

HPAP020 Donor Summary



HPAP	020	UNOS		
Recovery OPO	Missouri, KS	Allocation Via	UPENN <input type="checkbox"/> nPOD <input checked="" type="checkbox"/>	
Age (years)	14	DCD	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Race	Caucasian	DBD	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Sex	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Admission to Cross Clamp	163 Hours 5 Mins.	
ABO (Rh)	A (-)	Cross Clamp Time	01/03/2018 @ 06:31 CST 01/03/2018 @ 07:31 EST	
BMI (Kg/m²)	13.32	Cold Ischemia Time*	13 Hours 12 Mins.	
Cause of Death	Anoxia	Preservation Solution	UW <input checked="" type="checkbox"/> HTK <input type="checkbox"/>	
Mechanism of Injury	Cardiovascular	Organs Recovered	Heart <input type="checkbox"/> Lung <input checked="" type="checkbox"/> Liver <input checked="" type="checkbox"/>	Kidney <input checked="" type="checkbox"/> Pancreas <input checked="" type="checkbox"/> Intestine <input type="checkbox"/>
Cardiac Arrest/Downtime	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:	<div> <div>Hours</div> <div>Mins.</div> </div> Not available	
CPR / Time	Yes <input checked="" type="checkbox"/> 47 minutes No <input type="checkbox"/>	Organs Discarded	Heart <input type="checkbox"/> Lung <input type="checkbox"/> Liver <input type="checkbox"/>	Kidney <input type="checkbox"/> Pancreas <input type="checkbox"/> Intestine <input type="checkbox"/>
Total Est. Downtime	Unknown	Blood Culture	No Growth	
Date /Time of Admission	12/27/2017 @ 11:26 CST 12/27/2017 @ 12:26 EST	PHS High Risk	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		Acute Lung Injury	No ARDS	

*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	T1DM	5 days	Insulin	--
History of cancer	--	--	--	--
CAD	--	--	--	--
Hypertension	--	--	--	--
Hyperlipidemia	--	--	--	--
Autoimmune disease	--	--	--	--
Family History	CAD <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Auto immune disease <input type="checkbox"/>	Others:
Surgical History:	None			
Comments:	Unsuspected recent diagnosis of T1DM at the time of admission			

Hemodynamic Profile

Average BP During Hospitalization (mmHg)	125/90	
Average Low BP During Hospitalization	90/65	Duration: 60 mins
Average BP in OR (mmHg)	100/55	
Average Low BP in OR (mmHg)	85/45	Duration: 5 minutes
Average HR in OR (bpm)	95	
ABG-pH range	6.95 – 7.44	

INTERVENTION

Blood Products/Meds Transfused Before Organ Recovery

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	--	--	--
PRBCs	350	1	350 (one day prior to OR)
Platelets	--	--	--
Norepinephrine (Levophed)	0.1/4 (mc/kg/min/cc) started 2 days before OR and cont. ~ 24 hrs	--	--
Vasopressin	--	--	--
Neo-Synephrine	--	--	--
Epinephrine	--	--	--
Phenylephrine	--	--	--
Dopamine	Started @ 17.5/6.9 (mcg/kg/min/cc) 2 days before OR and titrated till 1-day before recovery	--	--

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Blood Products/Meds Transfused Intraoperative

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	-----	-----	-----
PRBCs	-----	-----	-----
Platelets	-----	-----	-----
Norepinephrine (Levophed)	-----	-----	-----
Vasopressin	-----	-----	-----
Neo-Syneprine (phenylephrine)	-----	4000mcg	Single dose
Epinephrine	-----	-----	-----
Dopamine	-----	-----	-----
Heparin	-----	15,000	-----
Insulin	-----	2.38 u/hr @ the time of admission, titrated all through OR	-----

Initial Autoantibody Screening (nPOD): ELISA

GAD-65	IA-2
Positive	?

Confirmatory results: Radioimmuno Assay (RIA)*

	GAD-65 (unit/ml)	IA-2 (unit/ml)	Insulin AAB (unit/ml)	ZnT8 (unit/ml)
Results*	29	207	0.013	0.073
Cut-off values	20	5	0.01	0.02

*Sample obtained at time of organ recovery * Aab assays confirmed by UK Lab.

C-peptide (ng/ml)	Proinsulin
0.37	ND
--	--

*Sample obtained at time of organ recovery

HLA (OPO)*

Class 1	A	01	02	Class II	DRB1	03:01	13:02
	B	45	53		DRB3	02:02	03:01
	C	04	06		DRB4	-----	-----
	Bw4	ND			DRB5	-----	-----
	Bw6	ND			DQB1	02:01	06:04
					DQA1	01:02	05:01
					DPB1	03:01	04:01

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			DPA1	01:03	-----
Comment:					

*Methodology:RT-PCR

Confirmatory HLA (UPENN)*

Class 1	A	01:01	02:01	Class II	DRB1	03.:01	13:02
	B	45:01	53:01		DRB3	02:02	03:01
	C	06:02	04:01		DRB4	-----	-----
					DRB5	-----	-----
					DQB1	02:01	06:04
					DQA1	01:02	05:01
					DPB1	04:01	104:01
					DPA1	01:03	-----

*HLA typing performed using NGS

Infectious Disease Serology

Test	Result	Hemo/Plasma Dilution Status	
		Qualified	Non-Qualified
EBV IgG	?		
EBV IgM	?		
CMV	Positive	Yes	-----
HBcAb	Non-Reactive	Yes	-----
HBsAg	Non-Reactive	Yes	-----
HCV Ab	Non-Reactive	Yes	-----
HIV I/II	Non-Reactive	Yes	-----
Syphilis	Non-Reactive	Yes	-----
Procleix Ultrio	ND	Yes	-----
Ultrio HBV	Non-Reactive	-----	-----
Ultrio HCV	Non-Reactive	Yes	-----
Ultrio HIV	Non-Reactive	Yes	-----
Toxoplasma Ab	?	Yes	-----

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Laboratory Panel

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	148	163	151
Creatinine (<1.5)	1.6	4.2	3.5
Glucose (mg/dL) (60-150)	480	480	160
HbA1C%	ND	--	--
Total bilirubin (0-1.0)	0.2	0.3	0.1
SGOT (AST) (0-40)	225	921	74
SGPT (ALT) (5-35)	148	411	130
Alkaline phosphatase (45-110)	287	287	97
Serum Amylase (23-851)	27	29	17
Serum Lipase (0-80)	21	22	17
WBC (THO/uL) (4.5-11.0)	42.6	42.6	7.8
Hgb (g/dL) (12-16)	12.6	12.6	7.8
Platelets (THO/uL) (150-350)	308	308	94
INR (<2.0)	1.3	1.8	1.3

Urinalysis

	1 st	2 nd	3 rd	4 th
Glucose	.500mg/dl	-----	Negative	-----

Medications During Hospitalization

Steroids**	--
Diuretics	Lasix
T3 Protocol	None
T4 Protocol*	T4 started 2-days before OR and continued in OR @ 3.57 mcg/hr
	Single dose Solumedrol (500 mg) 2 days before OR.
Insulin**	Drip started (titration) on admission and continued in OR
Antihypertensive	--
Vasodilators	--
DDAVP**	--
Total parenteral nutrition	None
Other	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