

Critical Pathway for the Pediatric Organ Donor

Patient Name _____

UNOS ID Number _____

Collaborative Practice	Phase I Identification and Referral	Phase II Declaration of Brain Death and Consent	Phase III Donor Management Donor Evaluation		Phase IV Organ Recovery Phase
<p>The following professionals may be involved to enhance the donation process. Check all that apply.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Physician / Intensivist <input type="checkbox"/> Primary Care Physician <input type="checkbox"/> Critical Care RN <input type="checkbox"/> Nurse Supervisor <input type="checkbox"/> Organ Procurement Organization (OPO) <input type="checkbox"/> OPO Coordinator (OPC) <input type="checkbox"/> OPO Family Services Coor. <input type="checkbox"/> Medical Examiner <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Laboratory <input type="checkbox"/> Radiology <input type="checkbox"/> Anesthesiology <input type="checkbox"/> OR/Surgery Staff <input type="checkbox"/> Clergy <input type="checkbox"/> Social Worker <input type="checkbox"/> Pharmacist <input type="checkbox"/> Child Life Specialist 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify all patients who may be potential organ and/or tissue donors. <input type="checkbox"/> Initial call to OPO to notify of potential donor with devastating neurological injury (organ donor) or patient with grave prognosis (tissue donor) after consultation with treating physician. <input type="checkbox"/> Formal contact and referral to OPO when first brain death exam anticipated. <input type="checkbox"/> OPC on site and begins evaluation. <input type="checkbox"/> Notify charge nurse and intensivist/attending MD of presence on unit. Time _____ Date _____ Ht ____ Wt ____ ABO confirmed by blood bank _____ <input type="checkbox"/> Identify legal guardian/next-of-kin (NOK). <input type="checkbox"/> Notify ME/Coroner's office of impending death. 	<ul style="list-style-type: none"> <input type="checkbox"/> Brain death documented per hospital protocol. Time _____ Date _____ <input type="checkbox"/> Complete appropriate forms (death certificate, release of remains, etc.). <input type="checkbox"/> If patient does not meet brain death criteria, reevaluate after observation interval. <input type="checkbox"/> If withdrawal of life support is anticipated, consider donation after cardiac death (DCD) protocol. In all cases consider tissue donation. <input type="checkbox"/> Collaborative plan for family approach with ICU and OPO staff. <input type="checkbox"/> Identify/offer support services for family (primary physician, clergy, social worker, etc). <input type="checkbox"/> MD notifies family of death. <input type="checkbox"/> OPO/hospital staff talks to family about donation. <input type="checkbox"/> NOK consents to donation <input type="checkbox"/> OPO staff obtains signed consent and medical/social history. Time _____ Date _____ <input type="checkbox"/> ME/Coroner formal notification. <input type="checkbox"/> ME/Coroner releases body for donation. 	<ul style="list-style-type: none"> <input type="checkbox"/> New orders written in collaboration with intensivists and OPO staff <input type="checkbox"/> Begin organ allocation <input type="checkbox"/> OPC sets tentative OR time <input type="checkbox"/> Ensure adequate IV/arterial access for support and procurement 	<ul style="list-style-type: none"> <input type="checkbox"/> Obtain blood/lymph nodes for tissue typing and cross-match <input type="checkbox"/> Obtain pre/post transfusion blood for serology testing per OPO protocol and communicate results when available. <input type="checkbox"/> Notify the following of pending case: <ul style="list-style-type: none"> • OR/anesthesiology • Procurement surgeons • House supervisor • Tissue typing labs <input type="checkbox"/> Cardiology/pulmonary and other specialty consults as requested by OPC <input type="checkbox"/> Lung measurements per CXR by OPC <input type="checkbox"/> Organ recovery process discontinued if donor organs unsuitable for transplantation after evaluation 	<ul style="list-style-type: none"> <input type="checkbox"/> Notification of OR for needed equipment, time, and organs to be recovered <input type="checkbox"/> Pre-op checklist <input type="checkbox"/> Communicate appropriate test results to recipient centers <input type="checkbox"/> Collaborate with accepting recipient centers on OR time <input type="checkbox"/> Procurement supplies present in OR <input type="checkbox"/> Prepare patient for transport to OR _____ IV _____ O₂ _____ PEEP _____ Pumps <input type="checkbox"/> Transport to OR Time _____ Date _____ <input type="checkbox"/> OR nurse confirms completion of all required documentation to include consent and brain death documentation. <input type="checkbox"/> OR nurse checks patient identification.

