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Donation After Cardiac Death

Policy: A formal, clear, concise, and non-negotiable statement directing staff decision-making

1. Introduction

1.1. Description

Vancouver Coastal Health Authority (VCH) and Providence Health Care (PHC) recognize the importance of respecting patients' wishes and the significance of supporting the opportunity to donate organs at the end of life. Organ donation after cardio-circulatory death (DCD) is the donation of organs from patients who are pronounced dead based on cardiac and circulatory criteria. This will be done in accordance with VCH and PHC policies as well as with the policies of British Columbia Transplant (BCT), an agency of the Provincial Health Services Authority and with the informed consent of the donor's substitute decision maker (SDM).

1.2. Scope

This is a joint policy between VCH and PHC.

This policy applies across VCH and PHC to all staff working with patients who have severe and irreversible neurological injury, including an injury to the brain stem, whose condition does not decline to neurological death and when the SDM is in agreement with the health care team's decision to withdraw life-sustaining therapy.

1.3. Exceptions

Staff are excepted from the directives outlined in this policy if such participation is against their personal, ethical, or religious beliefs. However, if such a staff member is the attending Critical Care Physician or Staff Nurse, there is an expectation to transfer the patient's care and management to another Critical Care Physician or Staff Nurse.

2. Policy

2.1. Referring to BCT

Staff must refer all anticipated deaths to BCT after the decision to withdraw life-sustaining therapy, but in advance of the actual withdrawal of such life-sustaining therapy. This referral is required to ensure assessment of medical eligibility for transplant, and the timely coordination of the resources necessary to facilitate the donation process.

This practice is in accordance with BCT policy, and the *Consent to Donation Regulation,* B.C. Reg. 65/99 made under the *Human Tissue Gift Act*, RSBC 1996, c. 211, to report all deaths under the age 75.

The referral and subsequent collaboration with BCT shall be recorded in the patient's medical record.

BCT staff will not be involved in the decision to withdraw life-sustaining therapy.

2.2. Evaluation of Medical Eligibility

BCT will determine the medical eligibility of the patient for DCD.

2.3. Consent

The designated requestor must obtain consent for DCD and record the consent in the patient medical record.

If the patient is determined to be a suitable candidate for DCD (see section 2.2) the designated requestor will present the option of donation to the family. The designated requestor must only initiate this discussion after the decision to withdraw life-sustaining therapy has been made and documented by the primary medical team, and only after all consulting physicians currently involved in the care of the patient are in agreement that the patient's family can be presented with the option of donation.

The patient's signature in the donor registry may indicate the patient's willingness to be an organ donor but is NOT explicit consent for DCD.

Consent for DCD includes the following:

1. Completion of a discussion with the SDM regarding the donation process, and specific consent about non-therapeutic interventions such as blood samples and pre-mortem use of anticoagulants (if appropriate).
2. Consent for organ and tissue donation obtained in accordance with BCT and all applicable VCH and PHC policies (see BCT Consent for Donation of Organs and/or Tissues form).

The option of DCD will not be presented to the Public Guardian and Trustee of BC even if they are the SDM.

2.4. Withdrawal of Life-Sustaining Therapy and Pre-Mortem Interventions

Staff are strictly prohibited from performing any pre-mortem interventions on a patient that are directly injurious or that can potentially shorten the patient's life.

Once the decision has been made to withdraw life-sustaining therapy, optimal comfort care becomes and remains the primary goal of patient care until the patient's death. At this point, staff must initiate Intensive Care Unit (ICU) Comfort Care Orders and will carry such orders out in accordance with usual comfort care practice.

With the explicit consent of the patient's SDM, staff may administer an anticoagulant (heparin) after the withdrawal of life-sustaining therapy, but only to those patients who have no underlying hemorrhagic risk factors. This must be ordered by the Critical Care Attending Physician if deemed appropriate.

2.5. Orders for Withdrawal of Life-Sustaining Therapy

ICU Comfort Care Orders and a Do Not Resuscitate Order must be completed before withdrawal of life-sustaining therapy can proceed.

Opioid analgesics and/or sedatives are ordered solely to ensure patient comfort and must not be used to assist in the preservation of more suitable organs for transplant or in regulating the time of death.

Staff and BCT will arrange the logistics for the recovery process before withdrawal of life-sustaining therapy.

2.6. Time of Withdrawal of Life-Sustaining Therapy

Staff will determine the time of withdrawal of life-sustaining therapy in collaboration with the SDM, BCT, and involved Staff..

Withdrawal of life-sustaining therapy will occur in the ICU. The family may be present, if they wish, during the withdrawal of life-sustaining therapy.

