



ک-۱۹

فرم تحقیقاتی

Date:

Donor name:

Coordinator:

General Information

Age: **Sex:** ☐ Male ☐ Female **Marital status:** ☐ Yes ☐ No
Education: ☐ No education ☐ Under Diploma ☐ Diploma ☐ License ☐ Higher
Blood Group: **Height:** **Weight:** **Hospital:**
Admission Date: **Intubation Date:**
Identification Date: **Donation Date:**
Smoking: ☐ Yes ☐ No **Pack/Year:** **Opium Addiction:** ☐ Yes ☐ No **Duration:**
Alcohol: ☐ Yes ☐ No **Duration:** (y) **Others:**
Diabetes: ☐ Yes ☐ No **Duration:** (y) ☐ Well Controlled ☐ Poor Controlled
HTN: ☐ Yes ☐ No **Duration:** (y) ☐ Well Controlled ☐ Poor Controlled
IHD: ☐ Yes ☐ No **Previous Angiography:**
Other Disease: ☐ Yes ☐ No
Brain Death Cause: ☐ Trauma ☐ CVA ☐ Post CPR ☐ Primary brain tumor
☐ Aneurism ☐ Convulsion ☐ Drug toxicity ☐ Other:
Head trauma: ☐ Motor Vehicle Accident ☐ Falling ☐ Others
Skull surgery: ☐ Yes ☐ No **Shunt:** ☐ Yes ☐ No **Brain Biopsy:** ☐ Yes ☐ No
CPR: ☐ Yes ☐ No **How many times:**
1st CPR: **Place:** ☐ First hospital ☐ During transfer ☐ Harvest ICU ☐ Next to OR ☐ OR
Duration: (min) **Shock:** ☐ Yes ☐ No
2nd CPR: **Place:** ☐ First hospital ☐ During transfer ☐ Harvest ICU ☐ Next to OR ☐ OR
Duration: (min) **Shock:** ☐ Yes ☐ No

Laboratory

| Time from OPU-ICU admission | 0 | 6 | 12 | 18 | 24 | 30 |
|------------------------------------|----------|----------|-----------|-----------|-----------|-----------|
| Time | | | | | | |
| Vital Signs | | | | | | |
| BP: S/D | | | | | | |
| CVP | | | | | | |
| Temp. | | | | | | |
| HR | | | | | | |
| Urine Output (6 Hours) | | | | | | |
| ABG | | | | | | |
| PH | | | | | | |
| PaCO ₂ | | | | | | |
| PaO ₂ | | | | | | |
| HCO ₃ | | | | | | |
| BE | | | | | | |
| Chemistry | | | | | | |
| Na | | | | | | |
| K | | | | | | |
| BUN | | | | | | |
| Cr | | | | | | |
| Mg | | | | | | |
| Ca | | | | | | |
| P | | | | | | |
| Glu | | | | | | |
| Alb | | | | | | |
| Total Protein | | | | | | |
| AST | | | | | | |
| ALT | | | | | | |
| ALK | | | | | | |
| Bil Total | | | | | | |
| Bil Direct | | | | | | |
| LDH | | | | | | |
| Other | | | | | | |

| Time from OPU-ICU admission | 0 | 6 | 12 | 18 | 24 | 30 |
|-----------------------------|---|---|----|----|----|----|
| Hematology | | | | | | |
| Hgb | | | | | | |
| Hct | | | | | | |
| WBC | | | | | | |
| PLT | | | | | | |
| ESR | | | | | | |
| Coagulation | | | | | | |
| PT | | | | | | |
| PTT | | | | | | |
| INR | | | | | | |
| U/A | | | | | | |
| SG | | | | | | |
| WBC | | | | | | |
| RBC | | | | | | |
| Protein | | | | | | |
| Other | | | | | | |
| Reference LAB. | | | | | | |
| Fibrinogen | | | | | | |
| Lactate | | | | | | |
| HBS Ag | | | | | | |
| HBS Ab | | | | | | |
| HBe Ag | | | | | | |
| HB PCR | | | | | | |
| HBC Ab | | | | | | |
| HCV Ab | | | | | | |
| HIV Ab | | | | | | |
| HIV PCR | | | | | | |
| Toxo Ab | | | | | | |
| CMV Ab | | | | | | |
| Time from OPU-ICU admission | 0 | 6 | 12 | 18 | 24 | 30 |
| Meds: | | | | | | |
| Dopamine µ/K/min | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| Nor epinephrine | | | | | | |
| Epinephrine | | | | | | |
| DDVAP (mcg) | | | | | | |
| Insulin | | | | | | |
| Levothyroxin | | | | | | |
| Other | | | | | | |
| Fluids | | | | | | |
| NS | | | | | | |
| HS | | | | | | |
| 1/3 2/3 | | | | | | |
| DW 5% | | | | | | |
| Gavage | | | | | | |
| Voluven | | | | | | |
| PLT | | | | | | |
| FFP | | | | | | |
| Packed Cell | | | | | | |
| Mode | | | | | | |
| TV | | | | | | |
| Rate | | | | | | |
| PEEP | | | | | | |
| FIO2 | | | | | | |
| PCV Pressure | | | | | | |
| <u>CXR:</u> <u>Sonography:</u> <u>Echo:</u> EF: PAP: Septal Movement: Enlargement: Cause of not suitable: | | | | | | |
| <u>Brain CT Scan:</u> | | | | | | |
| <u>MRI:</u> | | | | | | |

Imaging Others

Bronchoscopy:

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O2 Challenge:

.....

Tracheal aspiration culture:

Patient movement: ☐ Yes ☐ No

Movement types:

Spinal Reflexes: ☐ YES ☐ NO

Comments:

EEG Result:

TCD: ☐ Yes ☐ No Result:

Apnea Test: PCO₂₁:..... PCO₂₂:..... ☐ Yes ☐ No Cause:.....

Other Confirmatory test:

.....

Before transfer: ☐ Stable ☐ Unstable

BD Confirmation: ☐ Yes ☐ No

After transfer: ☐ Stable ☐ Unstable

Organ's bioavailability

| <u>Organ</u> | <u>Evaluation</u> | <u>Donation</u> | <u>Hospital</u> | <u>Recipient Name</u> | <u>RecipientPhone No.</u> |
|----------------------------|---|--|--|-----------------------|---------------------------|
| Kidney: Right | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Kidney: Left | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Heart: | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Liver: | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Lungs: | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Pancreas: | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable <input type="checkbox"/> No Assess | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Cardiac valves: | <input type="checkbox"/> Suitable <input type="checkbox"/> Marginal <input type="checkbox"/> Not Suitable <input type="checkbox"/> No Assess | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | <input type="checkbox"/> Not Suitable in Last Step Cause: ..... | ..... | ..... |
| Corneas: | <input type="checkbox"/> Normal <input type="checkbox"/> Infiltration | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No recipient | ..... | ..... | ..... |
| Bone: | <input type="checkbox"/> Suitable <input type="checkbox"/> No Assess | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... | ..... | ..... |
| Skin: | <input type="checkbox"/> Suitable <input type="checkbox"/> No Assess | <input type="checkbox"/> Yes <input type="checkbox"/> No | ..... | ..... | ..... |
| Others: | | | | | |