## LifeLink Referral Form 1 (800) 643-6667

## Not a part of the permanent medical record. Please remove from chart upon discharge from the critical care unit.

To be completed by	hospital staff :			
<ul> <li>□ No pupillary or c</li> <li>□ No cough /gag</li> <li>□ No spontaneous r</li> <li>□ A neurological ex</li> <li>□ Consult for pallia</li> </ul>	AND rorneal reflex respirations valuation for braitive care has bee	neets any of the following the	1	, ICH)
Date:	Time:	LifeLink Referral #:_	Referred by:	
To be completed by This patient has been		potential organ/tissue dor	nor by:	
(LifeLink Coordinat	or)	(Date)	(Time)	
Next step for hospit	al staff:			
following:   Call LifeLi  The LifeLi	The patient lose If the patient be arrest occurs A neurological Brain death test The family initi A DNR order is Call BEFORE a nk at the time of	es additional brain/ brain stercomes hemodynamically use consultation for brain deathing initiated ates a donation discussion of written OR the family wise any withdrawal occurs. cardiac death for final expansion of the consultation of the family wise any withdrawal occurs.	unstable (ie: SBP below 90, or SaO <sub>2</sub> below 90) or	r cardiac h family)
No call back to LifeLink/ Lions necessary.  See comments on back.  (*This is not a nursing note - communication tool between staff only.)  Not a part of the permanent medical record.				

Please remove from chart upon discharge and place in Jackie Jordan's Data Box

## Additional Communication Between Nursing & LifeLink Staff \*Not a nursing note. This is a communication tool for staff only.

Date/Time	Notes