2.7. Cessation of Spontaneous Circulation

The prompt and accurate diagnosis of cardio-circulatory arrest is extremely important in the DCD context. To prevent concerns regarding conflict of interest, the criteria used under this policy are more stringent than the standard clinical practice of declaring death in patients who are not candidates for organ donation.

For the purposes of DCD, and beginning with the onset of circulatory arrest, staff must begin a five (5) minute period of continuous observation. The following criteria must be met before the declaration of death:

a. Continuous absence of a pulse. Ideally, this would be assessed by arterial catheter (that is, a pulse pressure of zero (0) mmHg);

b. Continuous absence of spontaneous respirations; and

c. No response to periodic noxious stimuli.

2.8. Confirmation of Death

Following this five (5) minute period of continuous observation (see section 2.7), the attending Critical Care Physician will declare the death of the patient. A second Critical Care Physician will examine the patient and confirm death.

Both physicians must complete and sign the Confirmation of Cardio-Circulatory Death (DCD). Organ recovery surgery may begin after the second physician confirms and documents death.

The Critical Care Physician must place the declaration of death in the patient's medical record. The Critical Care Physician completes the medical certificate of death, given that there is no coroner involvement.

The ICU from which the patient came will be notified of the patient's death and the room cleaned and released for use again.

2.9. Organ Recovery

Following the patient's death, staff must perform the following duties:

1. The recovery team returns to the OR suite.
2. Documentation is reviewed including declaration of death.
3. The patient is rapidly prepared and surgically draped and organ recovery surgery begins.
4. After all eligible organs and tissues have been recovered, the patient is prepared and transferred to the morgue.

Once these tasks have been completed, staff may release the body to the funeral home or to the Coroner's office where applicable.

Staff are strictly prohibited from performing any post-mortem cardio-circulatory perfusion intervention that involves:

1. Restarting cardio-circulatory function (e.g. cardiopulmonary resuscitation); and
2. The re-oxygenation of tissues (e.g. extra corporeal membrane oxygenation).

The use of Ex-Vivo organ support would be acceptable.

2.10. Ethics Consultation

An ethics consultation is not required in every case where DCD is proposed. However, if a member of the health care team perceives an ethical concern or problem, they are encouraged to request an ethics consultation. Under these circumstances, DCD should not proceed until the ethics consult has been completed.

All DCD cases will be retrospectively reviewed by the Hospital Organ Donation Committee.

2.11. Transplant Procedures

Any physician who takes part in the determination of the fact of death **must not** participate in the procurement of organs.

Nurses and physicians looking after potential organ transplant recipients **must not** be involved in DCD.

ICU physicians and nurses may provide routine postoperative management of the transplant recipient.

2.12. Responsibilities

2.12.1. VCH

- BCT Coordinators: Appendix A: VCH ICU DCD Checklist for Organ Donor Coordinator
- Attending Physicians: Appendix B: VCH ICU DCD Checklist for Attending Physician
- In Charge RN: Appendix C: VCH ICU DCD Checklist for In Charge RN
- Bedside RN: Appendix D: VCH ICU DCD Checklist for Bedside RN
- Social Worker: Appendix E: VCH ICU DCD Checklist for Social Worker

2.12.2. PHC

- Organ Donation After DCD Process Checklist: Appendix F: PHC Organ DCD Process
- BCT Coordinators: Appendix G: PHC Organ DCD - Organ Donor Coordinator Checklist
- Attending Physicians: Appendix H: PHC Organ DCD - Attending Physician Checklist
- Clinical Nurse Leader/Supervisor or Charge RN: Appendix I: PHC Organ DCD - Clinical Nurse Leader/Supervisor or Charge RN Checklist
- Bedside RN: Appendix J: PHC Organ DCD - Beside RN Checklist
- Social Worker: Appendix K: PHC Organ DCD - Social Worker Checklist
- Unit Coordinator: Appendix L: PHC Organ DCD - Unit Coordinator Checklist

2.13. Compliance

All DCD patients will be reviewed by the Hospital Organ Donation Committee. The entire process will be reviewed, including such things as the patient's eligibility, consent discussion, timing of withdrawal of life support and family support. All problems identified or opportunities for improvement will be discussed by the Hospital Organ Donation Committee and may require further discussions with individual departments or individuals.

3. Supporting Documents and References

3.1. Related Policies/Legislation

- BCT Donation after Cardio-Circulatory Death (DCD): An Overview

- *Health Care (Consent) and Care Facility (Admission) Act*, RSBC 1996, c.181
- *Human Tissue Gift Act*, RSBC 1996, c. 211
- *Consent to Donation Regulation,* B.C. Reg. 65/99

3.2. Standards/Guidelines/Forms

- Consent for Organ and Tissue Donation (BCT)
- ICU Comfort Care Orders (Regional) (VCH/PHC)
- Confirmation of Cardio-Circulatory Death (DCD) (BCT)

3.3. Definitions

"**British Columbia Transplant**" **or** "**BCT**" represents the complete continuum of transplant services. BCT provides services to assist with organ donation, family support, donor management, and the organ procurement, transplantation, and recipient management process.

