LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

DEPARTMENT: TRANSPLANTATION INSTITUTE
CODE: (637) M-1
EFFECTIVE: 10/28/2016
CATEGORY: CLINICAL MANAGEMENT
REPLACES: 02/2012
Also (637) M-3 10/13, M-5 2/12, M-8 2/14, M-16 10/13, P-1 10/13
SUBJECT: LIVING DONOR TRANSPLANT

I. LIVING KIDNEY DONOR TEAM COMPOSITION

A. The living donor team is comprised of representatives from essential multidisciplinary fields. All members of the living donor multi-disciplinary team will document, in the patient's electronic medical record, their involvement during the evaluation, donation, and discharge planning phases of donation as applicable

B. The living donor multi-disciplinary team shall be composed of, but not limited to, representatives from the following disciplines with the appropriate qualifications, training, and experience:

1. Surgical (Living Donor Surgeon)
2. Medical (Independent Nephrologist)
3. Nursing
4. Transplant Nurse Coordinator
5. Independent Living Donor Advocate (ILDA)
6. Social Services
7. Financial Coordination
8. Nutritional Services
9. Pharmacology

C. Specialty areas and services available for consultations as needed include, but are not limited to, the following:
   1. Anesthesiology
   2. Blood Bank
   3. Cardiology
   4. Clinical Lab
   5. HLA/Immunology
   6. Infectious disease
   7. Pathology
   8. Pulmonology
   9. Radiology

D. Centers for Medicare and Medicaid Services (CMS) and United Network for Organ Sharing (UNOS) shall be notified within 7 business days of any key staff changes (e.g. a change in the individual the transplant center designated the OPTN as the center's "primary transplant surgeon" or "primary transplant physician"), changes to clinical experience and outcomes (e.g. any significant event that is expected to decrease the number of transplants or survival rates that could result in noncompliance), termination of an agreement with the Organ Procurement Organization (OPO), or inactivation of the program

E. Should changes occur in any aspect of the program operations that could impact a patient's ability to receive a transplant, he/she shall receive written notification within 7 business days

II. LIVING KIDNEY DONOR INFORMED CONSENTS

A. Informed consents shall be obtained for complex medical treatments, procedures, and all operations. The Living Donor Physician, Transplant Nurse Coordinator, ILDA, Financial Coordinator and/or Social Worker shall discuss informed consents with the patient prior to donation; consents shall be placed in the patient's electronic medical record.

B. The living donor shall be fully informed by a Living Donor Physician, Transplant Nurse Coordinator, ILDA, Financial Coordinator and/or Social Worker of the following, including, but not limited to:
   1. The evaluation process, including, but not limited to:

a. Results of the physical evaluation including a discussion of how any current health issues or medication regimen could be effected by the donation or could affect the donor's recovery post-donation
b. Suitability for donation
c. Results of laboratory and potential living donor specific diagnostic testing
d. Relevance of any psychosocial issues related to donation
e. Financial responsibilities resulting from the living donation as well as post-donation expenses. This includes the potential for out-of-pocket costs if the potential living donor has complications from the surgery, needs medication following discharge, and for follow-up testing or a physical examination so that the center can report the potential living donor's status to the OPTN
f. The potential living donor must be advised that the transplant program cannot require him or her to pay for post-donation testing or examination for follow-up purposes

2. The surgical procedure, including post-operative treatment
    a. Risks associated with surgery (e.g. scars, pain, fatigue)
    b. Risks and effects of general anesthesia
    c. The possible need for blood transfusion and the risks involved with the use of blood or blood products
    d. Expected post-surgical course and discomforts (e.g. possible need for artificial ventilation, pain, bleeding, infection)
    e. Termination of the surgery with any indication that the living donor is at risk of significant complications or death during the surgery
    f. The risks of living with one kidney after donation
    g. No medical benefit to donating
3. Alternative treatments for the transplant candidate, including:
    a. Begin or maintain dialysis treatment
    b. Wait for a deceased donor organ
4. Potential medical/surgical, psychosocial and financial risks:
    a. Medical/surgical risks, including but not limited to:
        i. Allergic reactions to contrast
        ii. Discovery of abnormalities that may create the need for unexpected decisions on the part of the transplant team
        iii. Decreased kidney function
        iv. Abdominal symptoms (e.g. bloating, nausea, developing bowel obstruction)
        v. Wound infection
        vi. Pneumonia
        vii. Blood clot formation
        viii. Organ failure
        ix. Arrhythmias and cardiovascular collapse

