DONATION AFTER BRAIN DEATH CHECKLIST

Please contact the donor coordinator to discuss any aspect of the donation process.

In this document the term intensivist refers to a senior doctor (specialist or fellow) looking after the patient. In some hospitals this might be an anaesthetist or other specialist. The term any doctor is used when actions do not require a senior doctor to be involved. ICU staff is used when actions could be done by an ICU doctor or ICU nurse.

These procedures for organ donation after brain death are listed in approximate sequence.

TASK	ACTION BY	ACTION
1. Identify the possibility of donation	ICU staff	Please call the donor coordinator to discuss any patient with severe brain damage who is likely to die (**09 630 0935**).
2. Initial assessment	Donor coordinator/ ODNZ medical specialist	The donor coordinator: • asks for preliminary information about the patient (See Section 8.4 of ODNZ Best Practice Guidelines for NZ ICUs) • discusses taking of blood for the Donor Blood Pack • liaises with the ODNZ medical specialist who then liaises with the intensivist • discusses medical suitability with the transplant service(s) if any uncertainty • confirms whether donation is possible and which organs and tissues might be donated.
3. Notify ICU Link Nurse	ICU staff	In most hospitals the ICU staff ask the ICU Link nurse to assist.
4. Take blood for the Donor Blood Pack	ICU staff	The labels on the ABO blood tube (pink tube) must be hand-written. Patient labels can be used on all other blood tubes and the laboratory blood form (enclosed in the Donor Blood Pack). Check blood tubes are not out of date.
5. Transport of the Donor Blood Pack	Donor coordinator	The donor coordinator arranges transport of the Donor Blood Pack from the ICU to Auckland. This is done as soon as possible to prevent undue delays for the donor family if donation does go ahead. Blood is only tested after the family has agreed to donation.
6. Inform family	Intensivist and ICU nurse	The family is informed that brain death is likely to have occurred and that this will be determined by either clinical examination or by demonstration of absent blood flow to the brain.
7. Determination of brain death	Two doctors including at least one specialist	Brain death is determined either by clinical examination or by demonstration of absent cerebral perfusion. In either case there must be evidence of intracranial pathology consistent with the irreversible loss of neurological function. See the ANZICS Statement for details of the clinical examination. See Section 9.1 of ODNZ Best Practice Guidelines for NZ ICUs for details of demonstration of absent cerebral perfusion.

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8. Documentation of brain death	Two doctors including at least one specialist	Brain death is documented on the *Determination of Brain Death Form.* When brain death has been determined by clinical examination, the time of death is recorded as the time when the second clinical examination to determine brain death is completed. When brain death has been determined on the basis of absent cerebral perfusion, the time of death is recorded as the time when the two doctors have completed the *Determination of Brain Death Form.*
9. Inform family	Intensivist and ICU nurse	The intensivist informs the family that the patient is brain dead and of the time of death. The ICU nurse is present at this family meeting.
10. Discussion of donation with the family	Intensivist and ICU nurse	The intensivist discusses donation with the family. The ICU nurse and sometimes an ICU Link nurse is also present at this family meeting.
11. Discussion with the coroner	Intensivist	The Coroners Act 2006 defines the circumstances where a death must be referred to the coroner. The coroner may or may not "accept jurisdiction". In cases where the coroner accepts jurisdiction, the removal of organs and tissues cannot proceed without the agreement of the coroner. The intensivist discusses organ and tissue donation with the coroner. The coroner must be informed of the family's views about donation as the coroner is required to consider these views. The coroner has agreed to donation in some cases of suspected homicide. See Section 8.3. ODNZ Best Practice Guidelines for NZ ICUs.
12. Refer back to donor coordinator	ICU staff	The ICU staff inform the donor coordinator of the outcome of the family discussion. If the family agrees to donation, the donor coordinator requests all the necessary details for donation. See Section 8.4 ODNZ Best Practice Guidelines for NZ ICUs.
13. Routine death documentation	ICU doctor and nurse	Routine death documentation is completed in accord with local hospital practice and kept with the clinical notes.
14. Identification of the deceased	Any ICU doctor or nurse	Where the coroner has taken jurisdiction, the ICU medical staff notify the police before the donor surgery. The ICU staff may need to explain brain death to the police. Showing the *Determination of Brain Death Form* may assist in understanding that death has occurred. The police will require the family to identify the deceased patient. The ICU staff should try to ensure this is done before the family leaves the hospital and prior to the donor surgery. This is to avoid the family having to return to the hospital.

