LOMA LINDA UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	PROFESSIONAL PRACTICE	**CODE:**	Q-25
		EFFECTIVE:	08/2019
SUBJECT:	ORGAN/TISSUE DONATION AFTER CARDIAC DEATH	**REPLACES:**	05/2018
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Philosophy: Loma Linda University Medical Center (LLUMC) is dedicated to serving humanity by providing the opportunity and necessary avenues through which organ donation and transplantation can be made possible.

At LLUMC it is the belief that the procedures surrounding the procurement of organs/tissues should be conducted in a manner that is both sensitive to and supportive of the donor family's grieving process, as well as to the needs of the recipient family. Essential to putting that belief into action is the emphasis that patients are not being removed from life-sustaining equipment in order to donate organs. Information about the option of donations is given only after families have independently, or in conjunction with the patients' attending physicians, chosen to withdraw life-sustaining therapy, regardless of donation outcome.

This policy is driven by the desire of the next-of-kin to donate organs in cases where the patient has a non-recoverable illness or injury that has caused neurological devastation and/or other system failure, resulting in ventilator dependency.

Definitions
Legal next of kin: The following categories of persons in order of priority:

a. The attorney-in-fact under a valid durable power of attorney that expressly authorizes the attorney-in-fact to make an anatomical gift of all or part of the principal's body or pacemaker
b. The spouse or registered domestic partner of the potential donor
c. Adult sons and/or daughters of the potential donor
d. Parents of the potential donor
e. Adult brothers and/or sisters of the potential donor
f. Adult grandchildren of the decedent
g. Grandparents of the potential donor
h. An adult who exhibited special care and concern for the decedent during the decedent's lifetime.
i. A guardian or conservator of the person of the potential donor at the time of death
j. Any other person authorized or under obligation to dispose of the body.

NOTE: In situations in which there is more than one person within the highest available approval category making the decision to donate organs and/or tissues, all must agree to the donation or consent cannot be given.

Consent: Authorization for donation after cardiac death according to Policy Patient Consent (P-2) or Authorization for Treatment of Minors who Lack Capacity to Consent (M-100).

Donation after Cardiac Death (DCD): The surgical recovery of organs/tissues after the pronouncement of death based on the cessation of cardio-respiratory function.

A. CRITERIA FOR DONOR ELIGIBILITY:

1. In the opinion of the attending physician, the patient has sustained a devastating, irreversible neurological injury that does not meet the strict criteria for brain death and/or has sustained other system failure resulting in respiratory dependency, and

2. The legal next of kin, in conjunction with the medical staff, has made the decision to withdraw life support, and

3. The physician's opinion is that cardio-respiratory death will likely occur within one hour following the withdrawal of life support, and

4. The patient is a current inpatient at LLUMC, or

5. A patient at another facility may be accepted by an LLUMC attending physician for consideration of DCD subject to meeting the following conditions before transfer occurs:

   5.1 The patient meets criteria 1, 2, and 3 above

   5.2 The patient has been evaluated and deemed a suitable candidate for consideration of DCD by an organ procurement organization (OPO) representative and an LLUMC physician familiar with the concept of organ procurement after cardiac death

   5.3 An appropriate intensive care unit (ICU) bed, nurse, and physician are available to care for the patient at the University Hospital (UH).

   5.4 A licensed physician is available to accompany the patient to the operating room, discontinue life support, and pronounce death (see provisions in C.2 below)

5.5 A transplant surgeon and staffed operating room (OR) are available to support the organ procurement procedure

5.6 Informed consent has been obtained from the legal next of kin for transfer to UH for the purpose of organ donation.

5.7 The attending physician or other appropriate individual will obtain agreement from the next of kin; if this consent is withdrawn, the patient will be transferred back to the sending facility with the OPO to bear the transportation costs.

B. PATIENT FROM NON-LLUMC FACILITY:

1. Shall not be accepted for direct transfer from the sending facility to the operating room. The patient shall first be admitted to an appropriate ICU in order to:

   1.1 Assess the patient’s condition after transport, and

   1.2 Allow for meeting and establishment of rapport with the family

2. Shall be a direct admit, and not sent through the LLUMC Emergency Department, except when there is an unexpected change in the patient’s condition during transport and the patient requires the immediate services of an Emergency Physician.

3. The mode of transport appropriate for the patient (from the sending facility to LLUMC) shall be decided upon jointly by the sending physician, the accepting physician, and the OPO representative.

4. These transfers shall be on an “elective” basis in coordination with the ICU staff, Transfer Center, Transplant Surgery, and the Operating Room.