x. Kidney failure and the potential need for dialysis or organ transplant later on in life
xi. Death

b. Psychosocial risks, including but not limited to:
   i. Body image
   ii. Depression
   iii. Post-Traumatic Stress Disorder (PTSD)
   iv. Generalized anxiety
   v. Anxiety regarding dependence on others while recovering from donation
   vi. Feelings of guilt (e.g. if recipient experiences recurrent disease or if the recipient dies)
   vii. Substance and alcohol abuse and how it may impact the success or failure of transplantation

c. Financial risks, including but not limited to:
   i. Discovery of abnormalities that may require further testing at the donor's expense
   ii. Loss of employment or income
   iii. Possibility of future health problems related to donation may not be covered by the donor's insurance carrier
   iv. Possibility that attempts to obtain medical, disability, and life insurance in the future may be jeopardized
   v. Possibility of denial of coverage
   vi. Alternative financial resources shall be discussed

5. National and transplant center-specific outcomes, including but not limited to:
   a. Transplant center's current 1 year post-survival and graft survival rate
   b. How these rates compare to the national averages
   c. Whether latest reported outcome measures in the SRTR Center Specific Report comply with Medicare's outcome requirements
   d. The center's outcomes for living donors including rate and type of complications (pre-discharge and long term) and living donor deaths
   e. National outcomes for living donors, as available
   f. Types of outcomes for living donors that are not calculated due to insufficient national data (such as long term outcomes for living donors) as appropriate
6. Donor's right to opt out of donation
   a. Patient was informed of his or her right to withdraw consent for donation at any time during the process and that he or she understands this right
   b. Option of being evaluated at another recovery hospital if donor is refused as a candidate
7. The fact that if a transplant is not provided in a Medicare-approved transplant center it could affect the transplant beneficiary's ability to have his or her immunosuppressive drugs paid for under Medicare Part B.

8. Confidentiality
    a. Any communication between the potential living donor and the transplant center shall remain confidential, subject to authorized release under certain circumstances (e.g. reporting donor information to OPTN)

III. LIVING KIDNEY DONOR SELECTION PROCESS

A. The prospective living donor shall undergo a comprehensive selection process with the transplant multidisciplinary team that is consistent with the general principles of medical ethics.

B. The potential living donor shall receive initial screening, education, and evaluation prior to approval for donation, which shall be documented in the donor's electronic medical record by:
1. Transplant Nurse Coordinator
2. ILDA
3. Social Worker (with a Masters of Social Work (MSW) or a Licensed Clinical Social Worker (LCSW))
4. Independent Nephrologist
5. Living Donor Surgeon
6. Financial Coordinator
7. Nutrition Services
    a. Nutrition services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation.
8. Pharmacology
    a. Pharmacology services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation

C. The living donor evaluation, both medical and psychosocial, shall be completely independent of the recipient. Neither the recipient, nor anyone with vested interest in the recipient's transplant, shall be present during the living donor's confidential evaluation process

D. The Selection Committee members as a consensus, shall approve, deny or request more clinical testing of the potential kidney living donor per the institute's donor selection criteria. The committee shall be comprised of, but is not limited to, the following individuals with the appropriate qualifications, training, and experience:
1. Living Donor Surgeon(s)
2. Independent Nephrologist(s)
3. Transplant Nurse Coordinator

4. Social Worker
5. HLA/Immunology representative
6. ILDA
7. Nutrition Services
8. Pharmacology

E. After initial screening, education, and evaluation of the potential living kidney donor, the Transplant Nurse Coordinator shall present the donor to the Selection Committee at which time the Selection Committee shall decide to:
   1. Approve for donation: living donor and recipient shall be informed of approval, written and/or oral, within 10 business days of presentation at the Selection Committee
   2. Deny donation due to medical and/or psychosocial reasons: living donor and recipient shall be informed of denial, written and/or oral, within 10 business days of presentation at the Selection Committee
   3. Request further testing: living donor shall be informed of needed test(s), written and/or oral, within 10 business days of presentation at the Selection Committee
      a. When further testing is requested by the Selection Committee, further testing will be completed and the clinical information will be documented in the patient's electronic medical record. The living donor will then be brought back to the Selection Committee for approval or denial

F. Once the potential kidney living donor has been approved, the Transplant Nurse Coordinator and/or Transplant Patient Assistant shall arrange donor surgery and recipient transplant per established living donor process.

