

Organ Retrieval Theatre Booking Form

To be completed in conjunction with the Specialist Nurse in Organ Donation (SNOD)

Patient Details

Patient Name: _____

CHI: _____

Location of patient: _____

Date theatre informed: _____

Or place sticker here

Type of Organ Retrieval

DBD ☐ DCD NRP ☐ DCD ☐

Organs to be retrieved

Kidney(s) ☐ Pancreas ☐ Liver ☐

Heart* ☐ Lungs* ☐ Small bowel ☐

Special Nurse in Organ Donation (SNOD)

Name: _____

Contact number: _____

Date and time on-call till: _____

Who is taking over and when: _____

Timings

Date of retrieval: _____

Ideal time theatre required from (for set up, including NRP): _____

Anticipated retrieval start time: _____

Where will withdrawal of treatment occur? ☐ ITU Anaesthetic room ☐

*Cardiothoracic retrieval team arrival time if applicable: _____

Any additional information: _____