C. LLUMC STAFF AND PHYSICIAN RESPONSIBILITIES FOR TRANSPLANT PROCESS:

1. Patients for whom withdrawal of life support has either been decided, or is considered an appropriate option, shall be identified as potential organ/tissue donors. This may be done through any of the following:

   1.1 The patient's documented decision, e.g., California Donor Registry
   1.2 The patient’s advance directive
   1.3 The family’s wishes as communicated to the health care team
   1.4 Identification by the patient’s attending physician
   1.5 Any other member of the health care team, who will communicate this information to the patient’s attending physician

2. The patient's attending physician/designee shall continue the medical management of the patient prior to withdrawal of life support, including the entering of all orders.

3. The patient's attending physician shall discuss the patient's grave condition with the legal next of kin and offer the option of withdrawal of life support.

4. Following the decision for withdrawal of life support, the patient's attending physician/designee shall make the referral to the OPO.

5. A collaborative meeting between an OPO representative and the LLUMC care team shall be held to discuss family understanding of the patient's medical condition, to identify cultural, social, and spiritual needs, and to decide upon a method of approach regarding organ/tissue donation that will be discreet and sensitive to family needs.

   NOTE: Referral of a potential donor does not constitute any commitment on the part of the referring physician, LLUMC, or the donor family. If the donor family clearly states that they do not wish to donate organs and do not wish to be approached by OPO personnel, those wishes will be honored.

6. An employee of LLUMC and/or a member of the medical staff shall be available to the potential donor's family throughout the process of discussion, consent, and withdrawal of life support. This may, for example, be a nurse, social worker, physician, chaplain, etc.

7. LLUMC staff shall allow family members adequate time to "say goodbye" in order to facilitate the grieving process (reference appropriate Patient Care Protocols). Upon request, up to two family members shall be permitted to accompany the patient to the OR.

8. The physician and staff shall follow established procedures for withdrawal of life support.

9. The patient's attending physician/designee shall continue all medical management of the patient.

   9.1 This includes medications for patient comfort, through the process of withdrawing life support and until the patient's death is pronounced.

   9.2 After obtaining informed consent from the next of kin, the attending physician/designee may order medications of unknown benefit to the patient but of known benefit for organ preservation. Such medications may include a non-standard dose of IV heparin 300 Units/Kg, up to 30,000 units.

10. Prior to the patient's transfer to the OR, the following shall take place:

10.1 The unit staff shall reserve the patient's bed or another suitable bed for the patient until death has been confirmed. It need not be an ICU bed as long as appropriate end of life care can be given.

10.2 A plan will be developed to notify the patient's family in the event that death does not occur.

11. The patient's attending physician or designee shall pronounce death according to established procedures and only after five minutes of asystole or sustained ventricular fibrillation, or five minutes of pulseless electrical activity with the patient being apneic and unresponsive. He or she shall record the date and time from a pre-designated time piece in the patient's medical record.

    NOTE: The physician who pronounces death cannot be one associated with surgical recovery or transplantation of organs/tissues.

12. The physician who pronounces death shall sign the death certificate.

13. The patient's attending physician or a licensed physician in a critical care fellowship shall continue medical management of the patient if death does not occur within the established time frame (60 minutes) following withdrawal from life support. He or she shall make the determination of patient placement.

D. RESPONSIBILITIES OF THE OPO:

NOTE: It is the responsibility of the attending physician to ensure that the OPO has accomplished the following tasks:

1. Evaluate the patient with the medical staff to determine suitability as an organ/tissue donor and make the final determination of suitability.

2. Confirm that the patient or legal next of kin has made the decision to withdraw life support.

3. Obtain coroner/medical examiner approval to proceed in jurisdictional cases and ensure that any restrictions imposed by the coroner are honored.

4. Collaborate with the patient's attending physician for medical management of the patient prior to and during the withdrawal of life support and with the organ recovery team after death is pronounced. Under no circumstances shall this involve the writing of orders or altering the management of symptoms that occur after treatment has been withdrawn. Palliative/comfort care shall remain the responsibility of the attending physician.

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5. After the decision has been made to withdraw life support, approach the legal next of kin with the option of organ/tissue donation and discussing the following:

    5.1 Option of being in attendance when life support is withdrawn
    5.2 Comfort measures that will be provided to the patient
    5.3 Surgical recovery of organs/tissues
    5.4 Expenses borne by the OPO
    5.5 Coroner involvement, if any
    5.6 The possibility that the patient will not die within the established time frame after removal from life support, precluding recovery of organs for transplantation.

    NOTE: A separate agreement with the OPO describes the OPO's financial obligations related to the organ recovery process.