IV. ALTRUISTIC LIVING KIDNEY DONOR SELECTION PROCESS

A. The prospective altruistic living kidney donor consents to donate his/her kidney to someone unrelated/unknown to them and makes his/her donation out of selfless motives. The altruistic living donor shall undergo a comprehensive evaluation process with the transplant multidisciplinary team that is consistent with the general principles of medical ethics.

B. The prospective altruistic living kidney donor shall receive initial screening, education, and evaluation by:
   1. Transplant Nurse Coordinator
   2. ILDA
   3. Social Worker (with a Masters of Social Work (MSW) or a Licensed Clinical Social Worker (LCSW))
   4. Independent Nephrologist
   5. Living Donor Surgeon
   6. Financial Coordinator

7. Nutrition Services
    a. Nutrition services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation.
8. Pharmacology
    b. Pharmacology services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation

C. The living donor evaluation, both medical and psychosocial, shall be completely independent of the recipient. Neither the recipient, nor anyone with vested interest in the recipient's transplant, shall be present during the living donor's confidential evaluation process

D. Altruistic donors must be evaluated and cleared by psychiatry

E. The Selection Committee members as a consensus, shall approve, deny or request more clinical testing of the potential living kidney donor per the institute's donor selection criteria. The committee shall be comprised of, but is not limited to, the following individuals with the appropriate qualifications, training, and experience:

1. Living Donor Surgeon(s)
2. Independent Nephrologist(s)
3. Transplant Nurse Coordinator
4. Social Worker
5. HLA/Immunology Representative
6. ILDA
7. Nutrition Services
8. Pharmacology

F. After initial education, evaluation, and screening of the potential living kidney donor, the Transplant Nurse Coordinator shall present the donor to the Selection Committee at which time the Selection Committee shall decide to:

1. Approve for donation: living donor shall be informed of approval, written and/or oral, within 10 business days of presentation at the Selection Committee
2. Deny donation due to medical and/or psychosocial reasons: living donor shall be informed of denial, written and/or oral, within 10 business days of presentation at the Selection Committee
3. Request further testing: living donor shall be informed of needed test(s), written and/or oral, within 10 business days of presentation at the Selection Committee
    a. When further testing is requested by the Selection Committee, further testing will be completed and the clinical information will be documented in the patient's

electronic medical record. The living donor will then be brought back to the Selection Committee for approval or denial

G. The selection process for a recipient of an altruistic donor shall be to complete the following, the order of which will be determined by the living kidney donor team:
   i. Consider paired donation
   ii. Perform a UNOS match run from the deceased donor active list
   iii. Perform cross-match on 5-10 candidates from list
   iv. Obtain medical review of candidates' condition in order to optimize longevity of kidney in recipient (consider those with no chronic medical condition, such as diabetes)

H. Once the potential altruistic living kidney donor has been approved, the Transplant Nurse Coordinator and/or Transplant Patient Assistant shall arrange donor surgery and recipient transplant per established living donor process.

V. LIVING DONOR AND LIVING DONOR KIDNEY RECIPIENT ABO VERIFICATION

A. Validation of donor-recipient matches and other vital data before a living donor organ is recovered and transplanted is essential for the safety of the patient and the living donor and to maximize the chances of a successful transplant.

B. Pre Donation:
   1. The potential living kidney donor, upon initial evaluation, shall have blood drawn at the Loma Linda University Medical Center Clinical Lab (or closest laboratory center) to identify ABO blood type and to complete a HLA crossmatch test to confirm tissue compatibility with the transplant recipient. If the test results in a compatible crossmatch, the living donor shall proceed with further testing
   2. The living donor shall have a second ABO typing blood draw to confirm type and compatibility before proceeding with kidney donation surgery
   3. The Transplant Nurse Coordinator shall enter the living donor ABO blood type into the UNet^{SM} system and a second Transplant Nurse Coordinator shall verify the ABO blood type per source documents (lab results). ABO documentation shall be placed in the donor's electronic medical record
   4. A UNOS number shall be obtained prior to surgery date
   5. ABO, demographics, HLA crossmatch, and UNOS ID shall be sent to the Operating Room to use for verification purposes
   6. Organ laterality shall be verified by reviewing surgical consult, committee discussion, and/or UNet^{SM} documentation

