



## **ORGAN & TISSUE DONATION RESOURCE MANUAL**

***FIRST EDITION***

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# TABLE OF CONTENTS

- SECTION 1:**           **INTRODUCTION**
- Resource Purpose
  - Donation Overview
  - Benefits of Organ Donation
  - LifeGift Overview
  - Collaborative Roles

- SECTION 2:    MAKING AN ORGAN DONATION REFERRAL**
- Organ Donation Referral Process/Criteria
  - Best Practices Regarding Timely Referral

- SECTION 3:    MAKING A TISSUE AND EYE DONATION REFERRAL**
- Introduction and Overview
  - Tissue Donor Referral Process/Criteria
  - Connecting the Family with the Donation Coordinator
  - Benefits of Tissue Donation
  - LifeGift Tissue Recovery

- SECTION 4:**           **BRAIN DEATH**
- Brain Death vs. Cardiac Death
  - Suggested Guidelines for Brain Death Determination
  - Helping Families Understand Brain Death
  - Questions and Answers about Brain Death
  - Hospital Brain Death Policy

- SECTION 5:**           **ORGAN DONATION AFTER CARDIAC DEATH (DCD)**
- General Overview
  - Hospital DCD Policy
  - Helping Families Understand DCD

- SECTION 6:**           **AUTHORIZATION FOR DONATION**
- Best Practices Regarding Donation Discussion
  - Donor Designation
  - Legal Next-of-Kin

- SECTION 7: MEDICAL EXAMINERS (ME) / JUSTICE OF THE PEACE (JP)**
- ME/JP Notification of Death and Release for Donation
- SECTION 8: DOCUMENTATION**
- Medical Record Requirements
  - Model Record of Death Checklist for Organ, Tissue and Eye Donation
- SECTION 9: ORGAN DONOR EVALUATION AND MANAGEMENT**
- Medical-Social History
  - Goals for Organ Donor Management
  - Suggested Guidelines for Organ Donor Management and Evaluation
- SECTION 10: ORGAN RECOVERY**
- Operating Room Set-up for Organ Donation
  - Diagram: Operating Room Set-up for Organ Donation
  - Creating Slush
  - Anesthesia Guidelines for Organ Recovery
- SECTION 11: DONOR FAMILY SERVICES**
- Aftercare for Donor Families
  - Donor Family and Recipient Perspectives
- SECTION 12: HOSPITAL ORGAN, TISSUE AND EYE DONATION POLICIES**
- SECTION 13: CONFIDENTIALITY**
- LifeGift Position Statement Regarding Confidentiality
  - LifeGift and Health Insurance Portability and Accountability Act (HIPAA) of 1996
  - LifeGift Position Statement Regarding HIPAA
- SECTION 14: LEGISLATIVE OVERVIEW**
- Donor Designation
  - Uniform Anatomical Gift Act (1968, 1987, 2009)
  - Centers for Medicare & Medicaid Services (CMS)-Conditions of Participation (1998)
  - Medical Examiner / Justice of the Peace Law (1995, 2003)
  - Omnibus Budget Reconciliation (1986)
  - National Organ Transplant Act (1984)
  - Uniform Determination of Death Act (1980)

**SECTION 15: FINANCIAL REIMBURSEMENT****SECTION 16: DONATION RESOURCES**

- LifeGift
- Donation Web Sites
- Sample Forms
- Common Questions and Concerns
- References

This Resource is for your reference. It is intended to outline our procedures and practices. THIS RESOURCE IS NOT AND SHOULD NOT BE CONSIDERED AS LEGAL OR MEDICAL ADVICE OR THE STATEMENT OF ANY LAW OR DUTY APPLICABLE TO YOUR ORGANIZATION. If you have specific questions about a particular situation, please contact your own professional consultants. LifeGift has consultants with whom you may review your concerns. Please contact LifeGift administration for access to those persons. LifeGift does not render medical care. By providing this Resource Manual, LifeGift assumes no duties beyond those prescribed by law.

# Introduction

This resource manual is a reference that provides health care professionals with an overview of the organ and tissue donation process. It does not replace the role of the LifeGift Donation Coordinator, who is available 24-hours-a-day, 7-days-a-week, to respond to your hospital and work with families when donation is an option.

## Purpose

The Organ & Tissue Donation Resource Manual is designed to provide you with information about the following topics:

- The referral process
- The role of hospital staff
- The role of LifeGift donation professionals
- Recognition of potential organ and tissue donors
- Brain death (BD) declaration process
- Donation after cardiac death (DCD) process
- ICU donor evaluation and management
- OR requirements
- Commonly asked questions
- The critical need for transplantable organs and tissues
- Benefits of organ and tissue donation and transplantation

## This resource manual is designed to:

- Provide guidelines for brain death declaration and the donation process (BD donors)
- Provide information about brain death and suggestions for donation policy development and review
- Provide guidelines for Donation after Cardiac Death (DCD donors)
- Serve as an educational tool about donation

The content is based on regional and national best practice and reflects the requirements of The Joint Commission (TJC) and Centers for Medicare and Medicaid Services (CMS) as well as state law.

To meet these requirements:

- All potential organ donors must be referred within **one hour** of meeting imminent death criteria
- All deaths must be referred, regardless of age, medical condition or cause of death
- Donation must be discussed with all potential donor families

#### **IMMINENT DEATH /ORGAN REFERRALS:**

- Consult LifeGift on all ventilator-dependent patients within one hour of meeting any one of the following criteria, *regardless of age, medical history, current hospital course and hemodynamic status.*
- Refer within **one hour** all patients who meet any one of the following: (triggers may vary according to hospital policy):
  - Ventilated with
    - Severe neurological injury (*i.e.* CVA, GSW, MVC, Anoxia, etc.)
    - GCS of  $\leq 5$  or
  - Plans to discuss withdrawal of life support with family.
  - At the first indication that patient begins to lose neuro reflexes.
  - Prior to the first formal brain death exam.
- After the initial referral, to preserve the donation opportunity and allow for Donation after Cardiac Death (DCD) evaluation, update LifeGift if there are plans to discuss withdrawal of care or the patient is made a DNR.

#### **CARDIAC DEATH/TISSUE REFERRALS:**

- All deaths need to be referred, *regardless of age, medical condition or cause of death* within **one hour** of cessation of heartbeat.
- Tissue referrals will be screened by the LifeGift Donor Resource Center. If the decedent is medically suitable, the Donor Resource Center also will approach the family by telephone for authorization and will complete the authorization process.

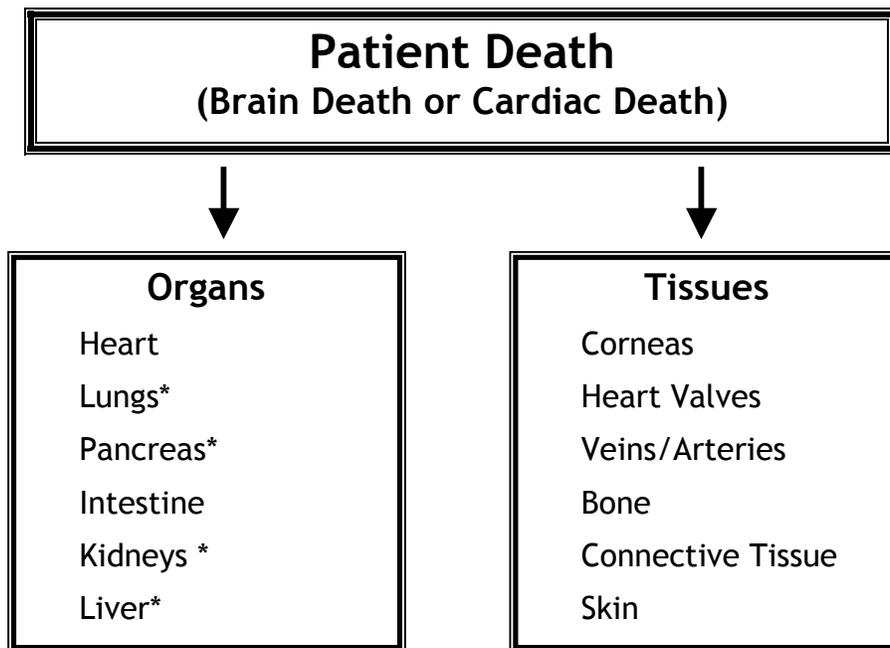
LifeGift will collaborate with the health care team to approach all potential donor families for organ and tissue donation. This interaction may occur on site or via telephone.

# Donation Overview

Organ and tissue donation provides hope for thousands of people with organ failure or tissue diseases and injuries. Improved surgical techniques and new anti-rejection drugs permit the successful transplantation of organs and tissues.

In addition to the benefits that the transplant recipient receives, the bereaved family is presented with options that, in time, may help them cope with the sudden and tragic loss of someone special. One of the benefits for families choosing to donate organs and tissues includes knowing that their loved one's gift has provided an extension or improvement of the quality of life for another person.

Donation can occur after brain death or cardiac death as illustrated below:



*\* In some instances, these organs may be donated after cardiac death; the LifeGift Donation Coordinator will determine all possible options.*

## The Benefits of Organ Donation

A person who is an organ donor can potentially help up to eight people. Organ transplants are the treatment of choice for people who are suffering from end-stage organ failure.

Organ	Uses	Diseases of those awaiting Transplant
<b>Heart</b>	Lifesaving replacement of a poorly functioning heart for those with end-stage heart disease.	<ul style="list-style-type: none"> <li>■ Cardiomyopathy</li> <li>■ Congenital defects</li> </ul>
<b>Lung(s)</b>	Lifesaving lung replacement for patients with end-stage lung disease.	<ul style="list-style-type: none"> <li>■ Cystic fibrosis</li> <li>■ Emphysema</li> <li>■ Alpha-1 Antitrypsin deficiency</li> </ul>
<b>Liver</b>	Lifesaving replacement of diseased liver for those with end-stage liver disease.	<ul style="list-style-type: none"> <li>■ Biliary atresia</li> <li>■ Primary cholecystitis</li> <li>■ Hepatitis</li> </ul>
<b>Pancreas/ Islet Cells</b>	Lifesaving/life-enhancing organ replacement for patients with diseased pancreas. Eliminates the need for insulin injections.	<ul style="list-style-type: none"> <li>■ Diabetes mellitus</li> </ul>
<b>Kidney(s)</b>	Lifesaving/life-enhancing organ replacement for patients with kidney failure.	<ul style="list-style-type: none"> <li>■ Polycystic kidney disease</li> <li>■ Diabetes mellitus</li> </ul>
<b>Small Intestine</b>	Lifesaving/life-enhancing organ replacement for patients with diseased small intestine. Restores the nutritional balance of the body.	<ul style="list-style-type: none"> <li>■ Short bowel syndrome</li> <li>■ Digestive disorders</li> </ul>

# LifeGift

## A Texas Organ Procurement Organization

### Overview

LifeGift is the not-for-profit organ procurement organization (OPO) designated by the federal government to manage all aspects of organ donation in more than 220 hospitals in Southeast (Houston and 30 surrounding counties), North (Fort Worth and nine surrounding counties) and West (Lubbock, Amarillo and 67 surrounding counties) Texas. LifeGift also manages a comprehensive tissue recovery program throughout the region.

As the bridge between donation and transplantation, LifeGift is committed to saving and enhancing lives through transplantation. LifeGift works to achieve this mission by identifying potential donors, matching donors with recipients, coordinating clinical donation activities, arranging surgical recoveries, supporting donor families and increasing public awareness about donation.

### Vision

LifeGift envisions a community where every person says “yes” to organ and tissue donation.

### Mission

LifeGift strives to save and enhance lives by maximizing organ and tissue donation.

### Board of Directors

LifeGift’s Board of Directors is comprised of medical professionals, transplant recipients, donor family members, hospital administrators and community representatives. Bringing these committed individuals together incorporates a variety of viewpoints, leading to a strong, forward-thinking direction for the organization.

### Regional Transplant Centers

LifeGift works with the eight transplant centers in Houston and Fort Worth. These regional programs are responsible for completing the donation-transplant process through the transplantation of donated organs. Organs and tissues recovered in the LifeGift region may be transplanted at centers either inside or outside the LifeGift area.

#### **FORT WORTH:**

*Baylor All Saints Medical Center  
Cook Children’s Medical Center  
Texas Health Resources Harris  
Methodist*

#### **HOUSTON:**

*Memorial Hermann Texas Medical Center  
Michael E. DeBakey Veterans Affairs Medical  
Center  
St. Luke’s Episcopal Hospital  
The Methodist Hospital  
Texas Children’s Hospital*

# Collaborative Roles in Organ and Tissue Donation

## LifeGift

LifeGift is dedicated to collaborating with hospitals through all phases of the donation process. Cooperation and communication between hospital staff and LifeGift staff are key elements in the donation process.

