SCOPE
This policy applies to Medical Staff, Nursing, Respiratory, Laboratory, Imaging Staff, Organ Procurement Agency, and Designated Requestors.

PURPOSE
Outline process for identifying suitable/potential donors and organ and tissue procurement.

STATEMENT OF POLICY
Penrose St. Francis Healthcare facilities will identify potential organ/tissue donors and refer to Donor Alliance in a timely manner. Only trained designator requestors will approach the next of kin to assure discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.

PROCEDURE
I. Tissue Donation
   A. Any person (regardless of diseases processes) who dies could be a potential tissue donor (eyes, skin, bone, heart valves). All families, proxies or medical representatives will be informed about organ/tissue/eye donation in support of Colorado law. The staff will exercise discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.
   B. PSF is associated with Donor Alliance Organ Procurement Organization (OPO) and follows its rules and regulations. The agreement assures that all usable tissues and eyes are obtained from potential donors as long as it does not interfere with organ procurement. A different location may be needed to carry out the recovery of donated tissues. In that case, the body may be transferred to an alternative surgical facility for the recovery of tissues, at no cost to the family.
   C. Upon a patient’s death, Donor Information line will be notified within 59 minutes of the deaths to determine potential tissue/eye donations.
   D. Before approaching the family hospital staff must contact the Donor Information Line (Donor Alliance/Rocky Mountain Lions Eye Bank) at 800-448-4644 (STAT line) or 303-321-0060 within 59 minutes to determine eligibility for organ and/or tissue donation when the following occurs:
      1. the patient dies,
      2. death is imminent
### E. NOTIFICATION PROCESS

#### 1. Next-of-Kin

<table>
<thead>
<tr>
<th>Registered Donor</th>
<th>Non-registered Donor</th>
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</thead>
<tbody>
<tr>
<td>If the patient is registered as a donor in the Colorado Donor Registry and they are eligible to be a tissue donor, the recovery agencies or designated requestor will handle contact with the donor’s next-of-kin and explain the donation process.</td>
<td>If the patient is not listed in the Colorado Donor Registry and the patient is eligible to donate, the next-of-kin retains the right to make the decision concerning donation. The Designated Tissue Requestor for the hospital then offers donation options to the family. If the patient does not meet medical criteria for donation, the family need not be approached and the reason will be documented in the medical record or the hospital death form.</td>
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</tbody>
</table>

- A listing in the Colorado Donor Registry is a legal consent for donation and the next-of-kin will not be approached with the option of making a donation. A representative from the procurement agency will contact the next of kin and explain the law and the process; and offer support.
- The Donor information line does not have access to tissue options so this information will not be available until the recovery agency has been contacted.

#### 2. Coroner Cases: PSFHS staff will notify Coroner on all Coroner Cases

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<thead>
<tr>
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<tbody>
<tr>
<td>Donor Alliance will obtain Coroner’s release if patient is eligible for donation.</td>
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#### 3. Obtaining Permission from the Next-of-Kin:

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</thead>
<tbody>
<tr>
<td>There is no need to obtain permission from the Next-of-Kin. Donor Alliance staff will explain the process and offer the family support.</td>
<td>Only a trained designated requestor (PSF staff) may approach the family regarding the option of Tissue donation. Volunteers may not be designated requestors.</td>
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</tbody>
</table>

The requestor exercises discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.
4. Next-of-Kin Determination:

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>There is no need to obtain permission from the family.</td>
<td>Written consent (The Anatomical Gift Consent Form) will be obtained from any of the following, in this order (according to the Uniform Anatomical Gift Act):</td>
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<tr>
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<td>• Medical Power of Attorney/Agent</td>
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<td>• Spouse</td>
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<td></td>
<td>• Adult Child</td>
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<td></td>
<td>• Parent</td>
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<td>• Adult sibling</td>
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<td>• Adult grandchild</td>
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<td></td>
<td>• Grandparent</td>
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<td></td>
<td>• Adult exhibiting special care/concern</td>
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<td>• Court appointed guardian</td>
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<td>• Person authorized to arrange for final disposition of the body</td>
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</table>