"**Coordinator**" is

(a) An Organ and Tissue Donation Coordinator from BCT;

(b) A person responsible for approaching family regarding donation options, obtaining consent and coordination of donor management and maintenance; and

(c) A person who is responsible for providing support to the family, potential donor and health care professionals of VCH and PHC.

"**Death**" means the irreversible loss of all capacity for integration and coordination of physical and mental functions of the body.

For greater clarity, "death" has occurred only when:

a. The patient's spontaneous cardiac and respiratory functions have irreversibly ceased, leading rapidly to irreversible and complete loss of all brain functions; or

b. There has been an irreversible cessation of all brain function, even in the presence of artificially maintained cardiac and respiratory functions.

Neurological death (brain death) is the true measure of death since the definite cessation of both cardiac and respiratory functions leads rapidly to brain death.

"**Designated Requestor**" refers to any member of the patient's primary care team or the Donation Coordinator who has been identified as being the most appropriate individual to provide the family with the option of DCD.

"**Donation after Cardio-Circulatory Death**" **or** "**DCD**" refers to the donation of organs by patients who are pronounced dead based on cardio-circulatory criteria, rather than neurological criteria (brain death).

"**Family**" is defined by the patient. When the patient is unable to define family, the patient's next of kin or substitute decision maker provides the definition. Family members are the people who provide the primary physical, psychological, or emotional support for the patient. Family is not necessarily blood relatives.

"**Family Support**" refers to the provision of services that are required to meet the emotional, spiritual, and physical needs of the family and will be determined on an individual basis. This may include spiritual care services, social work and other clinical services as appropriate for the patient and their family.

"**Potential Donor**" refers to the patient for whom the option of DCD exists.

"**Recovery Team**" means the team comprised of, but not limited to, the following health care providers at the hospital: the Department of Surgical Services, coordinators and recovery staff as appointed by BCT, and recognized medically credentialed transplant recovery physicians.

"**Staff**" means all employees (including management and leadership), Medical Staff Members (including physicians, midwives, dentists and Nurse Practitioners), residents, fellows and trainees, health care professionals, students, volunteers, contractors and other service providers engaged by VCH and PHC.

"**Substitute Decision Maker (SDM)**" is a capable person with the authority to make health care treatment decisions on behalf of an incapable adult, and includes a personal guardian (committee of the person), representative and/or TSDM. Health care providers acknowledge SDM in descending hierarchy as follows:

- "**Personal Guardian (Committee of the Person)**" is a person appointed by the court to make health and personal decisions for the benefit of the adult when they are incapable of deciding on their own.
- "**Representative**" is a person 19 years or older who is named by a capable adult, in a Representative Agreement, to make health care treatment decisions on their behalf when they are incapable of deciding. There are two types of Representation Agreements Standard (Sec. 7) and Enhanced (Sec. 9). A Representative under the standard agreement cannot make a decision to limit life supporting care or treatment.

"**Temporary Substitute Decision Maker (TSDM)**" is a capable adult chosen by a health care provider to make health care treatment decisions on behalf of an incapable adult when care is needed. A TSDM is not chosen if the adult has an Advance Directive that addresses the care needed at the time, or if the adult has an available personal guardian or Representative.

The health care provider must choose the first of these who is available and qualifies (i.e. is 19 years of age or older, has been in contact with the adult in the past 12 months,

has no dispute with the adult relevant to the decision, is capable of making the decision, and commits to making the decision according to the adult's wishes, values and beliefs):

- The patient/resident's spouse (in the case of a married person who is separated but in a common law relationship, the common law spouse should be selected);
- The patient/resident's adult child;
- The patient/resident's parent;
- The patient/resident's brother or sister;
- The adult's grandparent;
- The adult's grandchild;
- Anyone else related by birth or adoption to the patient/resident;
- A close friend of the adult;
- A person immediately related to the adult by marriage.

3.4. References

National Recommendations for Donation after Cardiocirculatory Death. CMAJ-JAMC. Oct 10-2006. (Vol 175. NO 8). Supplement S1- S24.