C. Organ Recovery:

1. After the living donor arrives to the Operating Room and *prior* to induction of anesthesia, it shall be the responsibility of the Living Donor Surgeon and another licensed healthcare professional (Operating Room Nurse):
    a. To verify the organ being recovered is from the correct living donor and will be transplanted into the correct intended recipient identified by comparing date of birth (DOB), respective names, and UNOS ID
    b. To perform and document crosscheck confirmation of the donor's ABO blood type with the ABO blood type of the intended recipient, by comparing hospital ABO blood type records. Confirmation shall be documented on the *ABO Verification & Transplant Ischemic Data Record*

D. Organ Receipt:

1. Check-in (when applicable)
    a. Organ check-in is required any time a living donor kidney is recovered outside the facility where the transplant will take place
    b. Organ check-in must be completed upon arrival to the Operating Room prior to opening the organ's external transport container
    c. The Operating Room Nurse (Charge Nurse or Circulating Nurse) must use the OPTN external organ label to confirm that the label contains the expected:
        i. Donor ID
        ii. Organ type and laterality
    d. Organ check-in documented in Operating Room log
    e. If the donor ID, organ type or laterality label information conflicts with the expected information, than the Operating Room Charge Nurse or Circulating Nurse will immediately notify the surgeon and Transplant Nurse Coordinator on-call
        i. Transplant Nurse Coordinator is responsible for notifying:
            1) The transplant administrator(s)
            2) The host OPO as soon as possible, but within one hour, of the determination
2. ABO Verification:
    After the living donor kidney and transplant recipient arrive to the recipient Operating Room and *prior* to anastomosis of the living donor kidney, it shall be the responsibility of the transplanting surgeon and another licensed healthcare professional (Operating Room Nurse):
    a. To verify the organ received from the living donor is for the intended recipient identified by comparing date of birth (DOB), respective names, and UNOS ID
    b. To perform and document crosscheck verification of the donor's ABO blood type with the ABO blood type of the intended recipient by comparing hospital

ABO blood type records. Confirmation shall be documented on the *ABO Verification & Transplant Ischemic Data Record*

c. To confirm that the laterality of the organ received is correct
d. To confirm HLA crossmatch results acceptability with the surgeon
e. In the instance the operation has already begun while awaiting the arrival of the organ, it shall be the responsibility of two licensed healthcare professionals (Operating Room Nurse(s)/Transplant Surgeon) to complete the *Pre-Transplant Verification* form. Upon organ arrival, it shall be the responsibility of the Transplant Surgeon to visually verify the donor and recipient information listed above and the responsibility of the licensed healthcare professional (Operating Room Nurse) to document visual verification. The Transplant Surgeon shall verify accuracy of documentation with a signature on the *ABO Verification & Transplant Ischemic Data Record* attesting to the fact that the verifications were made visually prior to transplant
f. In the event of a discrepancy found during the donor-recipient verification process, the licensed health care professional (Operating Room Nurse), shall:
    1. Immediately notify the Transplant Surgeon and Transplant Nurse Coordinator on-call
        i. Transplant Nurse Coordinator is responsible for notifying the transplant administrator(s)
    2. Allow the organ to remain in the operating room until discrepancy is resolved
    3. Transplant Surgeon will make the final decision whether to proceed with the transplant

VI. LIVING KIDNEY DONOR POST-DONATION FOLLOW-UP

A. It shall be the responsibility of the multidisciplinary team to evaluate the patient during the donation and discharge-planning phases of donation and to coordinate the discharge plan for each donor. Involvement in care by members of the multidisciplinary team will be documented in the patient's electronic medical record as applicable

B. The living donor multidisciplinary team shall be composed of, but is not limited to, representatives from the following disciplines with the appropriate qualifications, training, and experience:
    1. Living Donor Surgeon
    2. Independent Nephrologist
    3. Transplant Nurse Coordinator
    4. Nutrition Services
    5. Social Services
    6. Pharmacology

7. ILDA
8. Nursing

C. The living donor's post-discharge plan may include, but is not limited to the following:
1. Follow-up appointment(s)
2. Contact numbers of transplant program staff that should be contacted for questions
3. Clinical signs and symptoms, specifically indicative of a potential complication from donation that would necessitate a call to the doctor
4. Nutrition plan (as applicable)
5. A patient specific psychosocial plan as applicable (e.g. post-donation adjustment)
6. Activity restrictions and limitations (e.g. driving after taking pain medications)
7. Assessment of need for other health services (e.g. physical, occupational, or speech therapies, home care, and assistance in securing these health services)
8. Medication and administration as applicable (e.g. donor's schedule for taking medication and the process to obtain the medication)
9. Assistance required to access local medical care, equipment, and/or support as applicable
10. Encourage follow-up with primary care physician for long term health maintenance

