HPAP-164 Donor Summary

HPAP	**164**	***UNOS***	
Recovery OPO	Gift of Life Donor Program GLDP	**Allocation Via**	UPENN ☒ nPOD ☐
Age (years)	39	**DCD**	YES ☒ NO ☐
Race	Caucasian	**DBD**	YES ☒ NO ☐
Sex	M ☒ F☐	**Admission to Cross Clamp**	119 Hours 55 Mins.
ABO (Rh)	0 Positive	**Cross Clamp Time**	10/14/23 23:10 EDT
BMI (Kg/m^2) **Weight (kg)** **Height (cm)**	23.62 88 193.04	**Cold Ischemia Time***	11 Hours 51 Mins.
Cause of Death	Anoxia	**Preservation Solution**	UW ☒ HTK☐ Storage/Viaspan/SPS-1
Mechanism of Injury	Drug Intoxication	**Organs Recovered**	Heart ☒ Kidney ☒ Lung ☒ Pancreas ☒ Liver ☒ Intestine ☐
Cardiac Arrest/Downtime	Yes ☒ No ☐ 30-50 mins.	**Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:**	00 Hours 44 Mins.
CPR / Time	Yes ☒ No ☐ 30 mins.	**Organs Discarded**	Heart ☐ Kidney ☐ Lung ☐ Pancreas ☐ Liver ☐ Intestine ☐
Total Est. Downtime	30 mins.	**Blood Culture**	No Growth
Date /Time of Admission	10/09/2023 23:15 EDT	**PHS High Risk**	YES ☐ NO ☒
		Acute Lung Injury	Bilateral lung opacities suggest resolving pneumonia with some suspicion of infectious bronchiolitis

***Cold Ischemia time is calculated from time of cross clamp to start of enzyme perfusion for islet isolation.**

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Medical History:

		Duration	Medications	Compliance
Type of Diabetes	T2DM	2 years	Metformin	yes
History of cancer	-----	-----	-----	-----
CAD	-----	-----	-----	-----
Hypertension	-----	-----	-----	-----
Hyperlipidemia	-----	-----	-----	-----
Autoimmune disease	-----	-----	-----	-----
Family History	CAD ☒ Maternal grandmother	Diabetes ☒ Aunts, Paternal grandmother	Auto immune disease ☐	Others:
Surgical History:	R knee MCL repair in 2008			
Comments:	Medical Hx: Hepatitis A believed to be caught from a roommate LFTs only monitored Medication Hx: Lisinopril unknown dose duration: 1.5 months stopped 2 weeks ago, Lexapro 20 mg for 5 years, Clomid unknown dose duration 4 months stopped 8/2023 Social Hx: smoked 2 ppd for 10 years quit on 2014 Alcohol HX: Vodka, varying (a few shots to 1 L0) daily for 5t years. Then became sober x a few months a time over the last 1 year.			

Hemodynamic Profile

Average BP During Hospitalization (mmHg)	127/73	
Average Low BP During Hospitalization	89/55	**Duration:** 5-16 mins.
Average BP in OR (mmHg)	124/54	
Average Low BP in OR (mmHg)	76/40	**Duration:** 3 minutes
Average HR in OR (bpm)	92	
ABG-pH range	6.99 - 7.45	

INTERVENTION

Blood Products/Meds Transfused Before Organ Recovery

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	-----	-----	-----
PRBCs	-----	-----	-----
Platelets	-----	-----	-----
Norepinephrine (Levophed)	-----	30 mcg/min continuous IV started 113:19 hrs. before organ recovery	
Vasopressin	-----	0.04 units/hr continuous IV started 116:07 hrs. before organ recovery	
Neo-Synephrine	-----	-----	-----
Epinephrine	-----	20 mcg/min started 119:25 hrs. before organ recovery for the duration of 29:40	
Phenylephrine	-----	-----	-----
Dopamine	-----	-----	-----

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Blood Products/Meds Transfused Intraoperative

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	-----	-----	-----
PRBCs	-----	-----	-----
Platelets	-----	-----	-----
Norepinephrine (Levophed)	-----	-----	-----
Vasopressin	-----	-----	-----
Neo-Synephrine (phenylephrine)	-----	25 mcg/min	-----
Epinephrine	-----	-----	-----
Dopamine	-----	-----	-----
Heparin	-----	30,000	-----

Initial Autoantibody Screening (nPOD): ELISA

Not performed for HPAP-T2D program

GAD-65	IA-2
ND	ND

Confirmatory results: Radioimmuno Assay (RIA)

	GAD-65 (unit/ml)	IA-2 (unit/ml)	Insulin AAB (unit/ml)	ZnT8 (unit/ml)
Results	333	0	-0.006	0.001
Cut-off values	20	5	0.01	0.02

*Sample obtained at time of organ recovery.

