

ODT Medical Record Entry for Proceeding Organ and / or Tissue Donation



Blood and Transplant

Guidance for use:

1. This INF should be used as a guide when documenting in the patient's medical record for an organ and / or tissue donor and details the minimum information required
2. Any additional information must be entered as significant events / communication occur
3. The medical record entry must be handwritten or entered electronically
4. In addition, a copy of FRM4281 / FRM1538 (Scotland) must be securely filed in the patient's medical record
5. Anything in **(RED)** requires free text
6. Anything in **BOLD** indicates an option that needs to be chosen
7. Unnecessary abbreviations must not be used in the medical records as per the Nursing Midwifery Council (NMC) guidance on record keeping for Nurses and Midwives

Thank you for referring **(insert name of patient)** as a potential **organ and / or tissue** donor. I note the patient's medical history and note the **cause of death / diagnosis** to be **(insert cause of death / diagnosis)**. There are no known absolute contraindications to **organ and / or tissue** donation.

I have approached the patient's family and ascertained the decision regarding **organ and / or tissue** donation. During the conversations I asked the family if they had any further questions regarding **brain stem death testing / withdrawal of life sustaining treatment**.

(Insert family member's name) had the following / did not have any questions regarding the information they had been given **(insert details of any questions)**.

(Insert family member's name), the **(relationship to patient)** of **(insert name of patient)** has given / accepted the consent / authorisation for **organ and / or tissue** and this is documented on the NHS Blood and Transplant **consent / authorisation** form filed in the patient's medical records.

I have discussed the patient's past medical, social, behavioural and travel history with **(insert name)** and I have **identified the following / not identified any** new information **(insert detail of any new information)**.

If applicable: I have / **(insert name and title of Medical Practitioner)** has discussed the case with **H.M. Coroner / Procurator Fiscal (insert name) / Coroner's / Fiscal's Officer (insert name)** who has given permission for **organ and / or tissue** donation to proceed. The **Coroner / Procurator Fiscal** has **placed / not placed** any restrictions **(insert detail of any restrictions)** on the **organs and / or tissues** to be donated.

If applicable: A referral has been made to the **National Referral Centre / Scottish National Blood Transfusion Service** who will facilitate the retrieval of any tissues to be donated.

I have thanked the family and asked them if they have any specific requests in relation to end of life care. The family **have requested (details of any religious requirements / keepsakes / follow up required) / do not have any specific requests**.

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My next communication with the family will be (insert details of agreed communication).

For any clarification or queries please contact:

(insert name), Specialist Nurse Organ Donation
(insert region) Organ Donation Services Team
Pager (insert number)

IMPORTANT - FOR THE ATTENTION OF THE PATHOLOGIST REGARDING POST MORTEM EXAMINATION:

If a post mortem examination is performed, please contact NHS Blood and Transplant on 0117 975 7580 as a matter of urgency, should the post mortem identify pathology that is, or may be, relevant for the health or future health of the transplant recipient(s) and / or the patient's family.

Many thanks

(insert signature), (print name)
Specialist Nurse Organ Donation
(insert region) Organ Donation Services Team