D. Upon discharge:
1. The living donor shall have post-donation follow up visits at:
    a. 1, 6, 12, and 24 month(s) for testing (e.g. blood pressure, weight, serum creatinine, and urine protein)
    b. The discretion of the living donor team

E. Optimize adherence of donor follow-up regimen by:
1. Discussing long term follow-up plan prior to donation, during the evaluation phase
2. Reinforcing the discharge plan at time of scheduling donation surgery
3. Discussing with the donor the necessary communication between the living kidney donor team and the primary care physician to plan follow-up visits
4. Send reminder letter one month prior to follow-up visits
5. Call living kidney donor to follow-up on scheduled appointment

VII. INDEPENDENT LIVING DONOR ADVOCATE

A. The ILDA functions independently from the recipient's transplant team and is not involved in the decision making process of the recipient's transplant suitability.

B. Team composition
1. ILDA

C. Qualifications and training

1. Basic knowledge of living donation, transplantation, medical ethics, informed consent, and potential impact of family or other external pressures on donor's decision to donate
2. Review of ILDA training manual
3. Attendance to national living donor conferences

D. Duties/Responsibilities

1. Conduct initial evaluations, inpatient visit post-donation, and additional visits as needed
2. Function independently from recipient's transplant team
3. No involvement in the recipient's evaluation
4. Protect and promote/advocate the interests of the living donor
5. Discuss with living donor and document in the patient's electronic medical record, the topics described below, including but not limited to:
    a. Emotional/psychological aspects of living donation
    b. Any family or external pressures that impact the potential LD's decision about whether to donate
    c. The potential LD's current medical history and its implications for the suitability of the potential LD, and possible long-term clinical implications of the organ donation
    d. The living organ donation process
    e. Financial aspects of living donation
    f. Various options for the transplant recipient other than an organ donation from the LD
    g. The required areas of informed consent for the potential LD
6. Evaluate donor's understanding of donor process through discussion.
7. Assist donor in obtaining additional information or clarification regarding any aspect of the donor process that is unclear
8. Evaluate through discussion whether the donor's desire to donate is free from coercion or monetary gain
9. Ensure donor's understanding of their right to withdraw from donation at any time in the process

E. Grievance process

1. The ILDA shall contact the Patient Relations department to file grievances
2. The Patient Relations department shall then follow their internal processes for addressing grievances.

INITIATOR OF ACTION	ACTION
Financial Coordinator	

1. Ensures donor is educated and aware of possible insurance/financial risks after donation
2. Thorough financial counseling regarding financial coverage of donation through Kidney Acquisition Cost Center (KACC) funds
3. Financial obligations the living donor may incur for future health problems not covered by recipient's insurance
4. Understanding personal expenses of travel, housing, and lost wages are not reimbursed
5. Understanding of potential impact on ability to obtain future employment
6. Understanding of potential impact on ability to obtain health, disability, and life insurance
7. Financial responsibilities resulting from the living donation as well as post-donation expenses. This includes the potential for out-of-pocket costs if the donor has complications from the surgery, needs medication following discharge, or is expected to undergo follow-up testing or a physical examination so that the center can report the donor's status to the OPTN

Independent Living Donor Advocate

1. Ensures donor is aware of rights and risks/benefits
2. Ensures donor understands that risks may be transient or permanent
3. Addresses any concerns with the living donor team
4. Evaluates the living donor for candidacy and post-donation medical well-being
5. Champion for donor, addresses donor questions/concerns with Selection Committee
6. Meets independently from the recipient's transplant team with donor
7. Emphasize donor's education regarding the donation process
8. Present donor concerns/questions to Selection Committee as needed
9. Provides input for donor candidacy at Selection Committee

10. Conduct initial evaluations, inpatient visit post-donation, and additional visits as needed
11. Protect and promote/advocate the interests of the living donor
12. Discuss the informed consent process, evaluation process, surgical procedure, medical and psychosocial risks, and benefit and need of required post-donation follow-up (at 6, 12, and 24 months).
13. Evaluate donor's understanding of the donation process through discussion.
14. Evaluate donor's desire to donate is free from coercion, inducement, or monetary gain.
15. Discusses potential impact of family or other external pressure to donate
16. Ensure donor understands their right to withdraw from donation at any time in the process.