6. If the decision is made to donate organs/tissues, communicate with the legal next of kin and donor family regarding:

    6.1 Serologies

    6.2 Medications necessary to protect organ viability

7. Verify the medical/social history of the patient from the legal next of kin/donor family.

8. Obtain consent or refusal from the legal next of kin (reference par. 4) and, if indicated, from the coroner.

9. Notify the physician and legal next of kin/donor family of donor unsuitability, if such is the case.

10. Verify that the OR staff, surgical recovery team, and physician who has agreed to pronounce death are on site prior to patient transfer to the OR.

    NOTE: The physician pronouncing death can not be associated in any way with the recovery or transplant of the organs.

E. CONSENT REQUIREMENTS:

1. An individual who has signed up on the California Donor Registry has consented to Organ and Tissue donation upon their death; however, consent shall be obtained from the legal next of kin when there has been an express, contrary indication to donation made by the donor.

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2. Consent for donation shall be obtained by an OPO representative.

3. The consent form shall be included as a permanent part of the patient's medical record.

4. An LLUMC nurse, social worker, or a physician who has no involvement in the organ/tissue transplant process shall be available during the discussion and consent process (reference par. 2.6). Physicians shall not sign as witnesses for consent.

5. An anatomical gift by a person authorized as legal next of kin may be revoked by a person in the same or higher priority category (see definition above) if, before procedures have begun for the removal of a part from the body of the decedent, the physician, surgeon, or technician removing the part knows of the revocation.

F. OTHER:

1. Release from the coroner shall be required in all coroners' cases prior to organ procurement, even if the legal next of kin has given consent to procurement.

2. All potential organ/tissue donor referral activities shall be reviewed biannually at the LLUMC Organ Procurement Committee, or more frequently when necessary, to address identified issues.

Reference CHA chart Consent for Medical Treatment of Adults

Related Policy:
Transplant involving patients deceased by neurologic criteria addressed in Organ/Tissue Donation From Patients Determined Deceased By Neurologic Criteria (Q-10)

APPROVERS: Hospital Executive Leadership, LLUMC Board, LLUMC Chief Executive Officer, LLUMC Ethics Committee, LLUMC Medical Staff President and Chair of MSEC, Senior VP, Patient Care Services

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ADMINISTRATIVE PROCEDURE

CATEGORY:	PROFESSIONAL PRACTICE	**CODE:**	Q-25.A
		EFFECTIVE:	08/2019
SUBJECT:	ORGAN/TISSUE DONATION AFTER CARDIAC DEATH	**REPLACES:**	05/2018
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INITIATOR OF ACTION	ACTION
	ON THE PATIENT CARE UNIT, FOLLOWING FAMILY'S DECISION TO WITHDRAW LIFE SUPPORT:
Nurse/Physician	1. Identifies potential DCD according to established criteria.
	2. Notifies OPO to evaluate patient to determine suitability for donation.
	3. Ensures that all requirements of Policy Q-25 have been met.
Nurse	4. Obtains information for OPO coordinator to make call to coroner.
OPO	5. Meets with family to give information, answer questions, etc., according to established guidelines [including any transfer of the body to an off-site facility for tissue (NOT organ) recovery]. If family wishes to donate, obtains consent.
	NOTE: A nurse or other appropriate LLUMC employee is available during the discussion and consent processes.
	NOTE: If tissue recovery will be done at an off-site facility, authorization for moving the body will be included.
	6. Notifies the coroner of plans to transplant organs/tissue and supplies required information.
	7. Notifies OR to arrange time for procedure and to ensure presence of scrub nurse and circulating nurse.

INITIATOR OF ACTION	ACTION
	Note: Anesthesiologist is notified, but not required to be present
	8. Ensures that physician who will pronounce death will be present in OR (if not to be done in patient's room).
Unit Staff	9. Arranges for appropriate bed in the event that the patient does not die. (Does not need to be an ICU bed.)
Nurse	10. Allows family time to say goodbyes.
	11. Gives all patient belongings to family.
Social Worker	12. Provides support to the family in the ICU, accompanies up to 2 family members to the OR if the family wants to be present during withdrawal of life support in the OR.
OPO	13. Ensures that OR team is in place prior to transfer of patient.
	<u>HONOR WALK</u>
OPO	14. Asks the patient's family/representative if they would like an Honor Walk
	14.1 If an Honor Walk is desired, implement procedure in attachment Q-25.B
Nurse, Physician, Respiratory Care Practitioner	15. Place patient on appropriate monitors and supporting equipment, transport patient and medical record to OR.
	NOTE: If death is pronounced in the patient's room, Dispatch is called and requested to use elevator key to obtain an empty elevator for immediate patient transport. Process of transport is done as quickly as possible.
	IN THE OPERATING ROOM:
OR Staff	16. Set up the OR as for any organ recovery procedure.
Physician	17. Discontinues life support, monitors patient, and

