

## Optimizing Pediatric Neurologically Deceased Donor Care

### PICU Staff

- Caring for a pediatric organ donor patient is rare.
- "Donor physiology and optimizing DNC\* treatment" is not taught as a part of healthcare education.
- Strategies to maximize organ donation potential are unfamiliar to most PICU Care Teams.
- HOWEVER, pediatric critical physiology and treatment of the critically ill child is part of their expertise.

#### Tenets of Critical Care

Utilize aggressive measures to support the patient and save their life. If unable to save their life, allow the opportunity for donation to be considered.

\*DNC - Death by Neurological Criteria

### OPO Staff

- Do not care for many infant and pediatric donors.
- Most staff are educated care providers for adult patients.
- HOWEVER, donor evaluation and management as well as family care are their areas of expertise.
- Need to help hospital staff understand the complicated donor process, unique strategies, and therapies used to optimize donor management.

#### Tenets of Donor Management

Utilize aggressive measures to allow the opportunity for donation and then steward the gift the family wants to give when the survival of their loved one is not possible.

### Opportunities for a Joint Approach in Pediatric Donor Care:

#### 1. Authorization Process

Prior to engaging the family in a donation conversation, it is crucial that the OPO and the patient's physician / hospital care team meet to discuss the plan for introducing the opportunity for organ donation to the family. It is important to recognize that presenting the donation opportunity to the family is not "doing something to the family", rather, it is "offering something to the family" that can bring healing through providing a sense of purpose in their loss and a legacy of their loved one.

#### 2. Clinical Donor Management

The clinical management is about identifying strategies to maintain and optimize organ function despite the damage from the underlying disease, illness or injury and the negative physiologic sequelae of brain death. Reversible organ dysfunction may improve when addressed with aggressive resuscitation and frequent re-evaluation. Maintaining appropriate organ perfusion is vital to allow for maximum recovery of organs and therefore stewardship of the gift. (Find specific donor management resources and parameters for each organ system [here](#).)

<ul style="list-style-type: none"> <li>• <b>Systolic BP:</b> &gt;5<sup>th</sup>%, target 50<sup>th</sup>% for age</li> <li>• <b>CVP:</b> &gt;5 and &lt;10</li> <li>• <b>Urine Output:</b> target 1-4 ml/kg/hr</li> <li>• <b>Temperature:</b> &gt;36 and &lt;37.5°C</li> <li>• <b>Hematocrit:</b> &gt;25 and &lt;35</li> </ul>	<ul style="list-style-type: none"> <li>• <b>PLT:</b> &gt;50,000, &gt;100,000 with active bleeding</li> <li>• <b>PT/PTT/Fib:</b> INR&lt;1.5, Fib &gt;150</li> <li>• <b>pH:</b> &gt;7.30 and &lt;7.45</li> <li>• <b>O2 Sats:</b> &gt;95% on ≤40% FIO<sub>2</sub></li> </ul>
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#### 3. Post-Donation

A joint after action review (AAR) between the OPO and hospital care team to discuss effective processes and lessons learned, as well as to identify opportunities for improvement for future cases, will help with process improvement and helps to keep the lines of communication open. The goal of the AAR should be to continuously evaluate how to ensure the process is as smooth as possible, first and foremost for the family, and secondly for both the hospital care team/physician and OPO team. Also, the OPO will continue to remain in contact with the family and will engage the family in memory-making activities, as well as events to honor the memory of their child long after the gift of donation occurs. The OPO will continue to check in with the family periodically and support the questions the family may have, including the potential for communication with the recipients of their loved one's gifts.

#### Blending Our Expertise

Throughout the entire process the OPO should be asking themselves how well they are keeping the hospital team and physicians involved, and the hospital team should be asking themselves how well they are interacting with the OPO team. A continuum of care must be maintained to ensure the best stewardship of the precious gift the family is making. Collectively, as a medical community, we have a responsibility to perform pediatric donation well and ultimately:

**IT'S ALL ABOUT THE KIDS! THEY NEED TO BE THE CENTER OF OUR JOINT EFFORTS.**



#### Helpful Resources:

A special thanks to Dan Lebovitz MD, Pediatric Intensivist, Akron's Children's Hospital and Lori Markham, Vice President & Chief Clinical Officer, Midwest Transplant Network for their contributions to this Spotlight. This Spotlight is based on a recent presentation hosted at the 2023 National Pediatric Donation & Transplantation Summit entitled

"We Have Authorization... Now What?"



For additional references & resources; or to learn more, please visit:

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The Alliance Spotlight Series is a monthly one-page publication for front-line healthcare professionals, offering quick-takes on critical topics affecting the field of organ donation and transplantation. The Alliance grants permissions for the distribution and reproduction of this educational communication.