LifeGift works closely with physicians, nurses, chaplains and other hospital staff to evaluate donation opportunities and, when appropriate, present these options and provide support to families. This collaborative approach ensures that families understand the donation process and are able to support their loved one's wishes. When a loved one's wishes are not known, LifeGift provides families with the information they need to make a decision about donation.

### **The LifeGift Donation Coordinator will work with you to:**

- Coordinate the donation process
- Evaluate donor suitability
- Lead the family discussion
- Provide guidelines for donor management

### **The LifeGift Surgical Recovery Coordinator will work with you to:**

- Facilitate the organ recovery in the operating room
- Assist with supply and instrumentation set-up for organ recovery
- Assist with post-recovery efforts

### **The LifeGift Hospital Development Coordinator will work with you to:**

- Facilitate continuous donation process improvement
- Provide real-time support during the donation process
- Provide education about the donation process
- Assist with policy and procedure development
- Follow-up on cases and referrals
- Provide referral compliance data

# Making an Organ Donation Referral

1.800.633.6562

Call 24 hours a day with all donation referrals

**ALL patients meeting triggers must be referred within one hour. Do not mention donation to the family. A LifeGift Donation Coordinator will collaborate with the health care team to develop an appropriate communication plan prior to any mention of donation to the family.**

## Triggers to call 1-800-633-6562:

- To preserve the organ donation option for patients/families, call LifeGift on patients meeting any *one* of the following criteria, *regardless of age, medical history, current hospital course or hemodynamic status.*
- Refer within **one hour** all patients who meet any one of the following: (triggers may vary according to hospital policy):
  - Ventilated with
    - Severe neurological injury (*i.e.* CVA, GSW, MVC, Anoxia, *etc.*)
    - GCS of  $\leq 5$  or
  - Plans to discuss withdrawal of life support with family.
  - At the first indication that patient begins to lose neuro reflexes.
  - Prior to the first formal brain death exam.
- After the initial referral, to preserve the donation opportunity and allow for Donation after Cardiac Death (DCD) evaluation, update LifeGift if there are plans to discuss withdrawal of care or the patient is made a DNR.
- Refer within **one hour** all patients who experience cardiac death (asystole), even if the patient has been previously referred.
- If the family mentions or has questions about donation, or, if you have questions, access the Donor Resource Center 1-800-633-6562

**When making an organ referral, you will be asked to provide the following information:**

- Your name, unit, phone number, hospital
- Patient name, age, date of birth, gender, race, medical record number
- Whether or not the patient is on a ventilator
- Admitting diagnosis

**Have the patient's chart available when you call.**

See Section 3 for more details about the referral process for *tissue and eye* donation.

**If patient meets initial organ donation criteria:**

- A LifeGift Donation Coordinator will be notified to provide further assistance.
- The LifeGift Donation Coordinator will arrive on-site or assess the patient via telephone.

**Examples of questions asked by the LifeGift Donation Coordinator:**

- What is the neurological status?
- What is the plan for brain death testing?
- What are the current vital signs, labs, current medications?
- What is the past medical history?
- What is the family understanding of event/status?
- Additional information may be requested.

**Have the patient's chart available.**

# Best Practices Regarding Timely Referrals

In accordance with national best practice standards:

All patients must be referred to LifeGift within **one hour** of meeting the triggers for donation referrals or prior to withdrawal of support in order to determine suitability for organ donation.

All patients who die of cardiac death must be referred for tissue and eye donation within one hour after the time of death.

## Imminent death

National standards define the time parameter for this notification to be within **one hour** of the loss of two brain stem reflexes (imminent brain death), or when there is a plan to discuss withdrawal of treatment with family. The purpose of a timely referral is to facilitate collaboration between hospital staff and the LifeGift Donation Coordinator, and allow the LifeGift Donation Coordinator to determine possible donation opportunities, assess family dynamics and identify donor designation status.

## Cardiac/asystole

Timely referral in **tissue** potential donors is defined as calling 1-800-633-6562 within one hour after **cardiac death** (asystole).

After cardiac asystole, individuals or families have the opportunity to help many people through tissue and eye donation. Donor age, circumstances of death, and medical history determine which tissues can be donated.

## Team Huddle and Family Approach

No member of the donation team (e.g. LifeGift Donation Coordinator, physician, nurse, social worker, chaplain or other) should mention donation to a family before participating in a “team huddle. The team huddle assembles as many direct caregivers as possible prior to the family approach and creates a forum for exchanging information about the donor and donor family. The team huddle supports uniform understanding of the family’s knowledge of their loved one’s status, including the brain death diagnosis, and establishes a clear plan of action. Though Center for Medicaid and Medicare Services (CMS), The Joint Commission (TJC) regulations and state law state that only a LifeGift Donation Coordinator may discuss donation with the family, the team huddle offers an opportunity for every member of the donation team to provide input and discuss what his/her role will be in the approach process. Remember, each family’s grief experience is unique. A team huddle must be called before every family approach.

# Tissue and Eye Donation Introduction and Overview

After cardiac death, organ donation is not possible because the organs are no longer receiving oxygen. However, patients and families still have the opportunity to help many people through tissue and eye donation. Overall, the tissue process is very similar to organ donation, including the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission (TJC) standards.

The first step in the process is to refer all patient deaths to the LifeGift Donor Resource Center. There are no exclusions. Call 1-800-633-6562. Always call without mentioning donation to the patient's family. You are also encouraged to call if the family mentions donation, or when you have or the family has questions about donation.

LifeGift-Donor Resource Center is responsible for:

- Evaluating the medical suitability of potential donors
- Checking for donor designation through the Donate Life - Texas Registry
- Discussing the option of tissue and/or eye donation with families
- Supporting the donor's and family's wishes
- Coordinating the surgical recovery

Donor age, circumstances of death and medical history determine which tissues can be donated. The Donation Coordinator will determine final donor suitability. When you call, please have the patient's chart available.

## Making a Tissue/Eye Donor Referral

**ALL** patient deaths (imminent brain death and cardiac death) must be referred to LifeGift in a timely manner. **There are no exclusions.**

Please do not mention donation to the family. A LifeGiftDonation Coordinator will collaborate with the health care team to develop an appropriate communication plan prior to any mention of donation to the family.

### When to call 1-800-633-6562:

- Call if the family mentions or has questions about donation, or if you have questions.
- Call within one hour after asystole for tissue and eye donation.

### When making a referral, you will be asked to provide the following information:

- Your name, title, unit, phone number, hospital
- Patient name, age, date of birth, gender, race
- Is the patient on a ventilator?
  - If YES--The Donor Resource Center will contact the LifeGift Donation Coordinator
- Time and cause of death
- History or presence of cancer
- History or presence of HIV or hepatitis
- History or presence of Alzheimer's or Parkinson's
- Positive blood cultures in the last three days and documented sepsis
- Recent IV drug abuse
- Availability of next-of-kin

### Have the patient's chart available when you call.

Please refer to: Tissue Donation Referral Guide

*Please note: There are no absolute contraindications for donation. If the Donor Resource Center determines that your patient meets initial donor criteria, a LifeGift Donation Coordinator will be notified to assist you further.*

**If patient meets initial donation criteria:**

A LifeGift Donation Coordinator will proceed with secondary screening.

**Examples of questions asked by the LifeGift Donation Coordinator during the secondary screening:**

- What were the circumstances surrounding death?
- If trauma death, what type of injuries are present?
- Is this a ME/JP case? Will there be an autopsy?
- Any known past medical history?
- What medications is the patient currently on?
- What and how much blood/colloids did the patient receive in the past 48 hours?
- What crystalloids in the last one hour?
- What is the patient's height and weight?
- Is infectious process present? Coordinator may request labs, CXRs, culture reports, etc.

**Have the patient's chart available when you call.**

Please refer to: Tissue Donation Referral Guide



# Tissue Donation Referral Guide

**800-633-6562**

Please have the patient chart in front of you when calling.

This guide is provided as a tool to assist you in making a referral to LifeGift. It is arranged in the order in which information will be asked during the screening process. It will provide direction in terms of what information to have available. **It is not intended as a form to be filled out.**

## Triage



Direct Call Back Number: \_\_\_\_\_ Hospital Unit: \_\_\_\_\_

Does the patient have a heart beat? Yes No

Ventilated (circle one): Currently Previously Never If ventilated, how many days on vent? \_\_\_\_

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_

Sex: Male Female Weight: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

Date/Time of Death: \_\_\_\_\_ Date/Time of Admit: \_\_\_\_\_

Why was the patient admitted? \_\_\_\_\_

**Medical History (Give the worst, first.)**

Any history of active CA, Hepatitis or HIV: Yes No

If yes, please describe. When was the disease diagnosed? \_\_\_\_\_

CA primary or metastatic? \_\_\_\_\_

If sepsis is documented, provide name of physician who documented sepsis: \_\_\_\_\_

Detail any other medical or social history, including IV drug abuse, jail time: \_\_\_\_\_

**If the patient passes Triage screening criteria,  
they may have the potential to be a tissue donor.  
You will now be asked to move to Phase 2:  
Family Information and Secondary Health Screening**

## Phase 2



**You will be asked to confirm that no one  
has discussed donation with the family.**

**Next of Kin/Family Information**

Next of Kin Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Funeral Home: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this a Medical Examiner or Justice of the Peace case? Yes No

**Clinical Hospital Course Summary**

Physical Appearance: \_\_\_\_\_ Approximate Height: \_\_\_\_\_

Home Medications: \_\_\_\_\_

Medications Administered at Hospital: \_\_\_\_\_

Antibiotics: \_\_\_\_\_ Steroids: \_\_\_\_\_

IV Fluids (given 1 hour prior to death): Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Blood Products (48 hours prior to death): Type: \_\_\_\_\_ Units: \_\_\_\_\_ Volume: \_\_\_\_\_

Infection Assessment (72 hours prior to death):

Temp: \_\_\_\_\_ WBC's: \_\_\_\_\_ Bands: \_\_\_\_\_

Were any cultures drawn (blood/urine/sputum)? Yes No

Site: \_\_\_\_\_ When: \_\_\_\_\_ Results: \_\_\_\_\_

Were any chest x-rays done? Yes No Results: \_\_\_\_\_

**Phase 3**



If no rule-out criteria has been discovered at this point, there is a very good chance that this patient is medically suitable to donate tissue. LifeGift will check the Donate Life – Texas Registry. If the patient is a registered donor, the next of kin will be informed of the patient's consent to donation and the process will be explained. If the patient is not a registered donor, the next of kin will be offered the opportunity to donate by a qualified LifeGift requester.

LifeGift and its partner hospitals serve their community every day by helping donors and families give the Gift of Life.

**LifeGift's Mission**

*LifeGift strives to save and enhance lives by maximizing organ and tissue donation.*

**LifeGift's Vision**

*LifeGift envisions a community where every person says "yes" to organ and tissue donation.*



To register to be an organ and tissue donor, visit [www.donatelifetexas.org](http://www.donatelifetexas.org)

## Connecting the Family with the LifeGift Donation Coordinator

If donation is an option, the next step in the process is to connect the family with a LifeGift Donation Coordinator (typically via telephone) to have the discussion with them about donation. It is important before anyone mentions donation to the family that the patient has been referred to 1-800-633-6562 for assessment and determination of donor designation.

### **What to say when connecting the family with the LifeGift Donation Coordinator when *no* donor designation is present:**

*Your loved one can help others through tissue and/or eye donation. You can speak with a LifeGift Donation Coordinator before you leave the hospital or the coordinator can call you in a few hours.*

### **What to say when connecting the family with the LifeGift Donation Coordinator when donor designation is present:**

*Your loved one has documented wishes to be a tissue and/or eye donor. You can speak with a LifeGift Donation Coordinator before you leave the hospital or the coordinator can call you in a few hours.*

Please note that you are asking the family *when* they would like to speak with the LifeGift Donation Coordinator, *not if*. The LifeGift Donation Coordinator will inform you of the family's decision and coordinate the process, as needed. It is important to ensure the body is not released to the funeral home until the donation decision has been made. The LifeGift Donation Coordinator will coordinate the recovery process.

## The Benefits of Tissue Donation

A person who is a tissue donor can potentially help up to 50 people. Most tissue transplants take place at community hospitals during surgeries that repair injuries sustained by trauma or disease.