Independent Nephrologist

1. Nephrologist who has not been involved with recipient evaluation
2. Performs a comprehensive history and physical examination on living donor
3. Participates in Selection Committee
4. Educate/inform patient regarding the evaluation process, risks/benefits to surgery, surgical procedure, center outcomes, and patient rights

Living Donor Physician

1. Living Donor Surgeon or Independent Nephrologist

Living Donor Surgeon

1. Performs living donor surgery
2. Participates in living donor selection process/Selection Committee
2. Evaluates donor in clinic
3. Emphasize donor education regarding the donation process
4. Performs comprehensive history and physical examination of donor

5. Evaluates donor's desire to donate is free from coercion, inducement, or monetary gain
6. Provides input regarding donor candidacy during Selection Committee
7. Verify recipient and donor ABO compatibility, UNOS ID, date of birth, and other patient identifiers before recovering and/or transplanting the donor organ. Document verification on the *ABO Verification and Transplant Ischemic Data Form*
8. Discharge patient from inpatient stay
9. Sees patient in clinic
10. Adjusts medications as needed

Operating Room Nurse

1. Verify ABO compatibility by comparing recipient ABO lab draw and ABO on donor records; verbal confirmation with both recipient and donor; UNOS number; as well as verifying Date of Birth before transplanting and/or recovering the organ
2. Document verification on the *ABO Verification and Transplant Ischemic Data Form*

Pharmacist

1. Reviews donor medications during evaluation phase
2. Participates in Selection Committee
3. Reviews discharge medications with patient as needed.

Registered Dietitian

1. Conducts nutritional counseling regarding diet restrictions and healthy eating habits during evaluation and as needed thereafter
2. Dietetic consultation
3. Educate/outline nutrition plan

Selection Committee

1. Approve for donation, deny or request additional testing

Social Worker

1. Conduct donor evaluation independent of recipient
2. Ensures donor is aware of rights, risks/benefits
3. Addresses donor questions/concerns with Selection Committee members
4. Emphasize education regarding the evaluation process, risks/benefits, center outcomes, and patient rights
5. Meets independently with donor
6. Give input for donor candidacy at Selection Committee
7. Evaluates donor's social, personal, housing, vocational, financial, and environmental support throughout all phases of donation
8. Assesses the living donor's ability to make an informed decision and that their decision to donate is free from inducement, coercion, or undue pressure
9. Assesses the donor's ability to cope with major surgery and related stress
10. Evaluates any psychosocial issues, including mental health history that might complicate the living donor's recovery
11. Evaluates donor's history of smoking, alcohol, and drug use/abuse
12. Evaluates the presence of behaviors that may increase risk for disease transmission as defined by the *U.S. Public Health Service (PHS) Guideline*
13. Discusses with the donor the short and long-term medical and psychosocial risks for both the donor and the recipient associated with living donation
14. Identifies factors that warrant educational or therapeutic intervention prior to the final donation decision
15. Refers donor to a mental health professional if donor is in need of more extensive evaluation

Transplant Nurse Coordinator

1. Ensures the continuity of patient care throughout all phases of donation

2. Emphasize education regarding the evaluation process, risks/benefits, center outcomes, and patient rights
3. Reviews and verifies donor history and physical questionnaire
4. Initiate living donor education
5. Order ABO blood typing
6. Present donor to Selection Committee
7. Register patient with UNOS
8. Coordinate living donor testing/surgery date
9. Obtain ABO blood type from donor via two separate source documents and have a second licensed healthcare professional verify ABO was entered correctly on the Living Donor Feedback Form. Place documentation in the living donor's electronic medical record
10. Requests crossmatch and reviews results with physician to determine compatibility
11. Reinforce post-donation education
12. Coordinates post-donation clinic visits
13. Forwards donor requests for referrals for other health care services to patient's primary care physician for follow-up
14. Triages patient calls

Transplant Patient Assistant

1. Transplant Nurse Coordinator with tests/consultation(s) scheduling and patient contact as needed

Transplant Surgeon

1. Performs transplant surgery and surgical services related to transplant
2. Takes organ offer call
3. Verify ABO compatibility by comparing recipient ABO and donor ABO from donor records before transplanting the organ
4. Verify OPTN (UNOS) donor ID and HLA crossmatch are acceptable
5. Document verification on *ABO Verification & Transplant Ischemic Data Record*

Unit Nurse

1. Conduct post-donation education

2. Make note of any patient requests for need of other services
3. Reviews discharge medications with patient as needed

APPROVED: Dalton Baldwin, Judy Evans, Michael de Vera, Nancy Allen, Rafael Villicana, Trevor Wright