INITIATOR OF ACTION	ACTION
	pronounces death according to established criteria (if not done previously).
OR Staff	18. Document specific sequence of events to include time of extubation, time of death and time of first incision using pre-designated time piece, as well as identify those individuals involved.
Organ Recovery Team	19. Begin organ recovery as soon as pronouncement of death is recorded in the patient's medical record by the attending physician or designee.
OPO	20. Verifies that a death note signed by a licensed physician is in the patient's chart.
	AFTER ORGAN PROCUREMENT
OPO	21. Arranges with designated tissue teams for tissue recovery. Delays transfer of body until Tissue Procurement Coordinator has coordinated the recovery of tissue(s) in OR with OR staff.
	22. Arranges for another space in hospital if OR is not available for tissue recovery.
	22.1 In some instances, the tissue recovery will be done at an off-site facility (see below)
	FOLLOWING ORGAN/TISSUE PROCUREMENT AT LLUMC
OPO	23. Notifies HIM decedent affairs death clerk that procurement is completed.
OPO/Unit Staff	24. Notifies mortuary/coroner to transfer the body.
OPO	25. Sends operating reports to HIM to be placed in donor's chart.
	26. Sends copy of authorization and death notification receipt to HIM to be placed in donor's chart.
	TISSUE PROCUREMENT AT OFF-SITE FACILITY

INITIATOR OF ACTION	ACTION
OPO	27. Notifies Hospital Staff and patient family/representative that the body will be discharged
	28. Obtains/confirms authorization to discharge the body to the off-site facility for the purpose of tissue recovery
	28.1 Obtains coroner clearance if necessary for discharge
	29. Contacts Decedent Affairs to inform HIM that the decedent will be removed from the facility for tissue recovery, and to request copy of medical record
Unit/OR Staff	30. Signs release for removal of body
Dispatch	31. Transports body to the morgue
OPO	NOTE: The OPO may transport the body directly rather than after Dispatch first takes it to the morgue.
	32. Signs release form
	32.1 Copy of release form will be provided to the OPO, original will be sent to HIM or left with Dispatch when the body is retrieved (Dispatch to then send the form to HIM).
	33. Transports the body to the off-site location for procurement.
HIM	34. Scans the form into the medical record
	Reference Policy Deceased Patient Management (M-27)
	IF THE DONOR PATIENT DOES NOT DIE WITHIN 60 MINUTES:
Organ Recovery Team	35. Makes decision to abandon recovery of organs.
Physician	36. Orders protamine sulfate, if he or she deems appropriate, to reverse side effects of any Heparin given.
	37. Transfers patient to pre-arranged bed and writes orders for care of the patient.

INITIATOR OF ACTION	ACTION
	38. Notifies family that death did not occur and directs them to the patient's location.

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ADMINISTRATIVE PROCEDURE

CATEGORY:	PROFESSIONAL PRACTICE	**CODE:**	Q-25.B
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SUBJECT:	HONOR WALK	**REPLACES:**	- - -
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INITIATOR OF ACTION	ACTION
Procurement Transplant Coordinator	1. Learns from the family if they would like an honor walk
	2. Arranges OR time and notifies Unit Secretary/Unit Staff of the time and family decision
Unit Secretary/Unit Staff	3. Contacts: 3.1 Nurse Manager/House Supervisor 3.2 Chaplain 3.3 Child Life Specialist (if there are children under the age of 18 involved) 3.4 Security 3.5 Senior Resident (ask SR to notify attending and other residents 3.6 Lead Respiratory Therapist
Chaplain	4. Meets with the family and asks if they would like to have a prayer together at the elevator at the end of the Honor Walk 4.1 Contacts Social Work if the family does not want to interact with the Chaplain/have spiritual care
Unit Secretary/Unit Staff	5. Day shift: Calls Operator Services 15 minutes before the Honor Walk will begin.

INITIATOR OF ACTION	ACTION
	5.1 Night Shift: Calls adjoining units to let them know about the pending Honor Walk.
Operator Services	6. Day Shift: Plays the designated audio file and makes the overhead announcement: "Honor Walk, Unit _____ in 15 minutes. Unit ____."
Hospital Staff	7. Line up along the hall from the patient's room to the OR elevator
Chaplain/Social Work	8. 15 minutes after the announcement is made, accompany family, along with any other staff member who is close to the family. Prays with family and those present at the elevators if the family has chosen to do this