Tissue	Uses	Recovery Area
<b>Bone</b>	Replace lost or damaged bone Support bone, i.e., reconstruction after trauma or cancer, spinal fusion	<ul style="list-style-type: none"> <li>■ Upper &amp; lower leg bones</li> <li>■ Section of the heel</li> <li>■ Hemi-pelvis</li> <li>■ Upper &amp; lower arm bone</li> </ul>
<b>Connective Tissue</b>	Knee tendon & ligament repair Uterine & bladder slings	<ul style="list-style-type: none"> <li>■ Patellar &amp; Achilles tendons</li> <li>■ Fascia from thigh quadriceps</li> </ul>
<b>Skin</b>	Temporary covering for third-degree burns	<ul style="list-style-type: none"> <li>■ Thin split thickness (one ply tissue) removed from back &amp; legs</li> </ul>
<b>Vessels</b>	Bypass surgeries Dialysis shunts	<ul style="list-style-type: none"> <li>■ Saphenous vein &amp; femoral veins and arteries</li> </ul>
<b>Heart Valves</b>	Heart valve replacement, especially for children & women of childbearing age; recipients are not required to take anti-coagulants	<ul style="list-style-type: none"> <li>■ Whole heart removed. Aortic and pulmonic valves dissected for transplant</li> </ul>
<b>Eyes/Corneas</b>	Replace disease or damaged corneas, reconstruction surgeries post trauma	<ul style="list-style-type: none"> <li>■ May remove just the cornea or whole eye</li> <li>■ Sclera from the eye</li> </ul>

# LifeGift Tissue Recovery

LifeGift screens all deaths throughout its service areas in Houston, Fort Worth, Lubbock and Amarillo for potential organ and tissue donation. LifeGift determines suitability for all donation and determines whether the donor is a designated donor, and failing such designation, LifeGift makes all approaches for donation.

*Recovery* of tissue is performed by LifeGift in Houston, Lubbock and Amarillo. In Fort Worth, LifeGift works with Community Tissue Services (CTS) to coordinate tissue recovery. Most tissue donors are recovered in the operating room at their respective facilities. Transportation of the body is coordinated by LifeGift and CTS.

In the event that LifeGift/CTS need to recover the donor in the donor hospital, LifeGift will schedule the recovery either through the operating room control desk or the nursing supervisor. LifeGift/CTS will collaborate with hospital security and/or nursing supervisor to transport the patient from the morgue to surgery and back after the tissue recovery is complete.

LifeGift/CTS also will work with the eye bank and ME/JP or pathologist to coordinate the recoveries and autopsy.

## **Instrumentation and recovery room**

When recovering a donor at the hospital, LifeGift/CTS will bring all the necessary instruments. General room requirements will be two or three back tables, one prep stand, two mayo stands and two IV poles. After the recovery, work surfaces will be cleaned and the floor mopped by LifeGift/CTS staff. **Terminal cleaning needs to be done by the hospital staff.** LifeGift/CTS will wash and decontaminate the instruments at the hospital, and have them sterilized at a different facility.

## **Reconstruction**

After the tissues are recovered, restorative devices are placed, the incisions are closed and the body is washed. Respect and dignity of the donor always is maintained. LifeGift/CTS will collaborate with the nursing supervisor and the eye bank to ensure the funeral home or ME/coroner is contacted after all recoveries are complete.

## **Follow-up**

Families who donate tissue receive the same follow-up by LifeGift/CTS as those who donate organs. See Section 11.

# Brain Death

## Definition: Brain death

Brain death is defined as the irreversible cessation of all functions of the entire brain, including the brain stem. A physician, in accordance with accepted medical standards and following the hospital policy, must make the diagnosis of brain death. The time of brain death determination is the legal time of death. The physician who declares brain death cannot be the physician who recovers the donated organs.

## American Academy of Neurology: Suggested Guidelines for Brain Death Declaration

*The following are suggested guidelines for declaring brain death in adults.* Please refer to your hospital's brain death policy to determine your facility's practice.

## Criteria for clinical exam

### Prerequisites (all must be assessed)

- Coma, irreversible and cause known
- Neuroimaging explains coma
- CNS depressant drug effect absent (if indicated toxicology screen; if barbiturates given, serum level  $\leq 10$   $\mu\text{g/mL}$ ) No evidence of residual paralytics (electrical stimulation if paralytics used)
- Absence of severe acid-base, electrolyte, endocrine abnormality
- Normothermia or mild hypothermia (core temperature  $> 36^{\circ}\text{C}/97\text{F}$ )
- Systolic blood pressure  $> 100$  mm Hg
- No spontaneous respirations

### Clinical exam including apnea test

1. Absent brain stem reflexes\*:
  - Pupils fixed; nonreactive to bright light
  - Absent corneal reflex
  - Absent oculocephalic (doll's eyes) reflex (tested only if C-spine integrity ensured)
  - Absent oculovestibular reflex (cold calorics)
  - No facial movement to noxious stimuli at supraorbital nerve, temporomandibular joint
  - Absent gag reflex
  - Absent cough reflex absent to tracheal suctioning
  - Absent motor response to noxious stimuli in all four limbs (spinally
    - mediated reflexes are permissible)

**\* Note: Spinal reflexes may be preserved in brain death.**

2. Absent respiratory effort during apnea testing
3. Apnea testing recommended guidelines:

Patient is hemodynamically stable

- Ventilator adjusted prior to exam to provide normocarbica (PaCo<sub>2</sub> 34-45 mm Hg)
  - Patient preoxygenated with 100% FiO<sub>2</sub> for > 10 minutes to PaO<sub>2</sub> > 200 mm Hg
  - Patient well-oxygenated with a PEEP of 5 cm of water
  - Provide oxygen via a suction catheter to the level of the carina at 6 L/min or attach T-piece with CPAP at 10 cm H<sub>2</sub>O
  - Disconnect ventilator
  - Spontaneous respirations absent
  - Arterial blood gas drawn at 8-10 minutes, patient reconnected to ventilator
  - PCO<sub>2</sub> > 60 mm Hg, or 20 mm Hg rise from normal baseline value
- OR:
- Apnea test aborted if patient becomes hemodynamically unstable.

### Recommended Steps

1. Pre-oxygenate for 5-10 minutes with 100 percent FiO<sub>2</sub>
2. Draw baseline ABG
3. Disconnect the ventilator and administer 8-12 liters O<sub>2</sub> via tracheal cannula
4. Observe continuously for spontaneous respiratory effort
5. Draw serial ABG's until PaCO<sub>2</sub> > 60 mmHg in the absence of respiratory effort for at least one minute
6. Reconnect ventilator and adjust settings for desired outcome
7. If hypotension or dysrhythmias develop:
  - Discontinue test
  - Reconnect patient to ventilator
  - Consider a confirmatory test
8. If unable to complete apnea test, a confirmatory test must be done

## Confirmatory tests

**Ancillary testing (only one needs to be performed; to be ordered only if clinical examination cannot be fully performed due to patient factors, or if apnea testing inconclusive or aborted)**

- HMPAO SPECT (Nuclear Brain Flow Study) indicating no cerebral perfusion  
Cerebral angiogram indicating no cerebral perfusion
- Electroencephalogram (EEG) brain death sensitivity recording indicating electrocerebral silence (Not to be used as a confirmatory test in the presence of pentobarbital)
- Transcranial Doppler (TCD) study indicating no cerebral perfusion

## Documentation

The declaring physician documents the date and time of brain death in the medical record. Documentation includes the results of the clinical exam, apnea test and any confirmatory testing. Most hospitals have established a “Brain Death Checklist” to ensure proper documentation and determination of brain death.

These suggested guidelines follow the American Academy of Neurology *Practice Parameters For Determining Brain Death in Adults (2010)* and are endorsed by LifeGift. If you have questions regarding the AAN guidelines, please contact LifeGift at 1-800-633-6562.

# Phases of Family Communication

Communication with families is crucial when their loved one has sustained a devastating injury and/or their condition is deteriorating. The development of a family communication plan ensures families receive consistent and timely information. Consider the following suggestions as you plan your conversations.

## Phase One – Seriousness of injury

*“\_\_\_\_\_ has suffered severe damage to his/her brain. We are doing everything we can to help him/her recover.”*

- Explain/reinforce injury/neurological involvement.
- Discuss plan of care with family.
- Check for understanding. Provide family support.
- Review/adjust communication plan.

## Phase Two – Grave Prognosis

*“Despite everything that we have done, \_\_\_\_\_ is getting worse. He/she may not recover.”*

- Explain/reinforce grave prognosis.
- Review treatment interventions and plan of care.
- Support family/assess understanding.
- Review/adjust communication plan.

Does family understand grave prognosis?

Yes

No

## Phase Three – Brain Death Testing

*“As you know, \_\_\_\_\_ has suffered a devastating brain injury. It appears that his/her brain has stopped working and cannot recover. We have begun tests to be certain about this.”*

- Review treatment interventions to assure family everything possible was done.
- Differentiate between coma and brain death. Support family/assess understanding.
- Explain brain death testing process.
- Review/adjust communication plan.

Does family understand probable brain death?

Yes

No

## Phase Four – Brain Death Discussion

*“The testing is complete. \_\_\_\_\_ has lost all brain function. This is permanent. This means that he/she is medically and legally dead.”*

- Explain results of brain death testing.
- Provide written information and/or visual aids such as *The Injured Brain* book.
- Support family/ assess understanding.
- Review/ adjust communication plan.

Does family understand brain death?

Yes

No

**LifeGift will discuss donation with family.**

## Helping Families Understand Brain Death

The concept of brain death is difficult for many families to comprehend. However, it is generally helpful for families to understand that their loved one is dead before they have the discussion about donation. The following communication points may be useful in helping families understand brain death:

- Provide frequent updates about the patient's condition throughout the hospitalization. Consider using the sequenced statements on the previous page to guide your explanations as the patient deteriorates to brain death.
- Ensure that all hospital staff gives clear and consistent information to the family. It is important for all hospital staff to know what the family has been told about their loved one's condition.
- Use visual aids (i.e. cerebral blood flow exam, cerebral angiogram or electroencephalogram) to describe the brain injury and death. Visual aids may help the family understand what they cannot see, since the patient's body remains warm and normal in color while maintained on the ventilator.
- After declaration, refer to brain death as death. Explain to the family that the time of death is the time brain death was declared. This will be the time on the patient's death certificate.
- Use the word death. Avoid commonly used euphemisms (passed away, gone, expired) in your conversation about the death.
- The patient is not in a coma. Refer to the ventilator and intravenous medications as "artificial or mechanical support." Be aware that talking to the patient during care may mistakenly lead the family to believe their loved one can still hear and comprehend.
- Encourage the family to ask questions and express their understanding of their loved one's death. Allow moments of silence - try not to fill in gaps in conversation with meaningless words or explanations.
- When feasible, allow the family to observe parts of the neurological exams. Explain the medical equipment and its function in the care of their loved one.
- Don't offer every family a "canned" explanation. Every family, every loss and every grief experience is unique. Work to adapt the content and style of your communication with each unique family.

*Adapted from Caring for Donor Families Before During and After by A. Wolfelt and R. Maloney*

# Helping Families Understand Brain Death

## *Family Questions & Answers: Brain Death*

A LifeGift Donation Coordinator will provide information to the family about brain death donation with commonly asked questions and answers:

- ***What does brain death mean?***
  - Brain death occurs in patients who have suffered a severe injury to the brain. As a result of the injury, the brain swells and obstructs its own blood supply causing brain tissue to die and permanent loss of brain function. Brain death is permanent and irreversible. It is a legal definition of death. However, the vital organs such as the heart, lungs, liver, pancreas and kidneys can be kept viable for a few days if supported by artificial or mechanical support.
- ***What causes brain death?***
  - Death of the brain can occur from illness or accidental injuries. High blood pressure can cause bleeding into the brain and result in death. A heart attack will stop oxygen flow to the brain, which may cause the brain to die. A brain infection, brain tumor or a traumatic injury may cause the brain to swell and lead to death.
- ***How does a physician determine brain death?***
  - A physician conducts medical tests to make the diagnosis of brain death. Tests include a clinical examination to show that your loved one has no brain reflexes and cannot breathe on his/her own. Other testing may include a blood flow test (cerebral angiogram) or an electroencephalogram (EEG). These tests may be done to confirm the absence of blood flow or brain activity.
  - Your loved one may exhibit spinal activity or reflexes, such as twitching or muscle contractions. Spinal reflexes are caused by electrical impulses that remain in the spinal column. These reflexes are possible even after brain death.
- ***I have always understood that when a person dies, the heart stops beating. If my loved one is brain dead, why does their heart continue to beat?***
  - The heart has the ability to beat independently of the brain as long as it has oxygen. The heart eventually will stop. All body systems gradually stop working soon after brain death. This process cannot be reversed.
- ***Is it possible that our loved one is just in a coma?***

- A patient in a coma is medically and legally alive. They may breathe when the ventilator is removed, or have brain activity. People who are brain dead are not in a coma.
- *Does our loved one feel any pain or suffer after brain death is declared?*
  - When a patient is declared brain dead, they are deceased. When someone is deceased, they cannot feel pain or suffer.
- *Is there anything else that can be done?*
  - Everything that can be done to save your loved one's life is done before brain death is declared. After the diagnosis of brain death is made, there is no chance of recovery.
- *Are there any proven cases where patients were declared brain dead and later restored to normal life?*
  - Brain death is irreversible. When you hear about someone who was declared brain dead and recovered, they were in a deep coma with slight brain activity. In brain death, there is no brain activity.
- *Are all families approached about the option of organ donation?*
  - Organ donation is a rare opportunity that is given to approximately four percent of the population. This extraordinary gift offers a lasting legacy and a way families can honor their loved one.
- *Why and for how long must the ventilator be kept on after a person is declared brain dead?*
  - The ventilator is needed to provide oxygen to the vital organs and will be kept on until surgery can be arranged and performed. Without oxygen, the organs would cease to function and would not be viable for transplant.

