HPAP -119 Donor Summary

HPAP	**119**	***UNOS***	
Recovery OPO	TXSB - Southwest Transplant Alliance	**Allocation Via**	UPENN ☐ nPOD ☒
Age (years)	48	**DCD**	YES ☐ NO ☒
Race	Hispanic/Latino	**DBD**	YES ☒ NO ☐
Sex	M ☐ F☒	**Admission to Cross Clamp**	90 Hours 53 Mins.
ABO (Rh)	O Positive	**Cross Clamp Time**	03/21/2022 09:21 MDT 03/21/2022 11:21 EDT
BMI (Kg/m^2) **Weight (kg)** **Height (cm)**	29.454 72.6000 157	**Cold Ischemia Time***	22 Hours 52 Mins.
Cause of Death	Cerebrovascular/ Stroke	**Preservation Solution**	UW ☐ HTK☒
Mechanism of Injury	Intracranial Hemorrhage/Stroke	**Organs Recovered**	Heart ☐ Kidney ☒ Lung ☐ Pancreas ☒ Liver ☒ Intestine ☐
Cardiac Arrest/Downtime	Yes ☐ No ☒	**Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:**	☐ Hours ☐ Mins. **NA**
CPR / Time	Yes ☐ No ☒	**Organs Discarded**	Heart ☐ Kidney ☐ Lung ☐ Pancreas ☐ Liver ☐ Intestine ☐
Total Est. Downtime		**Blood Culture**	Pending
Date /Time of Admission	03/17/2022 14:28 MDT 03/17/2022 16:28 EDT	**PHS High Risk**	YES ☐ NO ☒
		Acute Lung Injury	persistent atelectatic change in the right lung base and a left retrocardiac opacity, likely representing a combination of fluid and atelectasis. Super imposed aspiration and/or infection.

***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	None	-----	-----	-----
History of cancer	-----	-----	-----	-----
CAD	-----	-----	-----	-----
Hypertension	-----	-----	-----	-----
Hyperlipidemia	-----	-----	-----	-----
Autoimmune disease	-----	-----	-----	-----
Family History	CAD ☐	Diabetes ☐	Auto immune disease ☐	Others:
Surgical History:	Tubal Ligation in 1997, Lippo suction 1998, 1999			
Comments:	Medical Hx: On an off mild to severe headaches for last few months, increased to 2-3x a week this past 3 wks w/ extremely severe this Thursday that brought her to hospital to admit family Hx: her father died of stroke at age of 52 smoking Hx: smoked 1 cigarette per week for the past 6 years, quit in 2020 Alcohol Hx: started drinking at age 14 but 2-3 drinks of whiskey and vodka per week for the past 5-8 years			

Hemodynamic Profile

Average BP During Hospitalization (mmHg)	146/74	
Average Low BP During Hospitalization	85 / 50	**Duration: 1 H**
Average BP in OR (mmHg)	142/63	
Average Low BP in OR (mmHg)	73/51	**Duration: 1 M**
Average HR in OR (bpm)	93	
ABG-pH range	7.26 – 7.44	

INTERVENTION

Blood Products/Meds Transfused Before Organ Recovery

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	-----	-----	-----
PRBCs	-----	-----	-----
Platelets	-----	-----	-----
Norepinephrine (Levophed)	-----	-----	-----
Vasopressin	-----	Arginine vasopressin started 49:05 hrs. before organ recovery	
Neo-Synephrine	-----	30 MCG/MIN started 86:05 hrs. before organ recovery for the duration of 34:00hrs.	
Epinephrine	-----	EMS gave bolus and Epi on route to hospital.	
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)	-----	100 mcg	-----
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	0	0	0.001	-0.003
Cut-off values	20	5	0.01	0.02

*Sample obtained at time of organ recovery.

	C-peptide (ng/ml)	Proinsulin
Results	2.76	ND

*Sample obtained at time of organ recovery.

HLA (OPO)*

Class 1	A	23	68	Class II	DR	1	8
	B	35	49		DR51	N-Negative	N-Negative
	C	04	07		DR52	N-Negative	N-Negative
	Bw4	Positive			DR53	N-Negative	N-Negative
	Bw6	Positive			DQB1	4	5
	[redacted]				DQA1	01	04
					DPB1	04:02	09:01
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	Non-Reactive	✓	-
Ultrio HBV	ND	-	-
Ultrio HCV	ND	-	-
Ultrio HIV	ND	-	-
Toxoplasma Ab	Negative	✓	-
WNV NAT	Non-Reactive	✓	-
HTLV I/II	Non-Reactive	✓	-
SARS-CoV-2	Negative	✓	-

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Laboratory Panel

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	140	171	160
Creatinine (<1.5)	0.8	1.6	0.8
Glucose (mg/dL) (60-150)	194	268	136
HbA1C%	**4.8**	-----	-----
Total bilirubin (0-1.0)	0.5	0.6	0.4
SGOT (AST) (0-40)	24	33	33
SGPT (ALT) (5-35)	26	26	16
Alkaline phosphatase (45-110)	68	77	77
Serum Amylase (23-851)	176	176	90
Serum Lipase (0-80)	181	181	134
WBC (THO/uL) (4.5-11.0)	16.74	16.74	16.38
Hgb (g/dL) (12-16)	12.7	13.2	8.3
Platelets (THO/uL) (150-350)	226	263	114
INR (<2.0)	1.2	1.52	1.14

Urinalysis

	1st	2nd	3rd	4th
Glucose	Negative	**Positive** (3+)	Negative	Negative

Medications During Hospitalization

Steroids**	Solumedrol 500 mg Q6hrs. started 25 hrs. before organ recovery, 100 mg Solu-Cortef per T4 protocol		
Diuretics	-----		
T3 Protocol	-----		
T4 Protocol*	-----		
Insulin**	1 unit/hr started 37:35 hrs before organ recovery for the duration of 35 hrs.		
Antihypertensive	-----		
Vasodilators	yes, started 47:05 hrs. before organ recovery		
DDAVP**	-----		
Total parenteral nutrition	-----		
Other	Zosyn 3.375mg, Vancomycin 1mg, KCL, Atorvastatin 40 mg, mucomyst 600 mg, Na Bicarbonate 100 mg, Vit K10mg, NaPhos 30 mmol, Azithromycin 500 mg Q daily	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