

## 15. Donation after Circulatory Death

It is the policy of Gift of Hope to recover organs from suitable candidates who do not meet brain death criteria, but who experience circulatory death upon the termination of life-sustaining medical treatment/support. Circulatory death is defined as irreversible cessation of circulatory and respiratory function.

To facilitate vital organ recovery, the patient must be maintained on a ventilator, have a functional arterial line and be hemodynamically supported for organ perfusion until the withdrawal of life-sustaining medical treatment/support occurs.

### Responsibilities

**Patient, family or legal guardian in consultation with the primary care physician** – Makes the decision to withdraw medical treatment/support

**Gift of Hope Medical Director or designee/Administrator-on-Call (AOC)** – Determines the suitability of a potential donor for DCD.

**AOC** – Supervises all phases of the donation process.

**Gift of Hope staff** – Coordinates all functions related to donation, including, but not limited to, the following:

- Obtains authorization from the legal next-of-kin
- Conducts medical and social screening
- Allocates available organs
- Collaborates with patient's physician regarding medical management
- Obtains authorization for release of organs/tissues from Medical Examiner/coroner, as applicable
- Supports the donor family throughout the process
- Provides all relevant information and timely updates to the respective recovery teams

**Patient's physician or his/her designee** – Responsible for the following:

- Medical management of the patient
- Withdrawal of life-sustaining medical treatment/support
- Ordering/administering comfort care measures
- Determination of death
- Administer anti-coagulant at the time of extubation
- Intra-op re-intubation and ventilator support (lung donors)

**Transplant Center staff** – Responsible for the following:

- Reviewing donor data posted in DonorNet

- Making timely decisions on organ offers
- Arriving at donor hospital on time
- Participating in the PCC prior to extubation
- Complying with Gift of Hope and hospital policies regarding their exclusion from donor management, patient extubation and determination of death

Gift of Hope will evaluate all potential organ donors to determine eligibility for donation after circulatory death. The following are the minimal criteria that must be met for a patient to be considered for donation after circulatory death as determined by the Gift of Hope Medical Director (or designee) and/or the AOC:

- 65 years of age or younger; and
- Dependent on ventilator or other mechanical support for survival; and
- Identity is known.

### Authorization

1. Gift of Hope will not be involved in making the decision to withdraw life-sustaining medical treatment/support. Prior to authorization, the decision to withdraw medical treatment/support will be made by the patient, family or legal guardian in consultation with the primary care physician according to hospital policy. Documentation of the decision to withdraw treatment will be made according to hospital policy.
2. In collaboration with the patient's health care providers, the designated Gift of Hope staff member will speak with the family or legal guardian to confirm their understanding of the patient's status, confirm the decision to withhold treatment and/or withdraw life-sustaining medical treatment/support and discuss potential options for donation (DCD and potential for DBD).
3. Authorization for donation will be obtained from the family or legal guardian, including the administration of medications, such as an anti-coagulant. The family or legal guardian will be given the option to authorize additional testing to determine brain death, should the patient's neurological condition deteriorate prior to withdrawal of life-sustaining medical treatment/support.
4. The primary care physician or designee will order invasive procedures for the purpose of donor evaluation (such as arterial line insertion, bronchoscopy, etc.), according to hospital policy.
5. Gift of Hope will confirm that patients who are being medically treated and in a conscious mental state have been assessed by the hospital health care team and deemed capable to make medical decisions, including withdrawal of life-sustaining medical treatment/support.

### Coordination and Evaluation

1. A patient care conference (PCC) will be held with the hospital medical care team to discuss roles and responsibilities as defined above.

2. As defined above, medical management will be the responsibility of the primary care physician. This may include medications, laboratory testing, invasive procedures and radiographic studies. The Organ Recovery Coordinator (ORC) will work with the primary care physician to determine treatment options in order to maintain organ perfusion.
3. Information will be shared with and accommodations made for the family or legal guardian at each step of the process, as appropriate. Withdrawal will be coordinated with the medical care team and scheduled according to the family's wishes. If the family wishes to be present at the time of withdrawal, accommodations will be made according to hospital policy.
4. The site of withdrawal will be agreed upon by Gift of Hope, the medical care team and the family. If the agreed upon location is outside hospital policy, special permission will be requested to perform the withdrawal per the family's wishes.

### **Withdrawal and Pronouncement**

1. At the request of the transplant center, as permitted by the family, a bedside bronchoscopy may be performed by the recovery team, for evaluation purposes, prior to withdrawal.
2. If withdrawal will take place in the operating room, recovery personnel may be present to prepare and drape, but will not be present prior to withdrawal. They will remain outside of the operating room until death has been declared.
3. Prior to the withdrawal of life-sustaining medical treatment/support, a time out will be held with Gift of Hope and the hospital medical care team to review the following:
  - Confirm patient identification
  - The process of withdrawing life support
  - Roles and responsibilities
  - Confirm no recovery personnel are present
4. Prior to withdrawal of life-sustaining medical treatment/support, hospital staff will administer 300units/kg via IV push to the donor.
5. Life sustaining medical treatment/support (extubation and the withdrawal of all devices/vasopressors) will be withdrawn by the patient's physician or designee, according to hospital policy. The physician may not be directly associated with the organ recovery personnel.
6. Comfort measures may be provided by the hospital staff, according to hospital protocol. Gift of Hope and recovery personnel will not provide recommendations or guidance regarding comfort care.
7. Gift of Hope staff will be present when withdrawal takes place in order to track and document vital signs and to support the family.
8. Death will be pronounced by the primary care physician or designee, according to hospital policy. The physician may not be directly associated with the organ recovery personnel.

9. The procurement surgery will not proceed prior to the end of the two-minute observation period required for declaration of death.
10. If the patient does not arrest within the designated timeframe as defined in hospital policy, the patient will be returned to a predesignated area. Patient's family will be notified and support provided by Gift of Hope staff.

### **External Guidelines and Standards**

OPTN Policy 2.16, Requirements for Controlled Donation after Circulatory Death (DCD) Protocols

AOPO Standards and Interpretive Guidelines, current edition

CMS OPO Interpretive Guidance, current edition