*Adapted with permission from University of Wisconsin Hospital & Clinics*

**Insert Your Hospital's Brain Death Policy Here**

# Organ Donation after Cardiac Death (DCD)

## Definition: Cardiac death

Cardiac death is defined as the cessation of all cardiopulmonary functions. Cardiac death patients can donate tissues and eyes and in some cases, organs. Tissues include eyes, bone, heart valves, veins, arteries, skin and soft connective tissues, such as tendons.

## Donation after Cardiac Death (DCD)

Donation after Cardiac Death (DCD) is an opportunity for certain patients for whom withdrawal of life sustaining therapy is planned, typically, but not always with severe brain damage, who do not meet criteria for brain death to become organ donors. After a physician has determined that a patient has no chance of survival and the family has decided to withdraw life support, the family is offered the option of DCD.

For DCD to occur the following circumstances must exist:

- A patient has suffered devastating and unrecoverable illness or injury and is ventilator dependent. (It is also possible that a patient requiring BiPAP could be a potential candidate as well as patients on an IABP (balloon pump).
- The family (or patient) has decided to withdraw support.
- Death from cardiopulmonary arrest is likely within 90 minutes following withdrawal of mechanical and pharmacological support.

In this situation, organ recovery would occur only after support is withdrawn and after cardiac death is pronounced. Please call 1.800.633.6562 when there are plans to discuss withdrawal of life support with the patient or the family. Call prior to finalizing plans with family for extubation or discontinuing of life-sustaining therapies.

## Hospital Staff and DCD

### *Physician*

- Works to preserve life before judgment is made to withdraw support
- Partners with LifeGift to determine DCD potential
- Partners with LifeGift to complete DCD tool
- Serves as an advocate for the family and ensures families are offered the option of DCD donation when appropriate.
- Continues to manage patient care when the family authorizes DCD donation
- Collaborates with LifeGift to ensure additional testing is done to evaluate organ suitability
- Coordinates withdrawal of support in the OR and comfort care measures until death is declared.

***Nurse***

- Provides ongoing care to families throughout the patient's hospitalization
- Coordinates the clinical management of the patient and support for the family
- Makes the referral to LifeGift when there are plans to discuss withdrawal of support with the family
- Partners with LifeGift to determine DCD potential
- Partners with LifeGift to complete DCD tool
- Coordinates withdrawal of support in the OR and comfort care measures until death is declared

***Pastoral Care, Social Services & Other Support Staff***

- Meets spiritual, religious and other needs of the patient and the family
- Serves as family advocate in collaboration with medical, nursing and LifeGift
- Partners with hospital and LifeGift staff to approach family about DCD donation
- Provides ongoing support through the withdrawal of support process
- In some cases ,accompanies the family to the OR

***Staff responsibilities vary depending on specific hospital's DCD protocol, the individuals involved and the needs of the family.***

***Unlike the brain dead organ donor, the DCD donor remains under the care of the attending physician and all care is directed by the attending physician.***

# Helping Families Understand Donation after Cardiac Death

## *Family Questions & Answers: Donation after Cardiac Death (DCD)*

A LifeGift Donation Coordinator will provide information to the family about DCD donation with commonly asked questions and answers:

- *What does cardiac death mean?*
  - Cardiac death occurs when the heart stops beating.
- *What does donation after cardiac death (DCD) mean?*
  - DCD means that after the heart has stopped beating and death is pronounced by a physician, organs and tissues may be recovered and offered for transplant.
- *Who can be a DCD donor?*
  - A patient who has a severe neurological injury such as a stroke, bleeding into the brain, trauma or suffocation may be a DCD donor. Patients who have amyotrophic lateral sclerosis, or ALS as well as patients with spinal cord injuries, may also be DCD donors. With these kinds of serious injuries, the brain is too damaged to recover but continues to have minimal function. However, the patient will not survive without ventilator support.
- *What is ventilator support?*
  - A ventilator is a machine that “breathes” for a patient when the patient is not able to breathe on his or her own. Ventilators, sometimes called respirators, provide oxygen to the lungs through a tube that is placed in the patient’s throat. When the brain is too damaged to recover, it can’t instruct the lungs to keep breathing or the heart to keep beating. To sustain life, the patient needs ventilator support. Ventilators are common in hospitals. They are both started and discontinued in the hospital every day.
- *What is the situation that leads up to a DCD donation?*
  - Once the hospital medical team has determined that the patient will not survive or have any meaningful improvement even with ongoing care, including ventilator support, a family may elect to discontinue or forego further medical intervention. This careful decision includes withdrawal of life support, allowing death to occur naturally.

- *What happens once the family decides to withdraw ventilator support?*
  - After the family chooses to stop ventilator support, they will be guided through some end-of-life decisions, including decisions about organ and tissue donation.
  - LifeGift, which is responsible for helping with organ donation and transplantation, will be notified. A LifeGift Donation Coordinator will work with the patient and the hospital staff to determine if the patient is suitable to be a donor. If the patient could be a donor, the coordinator will speak with the family about the option of organ and tissue donation.
  
- *What happens before the ventilator is discontinued?*
  - Until the time of death, the patient remains under the care of the hospital physician and medical team. All comfort measures are maintained and care is never compromised. The patient will continue to receive pain medication and other treatments that relieve any discomfort. If the family chooses, they may be able to remain present and follow rituals that are important for end of life, such as prayers, music or inviting those close to the patient to be present.
  
- *If the family agrees to donation, what happens next?*
  - LifeGift will obtain authorization from the legal next-of-kin, as well as an extensive medical and social history. Some blood may be drawn for testing. This is a routine procedure, and part of the process that ensures the patient can be a donor.
  
  - The donation process will be explained, including what will happen when the ventilator is turned off and the patient's heart stops beating. The LifeGift Donation Coordinator and the hospital staff will work together to offer support for the patient, family and others who may be part of this experience.
  
  - Once the family agrees to donation, care for the patient does not change. All care and comfort measures will continue until the patient's death.
  
- *Will our religion support our decision about organ and tissue donation?*
  - Most religions support organ and tissue donation as an unselfish act of charity. However, you should feel free to speak with your religious leader.

- *How does the organ recovery happen?*
  - When everything is in place for the organ recovery, the team will assemble in the operating room. Depending on the hospital, the ventilator may be turned off either in the patient's room, outside the operating room or in the operating room.
  - The hospital may offer the family the choice of being present as the patient's heart stops beating. After the heart stops beating, a physician from the hospital will declare death. After the declaration is made, the family will be guided out of the room. After death has been declared by the patient's physician, a five-minute period is observed and death is confirmed. At this point, the patient will be prepared for organ recovery. A separate team of physicians and professionals will be waiting near the operating room to recover the organs. The recovery team is allowed into the OR after death has been declared. After recovery, the organs will be offered for transplant.
- *Does our loved one feel any pain or suffer?*
  - No. Organ and tissue recovery does not take place until after the person's heart stops beating and they are declared dead by a physician. When someone is deceased, they cannot feel pain or suffer.

*Adapted with permission from University of Wisconsin Hospital and Clinics.*

## **Insert Your Hospital's DCD Protocol Here**

Note: Not all hospitals will have a specific DCD protocol. If you have questions about DCD protocols, please contact your hospital liaison

# Best Practice Regarding Donation Discussion

**In accordance with national best practice standards:**

Centers for Medicare and Medicaid Services (CMS), The Joint Commission (TJC) and state law require that all families of potential organ donors are approached by a LifeGift Donation Coordinator.

The American Association of Tissue Banks, Association of Organ Recovery Organizations and the Eye Bank Associations of America developed standards regarding information that *must* be shared with individuals as they make a decision to donate.

A LifeGift Donation Coordinator will come on-site to collaboratively approach the family with their options or to disclose donor designation to the next-of-kin when there is a potential for organ donation. Tissue donation will be discussed with the family via telephone with our Donation Resource Center Specialists. This may occur while family is at the hospital if there is a private place where they can be on the phone, or it may occur after they leave the hospital, depending upon the circumstance.

The LifeGift Donation Coordinators have been trained to provide complete/current information to families/legal next-of-kin about organ and tissue donation in a caring and compassionate manner. This information meets the standards that were developed.

***Suggested statements to introduce the LifeGift Donation Coordinator:***

**LifeGift Introduction statement:** *“Karen is a member of our team who helps families at times like these with end-of-life decisions.”*

**If joining the LifeGift coordinator with family discussion:** *“I’ll join you for that conversation so I can continue to offer help and support to you and your family.”*

**Written authorization/disclosure:**

Written authorization is required to proceed with donation. Authorization occurs either by the individual through donor designation prior to death, or in the absence of donor designation, by the legal next-of-kin after the patient has died. The LifeGift Donation Coordinator always will complete the authorization or disclosure form.

## Authorization by Donor Designation

Donor designation refers to an individual's documentation of intent to donate his/her organs, tissues and eyes after his/her death. This may be documented on:

- A donor registry
- A driver's license
- A state-issued identification card
- A will
- An advanced directive
- A donor card or other writing, signed by the individual, intended to make an anatomical gift

LifeGift first determines if the patient is a registered donor on the state donor registry. If not, the donation coordinator may ask a staff person to look for the presence of an advanced directive on the patient's chart.

LifeGift will do everything possible to ensure that the individual's wishes regarding donation are fulfilled. If an individual has made a decision to donate and has documented this decision, authorization from the next-of-kin is not required. By law, LifeGift will proceed with donation with a properly documented donor designation that has not been revoked by the decedent.

If the individual has documented wishes on an advanced directive to not donate, the donation process will not move forward.

Although authorization from the next-of-kin is not required, the LifeGift donation coordinator will provide information to the next-of-kin about the donation process and offer the same level of support and follow-up care that would be offered to any donor family. The LifeGift Donation Coordinator may complete a disclosure form with the next-of-kin. The legal next-of-kin is offered a copy of the donor designation documentation and the disclosure form.

### **Family reservation regarding donor designation:**

LifeGift recognizes the legal right of every individual to make a personal decision about donation. LifeGift will honor and uphold the patient's donor decisions and designation; essentially, the donor's advanced directive. The donor family is an integral part of the donation process. LifeGift will continue to support families and work with them through this process. Families very rarely go against the known wishes of their loved one.

There may be situations where a family has reservations. A LifeGift Donation Coordinator will take the lead in facilitating family discussions related to donor designation and will work with the next-of-kin to resolve issues while upholding the donor's legal rights and keep the hospital staff informed. Based on national experience, this is a rare occurrence since most families follow their loved one's wishes.

### **Key Points: Authorization by Donor Designation**

- The LifeGift Donation Coordinator is responsible for determining donor designation through access to the donor registry through the state registry website.
- The hospital staff is not responsible to ask the next-of-kin about the presence of an advanced directive or other documentation prior to discussing a plan with the LifeGift Donation Coordinator. However, if there is an advanced directive in the medical record, please share any donation information with the LifeGift Donation Coordinator.
- If the family offers information regarding the presence of donor designation, please share that with the LifeGift Donation Coordinator.
- Even when donor designation exists, CMS regulations, TJC standards and Texas law state only a LifeGift Donation Coordinator may discuss donation with the family.

## Authorization by Legal Next-of-Kin

When donor designation is not present, the legal next-of-kin must give written or telephone authorization for donation. The Anatomical Gift Act designates the priority of the legal next-of-kin.

### **Legal next-of-kin in order of priority\*:**

*\*this list pertains only to the making of an anatomical gift and does not address other health care or end-of- life decisions*

- An agent of the decedent at the time of death who could have made an anatomical gift under section 692A.004(2) immediately before the decedent's death
- The spouse
- Adult children
- Parents
- Adult siblings
- Adult grandchildren
- Grandparents
- An adult who exhibited special care and concern for the decedent
- The persons who were acting as the guardians of the person at the time of death
- The hospital administrator; and
- Any other person having the authority to dispose of the decedent's body.

LifeGift encourages family consensus on the decision about donation when donor designation is not present. If an objection is known, LifeGift will support the majority of members of the class who are reasonably available.

