

HPAP056 Donor Summary



HPAP	056	UNOS		
Recovery OPO	GLDP	Allocation Via	UPENN <input checked="" type="checkbox"/> nPOD <input type="checkbox"/>	
Age (years)	33	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	142 Hours	54 Mins.
ABO (Rh)	AB	Cross Clamp Time	02/03/2020 06:44 EST	
BMI (Kg/m²)	32.89	Cold Ischemia Time*	8 Hours	32 Mins.
Weight (kg)	110			
Height (cm)	182.88			
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 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:	0 Hours	09 Mins.
CPR / Time	Yes <input checked="" type="checkbox"/> 90 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	90 Minutes	Blood Culture	No Growth	
Date /Time of Admission	01/28/2020 07:50 EST	PHS High Risk	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		Acute Lung Injury	Pulmonary Consolidation	

*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	-----	-----	-----	-----
History of cancer	-----	-----	-----	-----
CAD	-----	-----	-----	-----
Hypertension	-----	-----	-----	-----
Hyperlipidemia	-----	-----	-----	-----
Autoimmune disease	-----	-----	-----	-----
Family History	CAD <input checked="" type="checkbox"/>	Diabetes <input checked="" type="checkbox"/>	Auto immune disease <input type="checkbox"/>	Others:
Surgical History:	Right ankle 22 years ago			
Comments:	Maternal grandparents, Father, Paternal grandparents had diabetes Mother, Father MI about 10 years ago. Grandparents maternal and paternal had history of CAD Patient had varicose vein with no treatment			

Hemodynamic Profile

Average BP During Hospitalization (mmHg)	114/70	
Average Low BP During Hospitalization	86/55	Duration: 30-60 min
Average BP in OR (mmHg)	130/70	
Average Low BP in OR (mmHg)	81/50	Duration: 1 min
Average HR in OR (bpm)	80	
ABG-pH range	7.15 - 7.56	

INTERVENTION

Blood Products/Meds Transfused Before Organ Recovery

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	-----	-----	-----
PRBCs	-----	-----	-----
Platelets	-----	-----	-----
Norepinephrine (Levophed)	-----	0.11mcg/kg/min for the duration of 24.58 hours (stopped 4:37 days before organ recovery)	
Vasopressin	-----	-----	-----
Neo-Syneprine	-----	-----	-----
Epinephrine	-----	-----	-----
Phenylephrine	-----	1.5 mcg/kg/min started 5:37 days before organ recovery	
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-Syneprine (phenylephrine)	-----	50 mcg/min	-----
Epinephrine	-----	-----	-----
Dopamine	-----	-----	-----
Heparin	-----	30,000	-----

Initial Autoantibody Screening (nPOD): Not performed for T2DM program

GAD-65	IA-2
N/A	N/A

Confirmatory results: Radioimmuno Assay (RIA)

	GAD-65 (unit/ml)	IA-2 (unit/ml)	Insulin AAB (unit/ml)	ZnT8 (unit/ml)
Results	0	0	0.003	0.004
Cut-off values	20	5	0.01	0.02

*Sample obtained at time of organ recovery.

	C-peptide (ng/ml)	Proinsulin
Results	14.41	N/A

*Sample obtained at time of organ recovery.

HLA (OPO)*

Class 1	A	2	11	Class II	DR	4	13
	B	13	62		DR51	N-Negative	N-Negative
	C	09	06		DR52	52	N-Negative
	Bw4	Positive			DR53	53	N-Negative
	Bw6	Positive			DQB1	7	6
					DQA1	01	03
					DPB1	03:01	04:01
Comment:							

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Confirmatory HLA (UPENN)*

Class 1	A	02:01	11:01	Class II	DRB1	13:01	04:07
	B	13:02	15:01		DRB3	02:02	--
	C	03:03	06:02		DRB4	--	01:03
					DRB5	--	--
					DQB1	03:01	06:03
					DQA1	01:03	03:03
					DPB1	03:01	04:01
					DPA1	01:03	--

*HLA typing performed using NGS

Infectious Disease Serology

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

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Laboratory Panel

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	143	150	136
Creatinine (<1.5)	3.02	6.33	6.31
Glucose (mg/dL) (60-150)	296	296	159
HbA1C%	5.6/5.9*	-	-
Total bilirubin (0-1.0)	0.6	1.5	1.1
SGOT (AST) (0-40)	236	657	60
SGPT (ALT) (5-35)	237	271	83
Alkaline phosphatase (45-110)	86	166	165
Serum Amylase (23-851)	99	106	87
Serum Lipase (0-80)	13	79	51
WBC (THO/uL) (4.5-11.0)	19.3	29.4	5.2
Hgb (g/dL) (12-16)	13.1	16.7	9.8
Platelets (THO/uL) (150-350)	200	224	95
INR (<2.0)	1.3	1.5	1.4

***Repeat HBA1C @ University of Florida**

Urinalysis

	1 st	2 nd	3 rd	4 th
Glucose	Negative	Negative		

Medications During Hospitalization

Steroids**	-----
Diuretics	Lasix 100 mgs, Mannitol 50 gms
T3 Protocol	-----
T4 Protocol*	Yes, 20 mcg/hr
Insulin**	-----
Antihypertensive	Esmolol 2.8 mg
Vasodilators	-----
DDAVP**	-----
Total parenteral nutrition	-----
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