5. Disagreement among Family Members/SO, etc.:

<table>
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<tr>
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<th>Non-registered Donor</th>
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<tbody>
<tr>
<td>There is no need to obtain permission from the Next-of-Kin.</td>
<td>If there is a disagreement or objection from members of the same category, as listed above, the donation will not be accepted. Contact the Ethics Consultant and/or Risk Management if there is confusion regarding the designation of “next of kin”.</td>
</tr>
</tbody>
</table>

F. A Donor Alliance representative will direct the nurse or physician in the management of the organ or tissue donor.  
G. Following declaration of death, all charges pertaining to donation will be assumed by the recovery agency.  
H. The hospital maintains records, in cooperation with the OPO, regarding potential donors whose names have been sent to the OPO, as well as tissue and eye banks. Charts are reviewed to obtain a list of deceased patients, those called to the OPO, potential donors and percentage of donations done.  
I. PSF works cooperatively with the OPO in educating staff of donating tissues.

II. ORGAN DONATION AFTER BRAIN DEATH

A. When a patient is severely brain injured and brain death is imminent, or have met any the following organ donation referral triggers;  
   • Glasgow Coma Scale < 5  
   • Family is discussing withdrawal of care (vasopressors or ventilator)  
   • Brain death testing has been initiated
• Family has asked about donation. Donor Alliance will be notified. Notification will be early enough that organ viability can be preserved and to allow the OPO time to assess the patients suitability for organ donation.

B. The Donor Alliance Coordinator will come on-site to evaluate the patient and determine eligibility for organ donation potential and coordinate the request process.
C. Notify coroner if appropriate (see IDP D-01-m Death of a Patient and Protocol for Reporting Deaths to Coroner).
D. Donor Alliance will obtain permission from the coroner for organ donation.
E. Maintain organ viability when consent for donation has been obtained using aggressive medical therapy (including resuscitation measures).
F. Provide on-going care per written Donor Alliance orders.
G. Organ procurement is completed in the operating room. Surgery personnel will complete care of the body after organs are procured.
H. All charges after the determination of brain death and an official time of death declared by the physician, will be assumed by Donor Alliance, this is done by calling Patient Registration to obtain a new chart and RA number for the patients.
I. Notify Spiritual Care, if not present, to assist with families and the death process.

III. ORGAN DONATION AFTER CARDIAC (Circulatory) DEATH

A. The potential organ donor patient after cardiac (circulatory) death must meet the following criteria:
   1. Have a non-survivable illness or injury which has resulted in ventilator dependency.
   2. The patient should have made an advance directive or the family has made a decision for removal of the patient from artificial life support.
   3. Attending physician(s) have determined that the patient is likely to experience a cardiac arrest within 60 minutes after removal of life support as assessed by clinical status and by additional testing.
   4. Patient’s age and weight qualifications will be evaluated on a case by case basis.
   5. The patient will have no uncontrolled hypertension, generalized sepsis, insulin-dependent, diabetes mellitus or other diseases of the organs under considerations.
   6. A systolic blood pressure greater than or equal to 90 mmHg (60mmHg pediatric) with or without pressors, and a Pa 02 greater than or equal to 80mmHg prior to removal of life support.
   7. Normal renal function. Ideally a BUN under 30, serum creatine under 2.0mg/dl and a normal urinalysis and a minimum of 0.5cc/kg/h urine output at the time of withdrawal from mechanical ventilated support.
B. When a patient is a candidate for organ donation after cardiac (circulatory) death the following process is as follows:
   1. The family in conjunction with the medical staff has agreed to withdraw mechanical ventilated support. Document decision in chart.
   2. Notify Spiritual Care Department and Ethics Consultant on call. Spiritual Care will be available to support the family. The Ethics Consultant will oversee the process in relation to compliance with the guideline.
3. Donor Alliance (OPO) will be notified of the potential organ donation after cardiac (circulatory) death donor 303-321-0060 or 800-448-4644.