### **Family initiated donation discussion:**

Please inform the family that you will contact someone who can provide further information and address their questions. Call 1-800-633-6562 and ask to speak to a LifeGift Donation Coordinator.

### **If the LifeGift Donation Coordinator determines that donation is not an option:**

- Inform the family that donation would normally be discussed with them but because of [contraindication from coordinator] donation is not an option.
- Refer the family to the LifeGift Donation Coordinator if they have questions.
- Complete your hospital's **Record of Death Form**.

# Medical Examiner/Justice of the Peace Release

It is the standard practice of LifeGift to facilitate the donation of organs and tissue from medical examiner/justice of the peace (ME/JP) cases. The ME/JP is responsible for providing release for organ and tissue donation to occur in cases where they have jurisdiction. They may:

- Provide release for organ and tissue donation to occur
- Attend the surgical organ recovery in organ donors\*
- Deny release for tissue donation\*\*
- Conduct an autopsy/inspection post-donation

LifeGift works collaboratively with area ME/JP to ensure that lifesaving organs and tissues are donated and that the donor or family's wish to donate is honored. LifeGift works collaboratively with your hospital and the ME/JP to obtain requested information for the ME/JP to facilitate their work of death investigation.

Members of the National Association of Medical Examiners recognize the potential value of human organs and tissues for transplantation to relieve suffering and disease. The National Association of Medical Examiners has developed policies and guidelines to assist in timely, lawful and ethical recovery of human organs and tissue.

It is the responsibility of the donation coordinator to call the ME/JP in the state or county where the donation occurs to obtain clearance for donation of organs and tissues and provide appropriate documentation.

\*Organ Donation: Organs may only be denied release if the ME is physically present in the operating room during the donor organ recovery. This is a strong safeguard created by the Texas legislature to ensure that every viable organ is donated for people awaiting a lifesaving transplant. The LifeGift coordinator will take care of communication with the ME/JP to facilitate this procedure, if needed.

\*\*Tissue Donation: Tissues (bone, skin, corneas) may be denied by the ME /JP prior to autopsy without being present in the operating room. The LifeGift Donation Coordinator will communicate with the ME/JP and attempt to provide the needed forensic information to facilitate a release.

# Documentation

To meet CMS and TJC regulations, the following documentation is required for all organ and tissue donors, and is a permanent part of the medical record. Please refer to your hospital policy and utilize your hospital's appropriate form.

## Documentation should include:

### Referral:

Document referral to LifeGift. Please refer to your hospital's policy on where to document referral information. A generic screening form for organ, tissue and eye donation is provided as an example in this manual.

- Completed by the hospital staff.

## Declaration of death:

### Brain Death

Document date and time of death, components of exam and results.

- Completed by the physician who has completed the brain death testing and declaration.

### Cardiac Death

Document date and time of death.

- Completed by medical or hospital staff authorized to declare death.

## Assessment of the potential donor:

Document whether or not the patient met donor criteria as determined by LifeGift. The hospital staff document results of referral call on the hospital's **Record of Death Form**.

- Completed by hospital staff. Please refer to your hospital's policy and utilize your hospital appropriate form.

## Donor designation:

Documentation of the individual's intent to donate upon their death will be provided by the LifeGift Donation Coordinator. However, if the hospital staff notices an advanced directive in the patient's chart, they may share this information with the Donation Resource Center at 1-800-633-6562. The LifeGift Donation Coordinator will complete a written Disclosure Form for Donation with the family.

- Completed by LifeGift Donation Coordinator in DonorTrac

**ME/JP (if required):**

Document their name and outcome of the request.

- Completed by the LifeGift Donation Coordinator in DonorTrac

**The family discussion:**

Document which family members were involved in the discussion about donation and their relationship to the patient.

- Completed by the LifeGift Donation Coordinator in DonorTrac

**The family decision (when there is no donor designation):**

Document the family's decision about donation. If the family chooses to donate, complete a written Authorization Form for Donation indicating which organs and tissues the family authorized to donate.

- Completed by the LifeGift Donation Coordinator

**Organ/tissue recovery documentation:**

This is provided by LifeGift.

- Completed by LifeGift organ and tissue staff and recovering transplant surgeons.

**Deferrals:**

LifeGift is not obligated to accept every donation. If LifeGift defers donated organs and/or tissues, it is recommended that a note indicating a deferral be included in the medical record.

- Completed by hospital staff.

# Model Documentation Form

This is an example of the Record of Death Checklist for Organ, Tissue and Eye Donation. Please refer to your hospital's appropriate record of death form.

(Hospital name and logo here)  
**Routine Notification of Death**

Date of Death \_\_\_\_\_ Time of Death \_\_\_\_\_ Time Referred:  
 \_\_\_\_\_

1. Contact LifeGift Organ Donation Center within **ONE HOUR** of cardiac death  
 1- 800- 633-6562 to determine eligibility for tissue donation.

(Patients who are potential organ donors will be referred **according to**  
 established imminent death clinical criteria, prior to cardiac death and  
 pronouncement of brain death)

2. Name of Person Referring: \_\_\_\_\_ Time:  
 \_\_\_\_\_

3. Name of LifeGift Donor Resource Center Specialist: \_\_\_\_\_

4. LifeGift Reference # \_\_\_\_\_

5. LifeGift Response:

\_\_\_ The patient is NOT a candidate for tissue donation due to:  
 \_\_\_\_\_

(Skip to Number 8, DO NOT APPROACH FAMILY)

\_\_\_ The patient is a candidate for donation of the following: (check each that  
 apply)

Skin \_\_\_ Bone \_\_\_ Eye/cornea \_\_\_ Heart valves \_\_\_

Other \_\_\_\_\_

6. Instructions for Consent: (**After** consultation with LifeGift please check  
 appropriate box)

\_\_\_ Family placed in private area at hospital and connected with LifeGift via  
 telephone

\_\_\_ LifeGift coordinator given next-of-kin name and telephone number where  
 they will be in the next four hours. LifeGift will contact the family to  
 discuss donation

- \_\_\_\_ The subject of donation was introduced by family. Hospital coordinates the consent with LifeGift.
7. Name of Next of Kin: \_\_\_\_\_
8. Contact Telephone Number: \_\_\_\_\_  
Alternate phone number; \_\_\_\_\_
9. Outcome:     \_\_\_\_ Family consents to donation. (Yes)  
                  \_\_\_\_ Family does not consent to donation (No)  
                  \_\_\_\_ Patient not a candidate per LifeGift
10. Name /title of person completing this form: \_\_\_\_\_

This is a **sample** of the revised *Record of Death* form that includes Donor Designation information. This form is used to document your call to 1-800-633-6562. Please refer to your hospital's documentation form to record the death and document the call to LifeGift. The document of donor designation will be added to the patient's medical records.

# Medical and Social History

A LifeGift Donation Coordinator always will obtain the history from the family after authorization or disclosure forms have been completed.

Obtaining the past medical and social history is an important part of the donor evaluation. The questions asked during this process are similar to those asked when one donates blood. They identify any high-risk factors for infectious/transmissible diseases (HIV, hepatitis, cancer, etc.). High-risk factors and behavior do not rule out donation and further assessment will be completed by the LifeGift Donation Coordinator.

# Goals of Organ Donor Evaluation and Management

The goal of organ donor management is to optimize and maintain organ function. Donor management begins when brain death has been declared and authorization or donor designation for organ donation has been obtained. Donor management by LifeGift does not occur in patients who are determined to be suitable candidates for Donation after Cardiac Death (DCD). A LifeGift Donation Coordinator will come to your hospital to facilitate the donation process.

In the event of cardiac arrest after brain death declaration, full resuscitative efforts should be made. If resuscitative efforts fail, tissue and/or eye donation may still be an option.

**Adult Donor Management Goals:** The following parameters are suggested goals for optimum donor management. Each case should be evaluated by the LifeGift donation coordinator and adjusted accordingly.

- Systolic BP > 90, < 160 mmHg, and/or MAP > 70
- Heart rate of 60-120 BPM
- CVP of 4-10 mm Hg
- PCW of 10-15 mm Hg, ideal is 12 mm Hg (if Swan line available)
- Temperature of 36-38 degrees Celsius (96.8 - 100.4 F)
- pH of 7.35-7.55,
- PCO<sub>2</sub> of 30-45,
- PO<sub>2</sub> /FIO<sub>2</sub> ratio 3:1,
- Bicarb of  $\geq 20$
- Hgb  $\geq 8$  and or Hct  $\geq 27$
- Na  $\leq 155$
- Glucose  $\geq 90$  &  $\leq 150$
- Monitor the O<sub>2</sub> saturation continuously and maintain >95%.
- Urine output <300cc/hr

**Pediatric Donor Management Goals:** The following parameters are suggested goals for optimum donor management. Each case should be evaluated by the LifeGift Donation Coordinator and adjusted accordingly.

Age	Heart Rate	Blood Pressure		Urine Output
		Systolic	Diastolic	
Newborn	120-160	60-90	35-60	1cc/kg/hr
Infant	120-160	80-95	50-65	1cc/kg/hr
Toddler	90-140	85-100	50-65	1cc/kg/hr
Preschool	80-100	82/50	110/78	1cc/kg/hr
School Age	75-100	90-115	60-70	1cc/kg/hr
Adolescent	60-90	110-130	65-80	1cc/kg/hr

# Guidelines for Donor Evaluation and Management

Hospital staff can anticipate the following measures. Requirements will vary depending on the individual donor. **Please discuss measures with the LifeGift Donation Coordinator before implementation.**

## Interventions:

- Adjust mechanical ventilation settings to:
  - Normalize PaCO<sub>2</sub> and pH
  - Maintain PO<sub>2</sub> > 100 mmHg
  - Maintain PO<sub>2</sub>/FIO<sub>2</sub> ratio of 3:1
- Placement of invasive lines:
  - Insert arterial line
  - Insert central venous catheter (triple lumen, subclavian/IJ preferred)
  - Insert NG tube and place to intermittent suction
  - Insert Foley catheter
- Other measures as directed by LifeGift.

## Diagnostic tests:

- Chest x-rays
  - after central line placed
  - if patient is a heart or lung donor, chest x-ray may be done every 4 hours
- 12 lead EKG.
- Echocardiogram (2-D and M-mode) after hemodynamics optimized per LifeGift Donation Coordinator.
- Cardiology consultation to read EKG and Echo
- Flo-Trac for hemodynamic optimization

**Laboratory tests (Order all labs STAT):**

- ABO and Rh
- Type and screen
- CBC with differential (Hgb, Hct, WBC with differential, platelet count)
- PT/PTT
- Electrolyte panel (Na, K, Cl, CO<sub>2</sub>, BUN, Creatinine)
- Blood glucose
- Chemistry group (SGOT, SGPT, Total Bilirubin, Direct Bilirubin (total) Indirect Bilirubin, LDH, Alkaline Phosphatase, Amylase, Lipase, GGT, CPK/MB, Troponin, and Calcium)
- ABG
- Blood cultures (aerobic and anaerobic) x 2 - drawn 15 minutes apart, not from invasive lines, prior to antibiotics given
- Sputum culture with STAT gram stain
- Urine culture and STAT urinalysis
- Immunology/serology per LifeGift Donation Coordinator.
- *Every four hours labs will be determined by LifeGift Donation Coordinator*

**Medications:**

- Review all medications and IVs with LifeGift Donation Coordinator
- Levophed to maintain SBP > 90 mmHg
- Antibiotics as directed (after cultures drawn)
- IV fluids as directed
- Hormonal Resuscitation Therapy as directed

**Nursing care:**

- BP, HR, CVP q 1 hr
- Temperature q 1 hr
- Intake and output q 1 hr
- Turn side to side and suction q 1 hr and prn
- Hypo/hyperthermia blanket to maintain T 36 - 37° C (96.8 - 98.6° F)
- Measure height and weight
- Keep eyes closed

**Notify LifeGift Donation Coordinator if:**

- Levophed exceeds 15 mcg/minute or prior to the need of additional vasopressor support
- CVP < 4 or > 10 mmHg
- SBP < 90 or > 160 mmHg
- Temperature > 102 F
- Urine output <30 or >300 cc/hr
- Heart rate <60 or >120/min
- Hemoglobin <8 gm/dL
- Potassium <3.5 or >5.0 mEq
- Blood glucose >150 mg/dL
- PaO<sub>2</sub> <100 mmHg
- O<sub>2</sub> sat <95%
- Cardiac arrhythmias
- Any other change in status

# Organ Recovery

- The hospital's staff and physicians work with the LifeGift Donation Coordinator and the transplant surgical teams to complete the organ recovery.
- The donor is brought to the operating room.
- Prior to starting recovery, the donor's chart should be reviewed for the following necessary documentation:
  - Documentation of brain death
  - Authorization or disclosure form for donation
  - Documentation of donor designation (when applicable)
  - ME/JP release for donation (if applicable)
  - ABO type; serology results
- LifeGift is responsible for coordinating the various recovery teams.
- Room setup is similar to major abdominal/thoracic cases (see following pages for details). Fifteen liters of normal saline slush will be needed (see "Creating Slush" section). An additional 6 liters of cold sterile normal saline in pour bottles should be available. Special equipment and preservation solutions will be provided by the transplant teams or the LifeGift Donation Coordinator and Donation Recovery Specialist.
- Multiple organ recovery can take 4 to 6 hours to complete, depending on which organs are recovered. Generally, organs are removed in the following order: heart, lungs, liver, pancreas, kidneys and intestine.
- In brain death cases, supportive measures, including the ventilator, are discontinued after the aorta is cross-clamped. If the patient is a lung donor, after cross-clamp, the lungs will need to be manually ventilated with low volumes, as directed by the transplant team.
- The organs are removed and examined at the back table then packaged for transport.
- The incision is closed.
- Tissue and eye donation follow the organ recovery. The LifeGift Donation Coordinator will coordinate this process with the tissue and eye donation coordinators.
- The funeral home and/or ME/JP are notified by the LifeGift Donation Coordinator when all donations are completed.