	C-peptide (ng/ml)	Proinsulin
Results	0.12	ND

*Sample obtained at time of organ recovery.

HLA (OPO)*

Class 1	A	3	3	Class II	DR	4	8
	B	7	8		DR51	N-Negative	N-Negative
	C	7	7		DR52	N-Negative	N-Negative
	Bw4	Negative			DR53	53	N-Negative
	Bw6	Positive			DQB1	8	4
	[redacted]				DQA1	03	04
					DPB1	03:01	04:01
					DPA1	01	01
Comment:							

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Confirmatory HLA (UPENN)*

Not performed for HPAP-T2D program

Class 1	**A**			**Class II**	**DRB1**		
	B				**DRB3**		
	C				**DRB4**		
					DRB5		
					DQB1		
					DQA1		
					DPB1		
					DPA1		

*HLA typing performed using NGS

Infectious Disease Serology

		Hemo/Plasma Dilution Status	
Test	**Result**	**Qualified**	**Non-Qualified**
EBV IgG	**Positive**	✓	-
EBV IgM	Negative	✓	-
CMV	**Positive**	✓	-
HBcAb	Non-Reactive	✓	-
HBsAg	Non-Reactive	✓	-
HCV Ab	Non-Reactive	✓	-
HIV I/II	Non-Reactive	✓	-
Syphilis	Non-Reactive	✓	-
Procleix Ultrio	ND	–	-
Ultrio HBV	Non-Reactive	✓	-
Ultrio HCV	Non-Reactive	✓	-
Ultrio HIV	Non-Reactive	✓	-
Toxoplasma Ab	Negative	✓	-
SARS-CoV-2	Negative	✓	-

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Laboratory Panel

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	136	165	165
Creatinine (<1.5)	1.14	1.33	0.94
Glucose (mg/dL) (60-150)	388	534	167
HbA1C%	9	-----	-----
Total bilirubin (0-1.0)	0.5	0.6	0.4
SGOT (AST) (0-40)	217	647	43
SGPT (ALT) (5-35)	65	128	44
Alkaline phosphatase (45-110)	99	195	129
Serum Amylase (23-851)	NA	57	10
Serum Lipase (0-80)	93	93	4
WBC (THO/uL) (4.5-11.0)	6.3	10.4	7.6
Hgb (g/dL) (12-16)	11.7	12.6	10.9
Platelets (THO/uL) (150-350)	98	98	23
INR (<2.0)	NA(10/13: 0.9)	1	1

Urinalysis

	1st	2nd	3rd	4th
Glucose	Positive: >1000	Positive: >1000	Positive: >1000	Positive: 300

Medications During Hospitalization

Steroids**	-----		
Diuretics	Furosemide 40 mg, Mannitol 50 gms, Lasix 100 gms		
T3 Protocol	-----		
T4 Protocol*	40 mcg/hr.		
Insulin**	Insulin Regular 10 units started 75:19 hrs. before organ recovery		
Antihypertensive	-----		
Vasodilators	-----		
DDAVP**	-----		
Total parenteral nutrition	-----		
Other	DuoNeb 3 ml, Hydrocortisone 100mg, Heparin Sodium 5000 units, Ceftriaxone 1gm, Azithromycin 500mg, Cefepime 2gm, Magnesium Sulfate 4 gm, Potassium Chloride 40 mEq, Potassium Phosphorate 30mmol, Vancomycin 2gm, Albuterol 15 mg, Calcium Gluconate 1000 mg, Dextrose 50% 10 gm, ,	Specify	

*T4 protocol: Levothyroxine, (20 mcgs), Solumedrol (2 gms,) Dextrose 50%, (1 amp), Regular Insulin (20u), Vasopressin (1 unit)

Mi Z, Novitzky D, Collins JF, Cooper D KC. The optimal hormonal replacement modality selection for multiple organ procurement from brain-dead organ donors. Clinical Epidemiology 2015:7 17-27.

** Excluding T4 Protocol