C. Care of the after cardiac (circulatory) death patient.
   1. Donor Alliance Coordinator, following the family’s decision to withdraw life support, will present donation options to the next-of-kin.
   2. To facilitate organ recovery, the patient must be maintained on a ventilator and hemodynamically supported for organ perfusion until withdrawal of support. The Donor Alliance Coordinator will work in conjunction with the hospital medical staff to request medical consultations and laboratory studies to determine suitability of the organs for transplantation.
   3. Donor Alliance Coordinator with the knowledge of the attending physician will conduct additional screening to determine eligibility for donation.
   4. Patient will be made AND (allow a natural death). Family will be notified that the patient will receive palliative and comfort care as indicated throughout the procedure. See IDP on Palliative Care P-01-a. **No medication will be given to hasten death.**
   5. The patient will be transferred to a designated location in the operating room during a 60-minute observation period so that family may be present.
   6. Life sustaining support such as artificial ventilation and vasopressor agents will be discontinued.
   7. If the patient does not expire within 60 minutes, the patient will return to the Intensive Care Unit or a designated private room. After 60 minutes the patient is no longer eligible to donate organs but may donate tissues and eyes.
   8. Death will be pronounced by the attending physician or his/her designee. **Following patient death, removal of the endotracheal tube will be by PSF nursing staff.**
   9. Once death is pronounced, there will be a five-minute waiting period before proceeding with organ procurement. During this time the family will be given an opportunity to be with their family member.
   10. The patient will be transferred to an appropriate operating room for organ procurement by the organ procurement team. Anesthesia will not be required for organ procurement.

D. Follow-up of all cases will be reviewed for both process and outcome in the Ethics committee and the Donor Resource Committee.

E. The hospital works with the OPO and the tissue and eye banks as follows:
   1. In reviewing death records to improve identification of potential donors.
   2. To maintain potential donors while necessary testing and procurement of potential donated organs, tissues and eyes takes place.
   3. In educating staff about donation issues.

**DEFINITIONS**

1. **Brain Death** – Irreversible cessation to all functions of the entire brain including the brain stem.
2. **Cardiac/Circulatory Death** - Cessation of cardiac function (asystole).
3. **Designated Requester** - Staff person or physician trained by Organ Procurement Organization (OPO) to approach families of eligible tissue/eye donor. Approach for potential organ procurement will be in collaboration with the OPO.

4. **DONOR**
Brain dead - patient who meets criteria for brain death and is eligible to donate organs and tissues. (See policy Determination of Brain Death).

Organ donation after cardiac (circulatory) death – applies to the individual who is NOT brain dead but whose death is imminent.

Eye-tissue – Deceased person who is eligible to donate eyes, bone, skin, tissue, heart valves.

Registered - Patient who is registered as a donor in the Colorado Donor Registry. (According to state law).

Imminent Death - an individual who has sustained a severe neurological insult and is on a ventilator in the ICU or ED with a Glasgow coma scale of 5 or less; or is moribund (in a dying state, from a non-neurological insult). The physician will be informed when the OPO (Donor Alliance) has been notified.

REFERENCES AND SOURCES OF EVIDENCE


POLICY VIOLATION

Any Centura associate who fails to abide by this policy may be subject to disciplinary action, up to and including termination.

REVIEW/APPROVAL SUMMARY

| REVIEW/REVISION DATES: 9/94, 1/98, 9/00, 1/03, 2/04, 4/06, 9/08 |
|-----------------------------|-----------------------------|
| APPROVAL BODY(IES): PSF Interdisciplinary Practice Committee |
| APPROVAL DATE: 02/26/2013 |

All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.