# Operating Room Set-up for Organ Donation

## Position

- Supine, arms tucked at side

## Skin Prep

- Betadine scrub (or other suitable prepping solution) chin to pubis, bedside to bedside

## Drapes

- Square off with towels, drape for exposure of chin to pubis

## Sutures/Needles/Blades/Sponges

- Blades: #11, #10, #15
- Sutures: 2 packages each of silk ties 0, 2-0, 3-0, 4-0; silk stick ties available; 4 packages of umbilical tape and large vessel loops and have more available
- 4 packs of lap sponges

## Instruments and equipment

- Laparotomy tray:
  - Finochietto rib spreader or other suitable chest retractor
  - 2 pencil cauteries with scratch pads
  - 2 each Yankauer and Poole suction tips and tubing
  - Small, medium, and large hemoclips, available
  - Bone wax
  - Medium and large Richardson retractors
  - Narrow, wide deavers and malleables
  - Large, sharp towel clips (8)
- Vascular tray that supplies the following:
  - Regular, medium, and long right angles
  - Assortment of vascular clamps
  - Medium and long Metzenbaum scissors
  - Mayo scissors
  - Regular and fine needle holders
  - Medium and long DeBaKey pickups

- 15 liters of sterile normal saline slush (see “Creating Slush”)
- 6 liters cold sterile normal saline in pour bottles
- Sternal saw or Lebsche knife and mallet
- Defibrillator (external and sterile internal paddles available but not open)
- Asepto or bulb syringe

### Back tables

- Small back table for each organ to be recovered with:
  - Sterile, waterproof cover for draping
  - Large sterile basin
  - 4 curved mosquito hemostats
  - 2 fine DeBakey forceps
  - 1 suture scissors
  - 1 small Metzenbaum scissors
  - 1 needle holder
  - Suture and ties per surgeon request

### Unsterile area

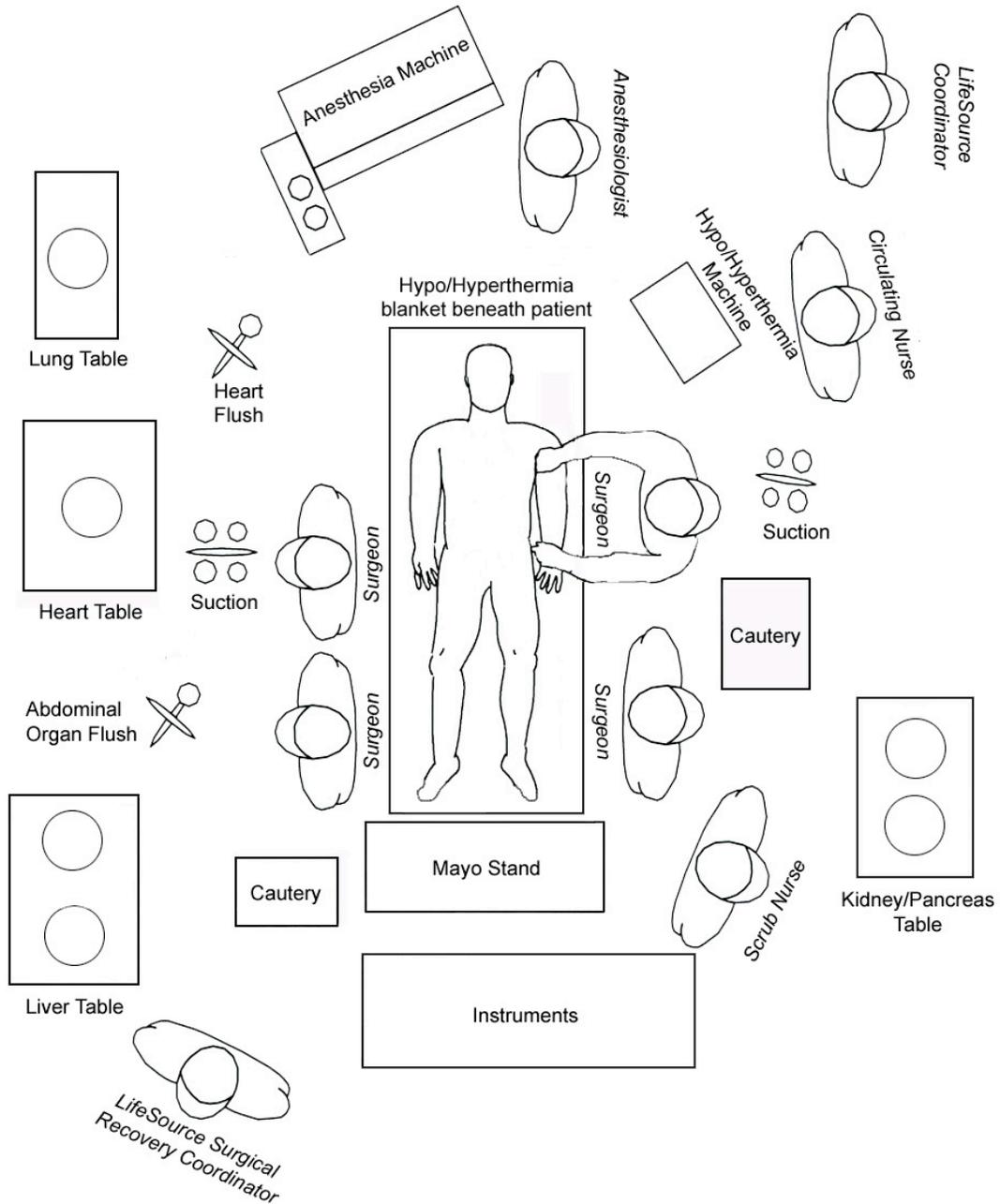
- Unsterile ice available
- 3 rolling, adjustable IV poles
- 2 suction machines with 4-5 canisters each
- 2 cautery machines

### Staff

- 1 circulating nurse
- 1 scrub nurse or surgical technician
- Anesthesiologist and/or nurse anesthetist (brain death only)

The LifeGift Donation Coordinator will provide his/her own perfusion tubing, cannulas, staplers, sterile containers and packaging materials.

# Operating Room Set-up for Multiple Organ Recovery



The LifeGift Donation Recovery Specialist Coordinator will consult with the operating room staff regarding any special needs.

## Creating Slush

Once the organs have been dissected and the aorta cross-clamped, it is critical that the organs be cooled as quickly as possible. Sterile normal saline that is frozen to the consistency of slush is used. Fifteen liters are usually required.

### To Prepare Slush:

- Use 2 sterile slush machines

OR

- Place pour bottles of sterile normal saline in a cooler or bucket of ice. Pour rubbing alcohol (minimum of 6 bottles) into the cooler or bucket of ice. Check and shake saline bottles every 45 minutes, once they have formed slush pour in basin on the backtable.

# Anesthesia Guidelines for Brain Death Cases

Anesthesia personnel provide the critical hemodynamic monitoring and support necessary to ensure organ viability. The LifeGift Donation Coordinator will provide guidance for donor specific management.

**Notify the LifeGift Coordinator/surgeons if:**

- BP < 90 > 150 systolic
- HR < 60 > 120/minute
- CVP < 5 > 10 cm H<sub>2</sub>O
- U.O. < 50 > 300 cc/hr
- Levophed > 15 mcg/min (or addition of other inotropic support)
- PaO<sub>2</sub> < 100

	Medications	Labs	Vent Settings
<b>ALL DONATIONS</b>	<ul style="list-style-type: none"> <li>■ Paralytic agents for spinal reflexes</li> <li>■ Other anesthetic not needed</li> <li>■ Heparin: Consult surgeon at beginning of case for dosage/time</li> <li>■ Other meds per surgical team (<i>ie. Lasix, Mannitol</i>)</li> <li>■ Consult LifeGift/ surgeon prior to giving steroids, antibiotics, or diuretics</li> </ul>	<ul style="list-style-type: none"> <li>■ ABGs, Glu, K+ upon request</li> <li>■ Additional labs/blood tubes may be requested</li> <li>■ Notify LifeGift and surgeons of all results</li> </ul>	<ul style="list-style-type: none"> <li>■ FiO<sub>2</sub> 1.0 unless lungs being recovered</li> </ul>
<b>LUNGS</b>	<ul style="list-style-type: none"> <li>■ Conservative fluid intake</li> </ul>	<ul style="list-style-type: none"> <li>■ ABGs q 1° - 2° upon request</li> <li>■ Notify LifeGift &amp; surgeons if FiO<sub>2</sub> &gt; 0.5 or PaO<sub>2</sub> &lt; 100</li> </ul>	<ul style="list-style-type: none"> <li>■ Lowest possible FiO<sub>2</sub> to maintain PaO<sub>2</sub> &gt; 100</li> <li>■ If possible, room air bled into lines is preferable to nitrous oxide for lung donors</li> </ul>
<b>HEART</b>	<ul style="list-style-type: none"> <li>■ Conservative use of vasopressors &amp; inotropes.</li> </ul>		
<b>PANCREAS</b>	<ul style="list-style-type: none"> <li>■ Small bowel antibiotic solution provided by the surgical team—surgeon will indicate when to administer via NG tube</li> <li>■ Insulin may be required for Glu &gt; 150 mg/dl</li> </ul>	<ul style="list-style-type: none"> <li>■ Recheck glucose if initial Glu &gt; 150 mg/dl</li> </ul>	

Documentation: Complete anesthesia record, including incision time, hourly U.O., and cross-clamp time. LifeGift Coordinator will need a copy of the anesthesia record. IVs, medications, and ventilator support are discontinued after the aorta is cross-clamped. LifeGift will provide a worksheet for this documentation

# Donor Family Services

Providing compassionate and sensitive care to donor families in the months and years after a loss is an important component of the donation process. Through the Donor Family Services program, LifeGift provides bereavement support and information to donor families helping to ensure that the family continues to feel supported after their loved one's death and gifts of donation.

## Ongoing grief support and resources:

From our initial contact with the family in the hospital and continuing on during the weeks and months after the death of their loved one, our specially trained staff focus on providing resources, practical information and emotional support and guidance. The Donor Family Services Program includes:

- A phone call after the recovery is complete
- Grief support program referrals upon request
- A one-year series of timed follow-up mailings (birthday remembrance of the deceased, 6 month anniversary of death, etc.)
- Gatherings and events to honor and remember loved ones
- Opportunities to share their story and volunteer in LifeGift activities
- Bereavement literature

## Written materials:

Following their loved one's death, donor families receive a follow-up letter thanking them for their generosity, and providing general information about the transplant recipients. To ensure anonymity and confidentiality, the recipient's identities are not disclosed.

LifeGift also sends bereavement information to donor families. Developed by licensed grief counselors, these materials provide information about the grieving process and suggestions on how families can get through the difficult days and months following the death of a loved one.

## Donor Medal of Honor:

Donor families receive a Donor Medal of Honor from LifeGift. The medallion was created as a testament to the generosity of organ and tissue donors and their families.



## Donor family gatherings

LifeGift hosts donor family gatherings at locations throughout Houston, Fort Worth, Lubbock and Amarillo on an annual or semi-annual basis. These are opportunities for families to come together to remember and honor their loved ones.

## Communication between donor families and recipients

Donor families and recipients often write letters to each other. These special communications are facilitated through LifeGift and are forwarded anonymously to maintain confidentiality. If a donor family member and recipient choose to meet, LifeGift facilitates the process to ensure each side has provided appropriate authorization for the release of confidential information and offers to host the meeting.

