

HPAP-169 Donor Summary



HPAP	169	UNOS	
Recovery OPO	PADV- Gift of Life Donor Program	Allocation Via	UPENN <input checked="" type="checkbox"/> nPOD <input type="checkbox"/>
Age (years)	63	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	129 Hours 02 Mins.
ABO (Rh)	O Positive	Cross Clamp Time	01/07/2024 15:02 EST
BMI (Kg/m²)	34.480	Cold Ischemia Time*	20 Hours 14 Mins.
Weight (kg)	109.000		
Height (cm)	177.80		
Cause of Death	CVA/Stroke	Preservation Solution	UW <input checked="" type="checkbox"/> HTK <input type="checkbox"/> UW/Belzer Cold Storage/Viaspan/SPS-1
Mechanism of Injury	Intracranial Hemorrhage/Stroke	Organs Recovered	Heart <input checked="" type="checkbox"/> Kidney <input checked="" type="checkbox"/> Lung <input checked="" type="checkbox"/> Pancreas <input checked="" type="checkbox"/> Liver <input checked="" type="checkbox"/> Intestine <input type="checkbox"/>
Cardiac Arrest/Downtime	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Intraoperative time lapse from liver to pancreas removal from the peritoneal cavity:	<input type="text"/> Hours <input type="text"/> Mins. NA
CPR / Time	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Organs Discarded	Heart <input type="checkbox"/> Kidney <input type="checkbox"/> Lung <input type="checkbox"/> Pancreas <input type="checkbox"/> Liver <input type="checkbox"/> Intestine <input type="checkbox"/>
Total Est. Downtime	No Downtime	Blood Culture	NA
Date /Time of Admission	01/02/2024 06:00 EST	PHS High Risk	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		Acute Lung Injury	Hypoinflated lungs, left retrocardiac opacity. Small layering pleural effusions and bibasilar airspace opacities.

*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	-----	Not Known	-----	-----
History of cancer	-----	-----	-----	-----
CAD	-----	-----	-----	-----
Hypertension	Yes	20+ years	Lisinopril	Yes
Hyperlipidemia	-----	-----	-----	-----
Autoimmune disease	-----	-----	-----	-----
Family History	CAD <input checked="" type="checkbox"/> Father	Diabetes <input checked="" type="checkbox"/> Mother and Father	Auto immune disease <input type="checkbox"/>	Others:
Surgical History:	Inguinal Hernia Oct.2022			
Comments:	Medical Hx: HTN, BPH, incarcerated hernia, headache x 3 months Social Hx: 3 or 4 cigarettes a day, 3-4 beers, 3-4 times a week since last year			

Hemodynamic Profile

Average BP During Hospitalization (mmHg)	127/67	
Average Low BP During Hospitalization	98/58	Duration: 5 min.
Average BP in OR (mmHg)	115/67	
Average Low BP in OR (mmHg)	87/50	Duration: 1 min.
Average HR in OR (bpm)	85	
ABG-pH range	7.35 – 7.52	

INTERVENTION

Blood Products/Meds Transfused Before Organ Recovery

Product	Amount (ml)	Units	Total (ml)
Fresh Frozen Plasma	-----	-----	-----
PRBCs	-----	-----	-----
Platelets	-----	-----	-----
Norepinephrine (Levophed)	-----	0.02 MCG/KG/MIN ongoing IV Started 34:08 hrs. before organ recovery	
Vasopressin	-----	-----	-----
Neo-Syneprine	-----	-----	-----
Epinephrine	-----	-----	-----
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-Syneprine (phenylephrine)	-----	30 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	0	0	0.014	-0.004
Cut-off values	20	5	0.01	0.02

*Sample obtained at time of organ recovery.

	C-peptide (ng/ml)	Proinsulin
Results	7.89	ND

*Sample obtained at time of organ recovery.

HLA (OPO)*

Class 1	A	29	31	Class II	DR	7	15
	B	44	51		DR51	N-Negative	51
	C	16	15		DR52	N-Negative	N-Negative
	Bw4	Positive			DR53	53	N-Negative
	Bw6	Negative			DQB1	2	6
			DQA1		02	01	
			DPB1		04:01	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

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	ND	—	-
Ultrio HBV	Non-Reactive	✓	-
Ultrio HCV	Non-Reactive	✓	-
Ultrio HIV	Non-Reactive	✓	-
Toxoplasma Ab	Negative	✓	-
SARS-CoV-2	Not Detected	✓	-

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Laboratory Panel

	Initial	Peak	Terminal
Na (mEq/L) (135-145)	137	147	147
Creatinine (<1.5)	1.39	1.39	0.72
Glucose (mg/dL) (60-150)	205	227	215
HbA1C%	6.1	-----	-----
Total bilirubin (0-1.0)	0.4	0.5	0.5
SGOT (AST) (0-40)	78	78	12
SGPT (ALT) (5-35)	20	20	9
Alkaline phosphatase (45-110)	78	78	55
Serum Amylase (23-851)	65	65	15
Serum Lipase (0-80)	15	15	6
WBC (THO/uL) (4.5-11.0)	13.3	13.9	13.7
Hgb (g/dL) (12-16)	15	15	9.3
Platelets (THO/uL) (150-350)	305	305	230
INR (<2.0)	1	1.3	1.2

Urinalysis

	1 st	2 nd	3 rd	4 th
Glucose	Positive : 50	negative	Positive	NA

Medications During Hospitalization

Steroids**	-----
Diuretics	50 gm Mannitol
T3 Protocol	-----
T4 Protocol*	40 mcg/hr
Insulin**	-----
Antihypertensive	-----
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