of injury)
- If cardiac arrest- include all details such as length of 'down time', drugs received and whether in-hospital or out-of-hospital arrest, detailing whether bystander or medically trained professional performing Cardio Pulmonary Resuscitation (CPR).
- If Bacterial Meningitis state start time of first dose of antibiotics, if Encephalitis detail presentation/travel history
- Detailed Past Medical History (PMH)
 - Cancers –detail the type, grade, date of diagnosis, prognosis, evidence of spread and treatment given, information contained in follow up letters and Consultant details. SN-OD may need to discuss the history with the patients Consultant Oncologist to ascertain possibility of transmission. A follow up conversation may be undertaken by the transplanting surgeon as necessary.
 - Details of Investigations undertaken and follow up received (if follow up not received, investigate this where possible)
 - Previous hospital admissions of significance
 - Unexplained weight loss
 - Physical description of patient appearance in addition to height, weight and BMI, for example very large abdomen/muscular, amputee or wheelchair bound
 - Hypertension defined as a systolic pressure above 140 with a diastolic pressure above 90
 - Hypercholesterolemia when diagnosed, details of medication and compliance if known

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- Sepsis whether of known or unknown aetiology and details of treatment given and response to treatment
- History of organ disease/injury/failure
- Previous/recent surgery
- Current and past 3 months- precise medications including compliance, dose, length of time being taken and for what reason
- History of illicit drug use and details
- History of confirmed/unconfirmed H1N1 or any other flu like symptoms
- Include microbiology results- specimens sent by SNOD for MC&S, communicate any results that are available post donation
- Biopsy results-include information regarding planned biopsies post mortem for example an undiagnosed brain tumour
- All Virology results, for HTLV I&II state whether this has been tested for and if not a blood sample must accompany the organ, so the recipient centre can perform HTLV I & II testing
- CT Scan results/reports (record who is providing the information radiologist or neuro radiologist)
- Any significant changes in haemodynamic status must be communicated
- Method and location for withdrawal of treatment (DCD donors)

Social and Family History:

- Familial history-significance of hereditary diseases/rare conditions which the donor may be at risk of and subsequent transmission to the recipient

4. TRANSFER OF INFORMATION ONTO EOS AND COMMUNICATION TO RECIPIENT CENTRE POINTS OF CONTACT

- 4.1. Recipient centre points of contact are reliant on the information communicated to them by SN-ODs when ascertaining donor suitability and recipient selection.
- 4.2. It is the SN-OD's responsibility to document all of the information obtained from the patient assessment [FRM4211](#), physical assessment [MPD873](#), GP Medical Report for Organ and Tissue Donation [FRM1602](#), body map within [FRM4212](#) Organ Donation Clinical Pathway, key information outlined in section 3 and a review of the medical records accurately onto EOS.
- 4.3. In circumstances where it is not possible to record all of the information obtained onto EOS, the SN-OD must ensure that this information is communicated verbally to the recipient centre points of contact and to the duty office; voice recording should be used for all clinical conversations.
- 4.4. In circumstances when the duty office is liaising with the recipient centre points of contact the duty office must ensure that all information is communicated to them.
- 4.5. In circumstances that require the SN-OD to communicate verbally with the recipient centre points of contact key information regarding biopsy report for example, should be supported by fax or email where possible and the clinical conversation voice recorded. SN-ODs should be aware of the risks of not transmitting any Person Identifiable Data - see NHSBT's guidance on handling Person Identifiable Data (PID).
- 4.6. As a minimum, such communications must be documented in the donor file detailing, date and time, with whom the discussion took place and what key information was communicated for example biopsy results/faxed information/pending histopathology results.

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- 4.7. It is the SN-OD's responsibility to update EOS throughout the donation process with any changes and inform the recipient centre point of contact and/or the duty office.
- 4.8. Due to IT restrictions and secure systems, it is often not possible to send scans/x-rays/reports from one Hospital Trust to another. Where possible these should be transmitted to the recipient centre points of contact via secure fax - see NHSBT's guidance on handling Person Identifiable Data (PID).
- 4.9. The SNOD must ensure all conversations with recipient centre points of contact/duty office are voice recorded and documented in the donor file detailing, date, time, signature, with whom the discussion took place and the key information communicated.
- 4.10. The recipient centre point of contact should make note of these changes and relay the information to the retrieving/implanting surgeon as necessary.

5. RECORDING OF INFORMATION

- 5.1. The SN-OD must record details of the information obtained during the assessment of the patient's medical, behavioural social and travel history in the donor file; communicating clear evidence of the findings to the recipient centres for example histology/biopsy/scan reports.
- 5.2. Information that cannot be entered onto EOS for example detailed reports should be faxed to recipient centres where possible - see NHSBT's guidance on handling Person Identifiable Data (PID).
- 5.3. Guidance on good documentation can be found in [MPD385](#) and examples of good documentation in [INF135](#).
- 5.4. It is the SN-OD's responsibility to record clearly in the SN-OD's donor documentation the information communicated to recipient centre points of contact/ duty office so that the information relayed is consistent and kept in the donor file.
- 5.5. Record clearly in the donor documentation - to be kept in the donor's file - the date, time and name of the person to whom you communicated the key information and ensure the entry is dated and signed by the SN-OD.
- 5.6. It is also the SN-ODs responsibility to ensure any clinical conversation with another HCP is voice recorded.

6. The SN-OD SHOULD NOT CLOSE THE DONOR FILE UNTIL ALL RELEVANT INFORMATION IS AVAILABLE

- 6.1. The SN-OD is responsible for ensuring the GP Medical Report for Organ and Tissue Donation [FRM1602](#) is returned and the information documented is checked against the information documented in the Patient Assessment (PA1) [FRM4211](#).
- 6.2. Microbiological and biopsy samples sent by the SN-OD for the purposes of donor assessment should be chased up post donation by the SN-OD and results communicated to the recipient centre points of contact and the duty office.

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- 6.3. In situations where new or additional information is communicated to the SN-OD post donation the SN-OD should communicate this information to the respective recipient centre point of contact and the duty office.
- 6.4. Where findings requiring additional action are identified the SN-OD should refer to MPD881- findings requiring additional action.