## Quotes from donor families and recipients

*“Losing my son was difficult, but the donation is a great source of comfort. It illustrates just how big God is, in that he uses one tragedy as a source of great joys for others”*

*~A Donor Dad*



*“I am so grateful that families and individuals are willing to give the ultimate gift. Without it, my daughter and I would not be able to see!”*

*~A Transplant Recipient*

*“A transplant is life, and organ donation is love. A transplant is a prayer answered, a renewed lease on life and a chance to dream even bigger.”*

*~ Transplant Recipient*



## **Insert Your Hospital's Donation Policies Here**

Note: Contact your LifeGift representative if you need model policies.

# Confidentiality

Organ and tissue donation is confidential. There are occasions, however, when donation is considered “newsworthy.” LifeGift developed the following position statement to help hospital staff respond in these situations. Please feel free to copy and share the position statement with any hospital staff who might find it helpful. (See “Organ Donation Maintaining Confidentiality.”)

**Please call LifeGift with any questions or concerns about confidentiality. 1-800-633-6562**

## **LifeGift Position Statement Organ Donation: Maintaining Confidentiality**

### **Confidentiality**

The clinical experience of donation is often a unique opportunity for medical professionals and hospital employees. News of it is sometimes exciting and intriguing for the public as well. The following guidelines will help you maintain confidentiality in the cases of organ and tissue donation:

- The American Hospital Association confidentiality guidelines apply for all patients, including patients who have died, individuals who become donors, donor families and transplant recipients.
- Donation is a private decision made by donors and family members. Knowledge about this decision and the status of the donation process must be confined to those hospital employees directly involved in the medical care and surgical procedure.
- Many donor families and recipients DO NOT want to know each other’s identity. As such, it is important to respect their right to confidentiality.
- LifeGift practice is to comply with all applicable laws regarding confidentiality.

### **What is my responsibility as a hospital employee?**

Hospital personnel and LifeGift must keep all information confidential concerning both donors and transplant recipients. This includes laboratory, medical, social and other related information. Communications about the donation remain confidential to the public as well as to hospital employees who are not directly involved in the donation coordination. Decisions a family makes after their loved one has died also are confidential.

### **Time of death**

The time of death is the time when the physician has declared brain death. Brain death, like cardiac death, is death. Follow your hospital's policy authorizing the release of specific information, such as **date** and **time** of death, after the family has been informed of the patient's death.

### **What if the news media inquires about a case?**

If the media contacts the hospital public relations department, the hospital spokesperson may find it necessary to make a statement to the press. The following is a suggested statement:

*“We are unable to confirm or deny a donation took place. All medical records are confidential. The goal of our hospital is to protect the right of privacy to all patients and their families.”*

Although LifeGift and your hospital are unable to offer specific information about donor cases, we can offer general information about organ and tissue donation. LifeGift always is available to provide guidance and is willing to talk with news reporters in your community.

### **If donor families approach the news media**

Donor families may, on occasion, choose to approach the news media with their personal stories. If appropriate, hospital staff should help the donor family understand that if news about the organ donation is publicized, they run the risk that the transplant recipients and their families may draw conclusions about the identity of the donor.

Knowing that confidentiality may be jeopardized, LifeGift encourages donor families to wait at least six months to a year before talking with the media. This timeframe protects the confidentiality of transplant recipients and their families.

**Please call LifeGift, if you have any questions about organ and tissue donation and confidentiality. 1-800-633-6562**

# LifeGift and Health Insurance Portability and Accountability Act (HIPAA) of 1996

In response to the 1996 HIPAA legislation and hospital's request for signed Business Associate Agreements, LifeGift developed the following position statement to help hospital staff respond to questions regarding this issue. Please feel free to copy and share the position statement below with any hospital staff who might find it helpful.

## LifeGift Position Statement

LifeGift is exempt from HIPAA regulations and is neither a "Covered Entity" nor a "Business Associate" of a Covered Entity.

The final HIPAA regulations state that the procurement or banking of organs, blood, sperm, and eyes or any other tissue or human product is not considered to be health care. As a result, the organizations that perform these activities would not be considered health care providers when conducting these functions. Consequently, LifeGift should not be regarded as a "Health Care Provider" and therefore, should not be considered to be a "Covered Entity" and subject to HIPAA.

The final regulations further state that when an OPO is receiving information from a hospital, it is not considered a Business Associate of the hospital and is not required to comply with HIPAA's Business Associate provisions. Consequently, LifeGift is not required to comply with HIPAA's Business Associate provision in carrying out the organ and tissue procurement functions described above.

# Legislative Overview

## Legislation regulating transplantation

Organ transplantation is the only medical therapy that is currently regulated entirely by law. From donation to transplantation, the federal government (and to some extent, the state governments) monitor the administrative and financial aspects of this process. These regulations ensure that organs are shared on a fair and equitable basis. In addition, the responsibilities and functions of health care professionals are sanctioned and safeguarded by these laws so that their responsibilities may be discharged with assurance and protection medically, legally and ethically.

## Donor Designation (Implemented 2006)

The State of Texas has adopted legislation, which specifies that the donor designation on the state registry represents conclusive evidence of intent to donate at the time of death.

- Donor designation refers to an individual's documentation of intent to donate their organs, tissues, and eyes after their death. This may be documented on:
  - The state donor registry
  - A driver's license;
  - A state-issued identification card;
  - A will;
  - An advanced directive;
  - A donor card or other writing, signed by the individual, intended to make an anatomical gift.
- LifeGift will do everything possible to ensure that the individual's wishes regarding donation are fulfilled. Donation may proceed with a properly documented donor designation that has not been revoked by the decedent.

## Uniform Anatomical Gift Act (1968, 1987, 2009)

- Established the legality of organ and tissue donation and donor designation; as well as the priority of legal next-of-kin for authorization in the absence of donor designation.
- Required that the physician pronouncing or certifying death may not in any way participate in the procedures for removing or transplanting anatomical gifts.
- Protects health care professionals from liability associated with donation.

- 1987 Amendment: Required that hospitals establish agreements with an organ procurement organization (OPO) to coordinate recovery.
- Prohibits the sale or purchase of organs or tissues.
- 2009 Amendment: Updates and clarifies the list of who can provide authorization for donation in the absence of donor designation.
- Clarifies revocation of a gift versus refusal of a gift.
- Encourages cooperation between procurement organizations and ME/JP.
- Recognizes anatomical gifts made under the laws of other jurisdictions.

### **Centers for Medicare & Medicaid Services - Conditions of Participation (1998)**

- Hospitals must have a signed agreement with an organ procurement organization (OPO), tissue bank and eye bank.
- Hospitals must notify the OPO of all imminent deaths and cardiac deaths in a timely manner (ideally within one hour).
- The procurement agency determines medical suitability for donation.
- The hospital collaborates with OPO, tissue and eye agencies to ensure that the family of each potential donor is informed of their options to donate organs, tissues or eyes or to decline donation.
- To ensure an informed decision, OPO staff or individuals trained by the OPO discuss donation with the family and obtain authorization.
- Hospitals must work cooperatively with the donation programs in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining potential donors while necessary testing and placement of organs and tissues take place.

### **Medical Examiner Texas State Law preventing denials of organ donation (1995, 2003)**

- Legislatively encourages release of lifesaving organs for transplantation.
- ME/JPs cannot deny organ donation unless physically present in the donation surgery viewing the organ(s).
- ME/JP may request a biopsy while in surgery.

### **Omnibus Budget Reconciliation Act of 1986**

- Federal mandated that organ procurement organizations (OPOs) coordinate the recovery and transplantation process at local levels. Required hospitals to be affiliated with a federally mandated OPO. There will be no more than one designated organ procurement organization per service area.
- Required that all families of potential donors be approached for donation. This act gave families the right to know about organ and tissue donation by mandating that all hospitals participating in the Medicare or Medicaid reimbursement program institute a “required request” policy to assure that families of potential donors are made aware of the option of organ or tissue donation and their option to decline.
- Mandated compliance with United Network for Organ Sharing (UNOS).

### **National Organ Transplant Act (1984)**

- Made it illegal to buy or sell organs and tissues.
- Established the National Organ Procurement and Transplant Network (OPTN) and the national Scientific Registry of Transplant Recipients; in 1986, UNOS was awarded the contract from the government to manage the OPTN.
- The 1984 National Organ Transplant Act established the Task Force on Organ Transplantation, which in 1986, published its landmark report on the medical, legal, social, ethical and economic aspects of organ procurement and transplantation.
- The outgrowth of these recommendations is today’s organ procurement organizations and the system established and regulated UNOS as follows:
  - Guidelines for fair and equitable transplantation;
  - Proposed required request;
  - Proposed organ procurement organizations.

### **Uniform Determination of Death Act (1980)**

- Federal act states that an individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards.
- Since this time, most states including Texas, have adopted similarly worded Determination of Death Acts in their State Statutes.

# Financial Reimbursement of Expenses

Donor families are not responsible for costs related to the donation. All charges related to the donation process are the responsibility of LifeGift. However, the donor family is responsible for costs incurred up to and including the pronouncement of brain death. Families also are responsible for burial costs.

Please contact LifeGift at the following address or phone number with any questions regarding reimbursement of expenses related to organ or tissue donation.

**LifeGift**

2510 Westridge Street

Houston, TX 77054

Phone: 713-523-4438

Fax: 713-737-8100

***Note: This is not the phone number to be used to make the referral of a potential organ or tissue donor.***

## LifeGift Offices

**HOUSTON:**

2510 Westridge Street  
Houston, TX 77054  
Phone: 713-523-4438  
Fax: 713-737-8110

**FORT WORTH:**

1701 River Run, Suite 300  
Fort Worth, TX 76107  
Phone: 817-870-0060  
Fax: 817-870-2073

**LUBBOCK:**

6001 B Spur 327  
Lubbock, TX 79424  
Phone: 806-798-5568  
Fax: 806-798-5572

**AMARILLO:**

1200 Wallace Blvd.  
Amarillo, TX 79106  
Phone: 806-351-5890  
Fax: 806-351-5891

**24-hour Donor Resource Center**

**1-800-633-6562**

# Donation Resources

**Association of Organ Procurement Organizations**

[www.aopo.org](http://www.aopo.org)

**Coalition on Donation**

[www.shareyourlife.org](http://www.shareyourlife.org)

**HHS Donation Site**

<http://www.organdonor.gov>

**TJC - The Joint Commission**

<http://www.jointcommission.org/>

**LifeGift**

[www.lifegift.org](http://www.lifegift.org)

**Donate Life Texas**

[www.donatelifetexas.org](http://www.donatelifetexas.org)

**Community Tissue Services**

[www.communitytissue.org](http://www.communitytissue.org)

**Transplant Services of Dallas- Eye Bank**

[www.utsouthwestern.edu/utsw/home/research/transplantsvcs/index.html](http://www.utsouthwestern.edu/utsw/home/research/transplantsvcs/index.html)

**Transweb**

[www.transweb.org](http://www.transweb.org)

**United Network for Organ Sharing**

[www.unos.org](http://www.unos.org)



LGODC# \_\_\_\_\_  
 MEDICAL EXAMINER # \_\_\_\_\_  
 MEDICAL RECORD # \_\_\_\_\_  
 DATE \_\_\_\_\_ TIME \_\_\_\_\_

**LIFEGIFT ORGAN DONATION CENTER  
 CONSENT FOR ORGAN/TISSUE DONATION**

I/we \_\_\_\_\_, bearing the relationship of \_\_\_\_\_ to \_\_\_\_\_ (name of donor), the deceased do hereby authorize physicians or representatives designated by LifeGift Organ Donation Center to remove the following from the body of the above deceased for possible use as organ/tissue transplants to living persons.

Yes	No	Whole Eyes	Yes	No	Heart
Yes	No	Corneas Only	Yes	No	Lungs
Yes	No	Heart for Heart Valves	Yes	No	Liver and Vessels
Yes	No	Bone & Soft Tissue: Arm Upper / Lower	Yes	No	Kidney(s)
Yes	No	Saphenous/Femoral Veins	Yes	No	Pancreas/Islet cells and Vessels
Yes	No	Bone & Soft Tissue: Lower Body	Yes	No	Small Intestine
Yes	No	Skin: Abdomen / Back / Legs	Yes	No	Other _____
Yes	No	Ribs			

As far as I/we know, this donation is not opposed to by any closer next of kin. I/we understand that small samples of certain tissues, including lymph nodes, spleen, blood and blood vessels will be taken in order to assure compatibility for transplantation purposes. I/we understand that serological testing for AIDS, hepatitis, syphilis, and other infectious diseases will be performed prior to organ removal and/or prior to the transplant of tissues.