	<ul style="list-style-type: none"> ○ OPC determines suitability of donor following chart review. Stop Pathway – If not suitable for organ and tissue donation. 	<ul style="list-style-type: none"> ○ Family/ME/Coroner denies donation – Stop pathway – initiate post-mortem protocol – support family 			
Labs and Diagnostics	<ul style="list-style-type: none"> ○ Per ICU protocol 	<ul style="list-style-type: none"> ○ Review lab results ○ Review hemodynamics 	<ul style="list-style-type: none"> ○ Determine need and write orders for ongoing lab testing ○ Same as adult except for H & H after transfusion, if necessary 	<ul style="list-style-type: none"> ○ Blood chemistry ○ CBC with diff ○ UA ○UA for C & S ○ PT, PTT ○ ABO ○ A Subtype ○ Liver function tests ○ Blood culture × 2 / 15 minutes to 1 hour apart, different sites ○ Sputum Gram stain and C & S ○ Type & cross-match ___ # units PRBCs ○ CXR ○ ABGs ○ EKG ○ Echo ○ Bedside diagnostic/therapeutic bronchoscopy 	<ul style="list-style-type: none"> ○ Labs drawn in OR as per surgeon or OPC request ○ Communicate with pathology – arrange for pathology testing ○ BX liver and/or kidneys as indicated
Cardiopulmonary Care	<ul style="list-style-type: none"> ○ Pt maintained on ventilator 		<ul style="list-style-type: none"> ○ Optimize ventilator settings to achieve SaO₂ >95% ○ O₂ challenge for lung placement PEEP = 5 cm, FiO₂ @ 100% 20 min, obtain ABG ○ ABGs as ordered ○ VS PRN ○ Pulmonary toilet (bronchial drainage, percussion, turning and suctioning, vest when appropriate) 	<ul style="list-style-type: none"> ○ Monitor and maintain the following age specific parameters ___ BP ___ HR ___ CVP ___ PaO₂ ___ SaO₂ >95% ___ pH 7.35–7.45 	<ul style="list-style-type: none"> ○ Portable O₂ @100% FiO₂ for transport to OR ○ Ambu bag and PEEP valve ○ Move to OR
Treatments/Ongoing Care	<ul style="list-style-type: none"> ○ ICU staff responsible for maintaining normal hemodynamic 		<ul style="list-style-type: none"> ○ NG tube placed and functioning ○ Maintain temperature >36.5°C and <38°C 		<ul style="list-style-type: none"> ○ Set OR temp as directed by OPC

	parameters, normothermia, and ventilatory support as per ICU protocol		<ul style="list-style-type: none"> ○ Eye care 		<ul style="list-style-type: none"> ○ Bronchoscopy as per lung recovery team ○ Post-mortem care
Medications	<ul style="list-style-type: none"> ○ Continue as per ICU protocol/care plan 	→	<ul style="list-style-type: none"> ○ DC former meds except pressors and antibiotics ○ Initiate broad-spectrum antibiotic if not previously administered ○ Maintain age-specific parameters for: BP, HR, urine output, electrolytes, glucose, temperature, PT/PTT, CBC ○ See age-specific donor management recommendations ○ Medication as requested by OPC 		<ul style="list-style-type: none"> ○ Management of antidiuretics, diuretics, and heparin per transplant surgeon
Optimal Outcomes	Potential donor is identified, and a referral is made to OPO	Family offered the option of organ/tissue donation, and their decision is supported.	Optimize organ function	The donor is evaluated and found to be suitable for donation.	All suitable, consented organs are recovered for transplant.

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