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15. *Medical/Social Questionnaire and Physical Assessment Form* completed	ICU staff or donor coordinator	The ICU staff or donor coordinator completes the *Medical/ Social Questionnaire* for Organ and Tissue Donation with a family member(s) and the *Physical Assessment Form.*
16. Liaison with transplant teams	Donor coordinator	The donor coordinator liaises with the transplant teams and tissue banks to determine which organs and tissues can be donated for transplantation.
17. Notification of ICU staff of any organ and tissues accepted	Donor coordinator	The donor coordinator informs the ICU staff which organs and tissues can be donated for transplantation and any requests for tissues for specific research projects.
18. Authority for organ and tissue removal	ICU staff	ICU staff inform the family which organs and tissues can be donated for transplantation and any requests for tissues for specific research projects. A family representative signs the Authority for Organ and Tissue Removal Form or witnessed verbal consent is obtained. The ICU staff notify the donor coordinator of the outcome of this process.
19. Completion of documentation	Donor coordinator and ICU staff	The donor coordinator ensures that completed forms have all been received from the ICU: • Medical/Social Questionnaire • Physical Assessment Form • Determination of Brain Death Form • Authority for Organ and Tissue Removal Form. The Medical/Social Questionnaire must not to be left in the patient notes. The donor coordinator will take the original when they arrive at the donor hospital.
20. Organisation of the donor surgery	Donor coordinator	The donor coordinator liaises with the ICU, OT, anaesthetist (if needed) and the transplant team(s) to arrange the time for the donor surgery. The donor coordinator informs the ICU and OT staff which organs and tissues have been accepted for donation.
21. Crossmatching	ICU staff	ICU staff crossmatch 4 units of RBC for the donor surgery.
22. Medical treatment of the donor in ICU	ICU staff/ODNZ	The ICU staff continue medical treatments to support extra- cranial physiology until the patient is transferred to the OT (see Section 4 ODNZ Best Practice Guidelines for NZ Operating Theatres). They should notify the donor coordinator or the ODNZ medical specialist of any deterioration.
23. Meet the family	Donor coordinator	Unless the family does not want to meet, the donor coordinator meets with the family, answers any questions, offers handprints and locks of hair, determines any requests following the donor surgery and what follow-up the family wishes to receive.

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24. Medical treatment of the donor in OT	Anaesthetist	An anaesthetist transfers the patient from ICU to OT and continues medical treatment until aortic cross clamp. ODNZ recommends the use of both neuromuscular blockade and measures to control sympathetic cardiovascular responses during donor surgery. See section 4.7. of ODNZ Best Practice Guidelines for NZ ICUs.
25. Time out in OT	Donor surgeon	The donor coordinator ensures that a Time Out occurs. This includes introduction of all staff and checking of documentation. The Authority for Organ and Tissue Removal Form replaces the usual operation consent form.
26. Care of the deceased patient	Donor coordinator, OT nurses(s), ICU nurse	Following the donor surgery, care of the deceased patient takes place in OT or ICU depending on hospital procedures. In some hospitals the OT is blessed after the donor surgery. The ICU nurse ensures that a suitable room is made available for the family if they wish to spend time with their family member after the donor surgery. In some hospitals, where the coroner has accepted jurisdiction over the death, the police transfer the deceased patient to the mortuary.