I/we understand that the expense associated with the donation of organs/tissues is assumed by LifeGift. I/we further understand that LifeGift will reimburse only those hospital and physician charges incurred following the declaration of death and that the legally accountable party assumes responsibility for hospital and physician charges related to attempts to maintain the life of the above named deceased. I/we understand that we as the next-of-kin or legally accountable party assume responsibility for any and all charges related to transportation of body and funeral expense. I/we understand that tissues may be modified and used for life-saving, reconstructive or cosmetic surgeries. Multiple institutions, including non-profit and for-profit agencies may be involved in the facilitation and use of this gift. While priority for use is within the United States, some gifts may be transplanted abroad.

I/we will receive written information concerning this donation for future reference and understand that I/we may contact LifeGift or its staff at any time in the future for information or clarification about the act of donation.

Further, I/we release \_\_\_\_\_ (hospital), LifeGift Organ Donation Center, and all involved parties from any and all liability of said removal in accordance with the Texas Anatomical Gift Act, VCS 4590-2.

**RELEASE OF MEDICAL INFORMATION**

I/we hereby authorize \_\_\_\_\_ (hospital) and other health care entities such as, but not limited to, a health care provider, EMS agency, or other health care institution(s) to release all pertinent medical information, including autopsy reports, to LifeGift Organ Donation Center and/or its designees.

**TRANSPORTATION OF BODY**

I/we hereby authorize LifeGift or its designees to transport the deceased to another facility for organ/tissue removal.  Yes  No

**MEDICAL RESEARCH**

I/we hereby consent to the removal and use of the following organs/tissues for the purposes of medical research and/or teaching:  
 a.  all organs or tissues circled above, b.  the following specific organs, vessels or tissues (please list: \_\_\_\_\_), or c.  no research

I/we have read/have had read to me the above consent for organ/tissue donation. I/we have been given the opportunity to ask questions and seek clarification regarding the procedures to be followed and I/we hereby give my/our consent to the above stated donations.

_____ Person Obtaining Consent/Affiliation	_____ Signature/Legal Next of Kin
_____ Signature/Witness	_____ Address
_____ Address/Hospital	_____ Signature/Legal Next of Kin
	_____ Address

This consent for donation of the anatomical gift referenced above was obtained by LifeGift staff from the individual(s) listed on this form via recorded telephonic consent, in accordance with the Texas Anatomical Gift Act, Texas Health & Safety Code ch. 692.  
 Yes  No

White copy - Hospital      Canary copy - LifeGift Chart      Pink copy - NOK



SOP Form # PO47-F1  
 Effective Date SEP 15 2010  
 Supersedes Date 01/20/2010  
 Rev # 006

**DONATION AFTER CARDIAC DEATH (DCD) CONSENT FORM  
 ADDENDUM TO THE CONSENT FOR ORGAN/TISSUE DONATION FORM**

Consent for Organ/Tissue Donation completed. LifeGift representative initials and date: \_\_\_\_\_

I/we \_\_\_\_\_, bearing the relation of \_\_\_\_\_ to \_\_\_\_\_ having made the decision to withdraw mechanical ventilation, in accordance the Texas Advance Directives Act, Texas Health & Safety Code §166.001 et seq., and hospital policy, do hereby authorize physicians or representatives designated by LifeGift to remove the organ/tissues from the above immediately following the declaration of death, as noted in the Consent for Organ/Tissue Donation.

I/we understand that the declaration of death is to be made by the attending physician or a physician designated by the attending physician who is not associated with any transplant program.

I/we understand that steps will be taken to ensure the comfort of the patient when support is withdrawn. This may include the administration of narcotic drugs or other medications just prior to or after the withdrawal of support.

I/we understand that prior to the withdrawal of support, it may be necessary to perform medical or surgical interventions for the purpose of organ recovery, prior to the determination of death. I/we further understand that it may be necessary to place a catheter for the purpose of infusing cold preservation solution to improve the viability of the organs for transplantation. The catheter may be inserted prior to death, but not before the patient has become totally unconscious and unresponsive to noxious or painful stimuli, or immediately after death has been declared. Efforts will be made to minimize any possible discomfort that placement of this catheter may cause the patient. I/we also understand that the infusion of an anti-coagulant such as heparin will be necessary to improve the viability of the organs.

I/we understand that if death has not occurred within one hour after support has been withdrawn, organ donation will not be possible and the patient will be returned to the ICU, or other designated nursing unit and that LifeGift will be responsible only for expenses associated with the effort to recover organs for transplant and cannot be held responsible for expenses incurred once the patient has been returned to the ICU or other designated nursing unit if death does not occur.

I/we understand that recovered organs may not be transplanted due to warm ischemic time.

I/we understand that the administration of a DCD Evaluation Tool may be used and may require the removal of the ventilator to more accurately evaluate the potential for organ donation. I/we further understand that should the patient arrest prior to the removal of support for the purpose of organ recovery, cardiopulmonary resuscitation may take place, and would require the revocation of any prior DNR (Do not Resuscitate) orders.

I/we have read/had read to me and signed the Consent for Organ/Tissue Donation form, and have read/had read to me the above addendums to that form. I/we have been given the opportunity to ask questions and seek clarification regarding the procedures to be followed and I/we hereby give my/our consent to the stated donations.

\_\_\_\_\_  
 Signature/Witness

\_\_\_\_\_  
 Signature/Legal Next of Kin

\_\_\_\_\_  
 Address/Hospital

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Signature/Witness

\_\_\_\_\_  
 Signature/Legal Next of Kin

\_\_\_\_\_  
 Address/Hospital

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Phone Number



SOP Form # **POSS-F1**  
 Effective Date **APR 02 2003**  
 Supersedes Date **12/05/2007**  
 Rev # **001**

**NOTIFICATION OF THE DONATION OF ORGAN AND/OR TISSUES WITH A DOCUMENT OF GIFT**

\_\_\_\_\_ (name of donor) has authorized the donation of his/her organs and/or tissue and the recovery and placement of the organs and/or tissue will be coordinated by LifeGift Organ Donation Center (LGODC) and its affiliated agencies. The donation of organs and tissues made by the donor includes any examination necessary to evaluate the safety and medical suitability of the organs and/or tissues for transplantation, therapy, research and education. This includes but is not limited to testing for communicable diseases such as hepatitis and HIV. These test results and/or medical information will be kept confidential in accordance with applicable laws and policies.

The donor will be examined to the extent necessary to obtain these organs and tissues, this may include but is not limited to the removal of the spleen, lymph nodes and blood in order to facilitate the donation. The recovery of organs and/or tissues includes the recovery of any blood vessels and/or associated anatomical structures.

LGODC and applicable agencies will assume costs related to the evaluation, management and recovery of the organs and tissues. All other costs, including funeral and burial arrangements are the responsibility of the family. It is the policy of LGODC and affiliated programs to maintain confidentiality regarding the donation of these gifts.

\_\_\_\_\_ (initial) I \_\_\_\_\_ (LifeGift staff) have informed the administrator(s) or executor(s) of the deceased's estate, the deceased's authorized representative, spouse or primary caretaking partner or next-of-kin, that LifeGift Organ Donation Center will coordinate the donation of organs and tissues in accordance with the decedent's wishes and will provide all necessary coordination, including transportation of the body to a recovery facility to the funeral home of the family's choice at the expense of LifeGift Organ Donation Center.

I am affirming by my signature below that I have informed the administrator(s) or executor(s) of the deceased's estate, the deceased's authorized representative, spouse or primary caretaking partner or next-of-kin of this donation and have answered any questions they may have asked. Further, I have informed same of the recovery procedures and the estimated period of time required for the evaluation, allocation and recovery of organs and/or tissues.

This information was disclosed to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City/State: Zip: \_\_\_\_\_

The disclosure for donation was explained by: \_\_\_\_\_

Donor Number \_\_\_\_\_ Document of Gift: Registry \_\_\_\_\_ Donor Card \_\_\_\_\_ Other \_\_\_\_\_  
 (Attach a copy of appropriate Documentation)

Date/Time: \_\_\_\_\_

Signed: \_\_\_\_\_ (Indicate if taped oval certification if not signature)

Witness: \_\_\_\_\_



# Frequently Asked Questions and Concerns Regarding Organ and Tissue Donation

Health care professionals and the general public often have questions regarding organ and tissue donation. In an effort to demystify the organ and tissue donation process and encourage more Americans to become organ and tissue donors, the most frequently asked questions and their corresponding answers are listed below.

*Q: What organs and tissues are needed for donation?*

A: One organ donor can save up to eight lives by donating the heart, liver, kidneys, lungs, pancreas, and intestine. Tissues such as eyes, skin, bones, connective tissue, arteries, veins, and heart for valves can also be donated. One tissue donor can save or enhance up to 50 lives.

*Q: How successful are transplants?*

A: Organ transplantation has become a routine and highly successful form of treatment for end-stage organ disease. Three-year patient survival rates are greater than 90 percent for heart, kidney, liver and pancreas transplants. There is an 81 percent success rate for heart-lung transplants and 76 percent for lung transplants. Tissue grafts are nearly 100 percent successful.

*Q: Is there a cost to the donor family?*

A: No. There is no cost to the donor's family or estate for the donation. All organ and tissue donation costs are the responsibility of the procurement agency. Hospital and funeral expenses not associated with the donation remains the responsibility of the family or estate, just as they would if donation had not taken place.

*Q: Can organs and tissue be used for research?*

A: Yes. If an organ or tissue cannot be used for transplantation, it may be useful for research. Research helps scientists in their efforts to find cures for diseases, such as cancer or health conditions, such as diabetes. Research always requires written authorization from the legal next-of-kin, even in cases when donor designation exists.

*Q: Can human organs or tissues be bought or sold in the United States?*

A: No. According to federal legislation, human organs and tissues cannot be bought or sold. In addition, every organ donation and transplant is reviewed by a national governing body. This strict regulation prevents any type of "black market" from organs in this country. Organs must be recovered by a federally designated organ procurement organization (OPO), such as LifeGift.

*Q: What are the benefits of donation?*

A: Families who make the decision to donate often find that donation helps them through their grieving process. Donation is something positive that can come from the death of a loved one. One organ donor can save the lives of up to eight people through the donation of heart, lungs, kidneys, liver, pancreas and intestine. One tissue donor can enhance the lives of up to 50 people through the donation of corneas, heart for valves, skin, bone, arteries, veins and connective tissue.

*Q: Will the identity of the organ donor be revealed to the organ transplant recipients?*

A: Generally, no. The identities of both the recipient and the donor family are confidential. The LifeGift Donation Coordinator sends a letter to the donor family informing them about the organ recipients and provides information such as the recipient's age and sex, and how their health has improved since his/her transplant. Some donor families and recipients correspond anonymously. On occasions, when both sides wish to meet, LifeGift will help facilitate such meetings.

*Q: Will the identity of the tissue donor be revealed to the tissue transplant recipients?*

A: Generally, no. The tissue recovery agency will include information in the letter to the family telling them how their loved one's donated tissues will help individuals in need. However, since the reporting of tissue recipient information by surgeons and hospitals is voluntary, and because certain tissues may not be transplanted for several years, it is often hard to get specific information about tissue recipients.

For these reasons, it is unlikely that families may hear from tissue recipients or that general information will be provided about each recipient. If their loved one donated their corneas, they will receive similar information from the Lions Eye Bank.

*Q: Can the family still have an open casket funeral if the donation process proceeds?*

A: Yes. Special considerations are not necessary following donation. Even if all organs and tissues are donated, an open casket funeral is still an option. Also, every effort will be made to minimize any visual change to the decedent's body or delay in the funeral arrangements.

*Q: If the patient has a donor designation on their driver's license, must the family still give authorization for the donation to take place?*

A: No. The family does not need to give written or verbal authorization for the donation of organs, tissue and eyes to occur. However, a past medical and social history is needed to proceed with donation. All families are provided

with the same level of support and follow-up regardless of whether they or their loved one provided authorization for donation to occur.

*Q: What if the family/legal next-of-kin doesn't want to proceed when there is donor designation?*

A: LifeGift recognizes the right of every individual to make a personal decision about donation and will do all we can to honor and uphold those wishes. The donor family is an integral part of the donation process and we will continue to support families and work with them through this process. Families very rarely go against the known wishes of their loved one.

There may be situations where a family has reservations. LifeGift has a conflict resolution protocol in place for these situations. Based on national experience, this is a rare occurrence since most families follow their loved one's wishes. If there are next-of-kin disagreements, the LifeGift Donation Coordinator will work with the next-of-kin to resolve issues.

*Q: Can the family see their loved one after the organ recovery surgery?*

A: Yes. The LifeGift Donation Coordinator and the hospital staff can arrange a place for the family to view their loved one after the organ recovery surgery.

*Q: How are organs distributed to patients waiting for organ transplants?*

A: Every person waiting for organ transplant is registered with the United Network for Organ Sharing (UNOS). LifeGift works with UNOS to fairly allocate organs based upon medical urgency, genetic matching and length of time on the waiting list.

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## Updates

Please note: Updates to this resource manual will be provided periodically.