3.5. Keywords

cardiac death, DCD, organ transplant, transplant

3.6. Questions

Contacts:

VGH Organ Donation Committee Chair

PHC Trauma Coordination/Smoking Cessation Lead/Organ &Tissue Donation Lead/Injury Preventions Representative

Appendix A: VCH Intensive Care Unit (ICU) Donation after Cardio-Circulatory Death (DCD) Checklist for Organ Donor Coordinator

VCH ICU DCD Checklist for *Organ Donor Coordinator*

Identification and Referral for DCD

- ❑ Assess preliminary suitability
- ❑ Coroner contacted where necessary for consent
- ❑ Resource for ICU bedside RN in completing and sending bloodwork/specimens for donor workup
- ❑ Communicate any further requirements for specific tasks

Communication

- ❑ Assist ICU Attending Physician or In Charge RN in arranging time for Donor Coordinator to discuss organ donation after cardia death and donation process
- ❑ Ensure family is informed about DCD process
- ❑ Ensure consent for DCD signed and place on front of patient's chart
- ❑ Arrange time with OR, ICU and Transplant Team for huddle 1 hour pre comfort care
- ❑ Resource for family and ICU Health Care Team

Preparation for Withdrawal of Life Sustaining Therapies

- ❑ Negotiate WLST time in relation to tentative OR timeframe with ICU Attending Physician, In Charge RN, OR, bedside RN, RT, Social Work, Spiritual Care and Family (Preferred times to move the patient to comfort care/WLST from the OR's perspective are Monday to Friday 1800-1900. All other days = early afternoon.
- ❑ Discuss with In Charge RN to set up at central monitor and have phone available

Withdrawal of Life Sustaining Therapies

- ❑ Once extubated, monitor patient's vital signs q 1 min (all waveforms available at central monitor)
- ❑ Communicate patient's profile with OR as required
- ❑ If patient death does not occur within 120 minutes, or if patient deemed by Donor Coordinator as ineligible for donation based on profile of death prior to the 120 minutes, donation is abandoned and Bedside RN continues with Comfort Care.

- Organ Donor Coordinator will be notified by bedside RN if Heparin not administered at systolic BP 60.
- At onset of zero pulse pressure as per arterial line notify OR In Charge RN that 5 minute observation period has begun.
- Two minutes into 5 minute period Organ Donor Coordinator will make way to OR doorway (ahead of patient stretcher and ICU team) where he/she will wait until ICU team notifies Organ Donor Coordinator declaration of death has been made.
- Assist OR RN to review the following:
    - ID wristband
    - Consent for DCD
    - Confirmation of Circulatory Death Form with 2 ICU Attending Physician signatures
- Organ Donor Coordinator and OR staff will wheel patient to OR
- Once organ recovery complete, follow up with family as arranged (ie: phone call or visit in prearranged location)
- If family has requested to view body post organ retrieval Organ Donor Coordinator will accompany patient on stretcher to arranged location (ie: OR isolation room or room in ICU) for family support

******Debriefing session to be arranged ASAP with all team members involved**
******All DCD cases will be reviewed during Critical Care/ICU Morbidity and Mortality Rounds**
******All DCD cases will be reviewed by VGH Organ Donation Committee**

Appendix B: VCH Intensive Care Unit (ICU) Donation after Cardio-Circulatory Death (DCD) Checklist for Attending Physician

VCH ICU DCD Checklist for *Attending Physician*

Communication Re: Comfort Care/Withdrawal of Life Sustaining Therapies

- ❑ Ensure end of life discussion and withdrawal of life sustaining therapies (WLST) occurs with family and ICU Team
- ❑ Pt's family/next of kin agrees to WLST
- ❑ Ensure end of life discussion and WLST documented in Dr's History
- ❑ Ensure ICU Comfort Care Orders filled out and placed on chart

Identification and Referral for DCD

- ❑ Pt fits criteria for potential DCD donation
  - ➢ Devastating non-survivable injury
  - ➢ Ventilated
  - ➢ No medical/surgical interventions planned
  - ➢ Not brain dead
  - ➢ Plan to WLST as discussed with family
  - ➢ ICU Attending Physician and minimum of one other Consultant involved in patient care agree on futility of care (i.e. Neurology OR Neurosurgery OR 2nd ICU Attending Physician)
- ❑ ICU Attending Physician or In Charge to fill out Organ/Tissue Donor Referral Worksheet
  - o Call referral line at 1-877-366-6722
  - o Donor registry will be checked by BCT Coordinator
  - o Coroner contacted by BCT where necessary for consent
- ❑ If ICU Attending Physician has conflict of personal, ethical or religious beliefs in relation to DCD process he/she will hand over patient care to another ICU Attending Physician
- ❑ ICU Attending Physician to contact one other attending physician involved in patient care to agree on futility of care (i.e. Neurology OR Neurosurgery OR 2nd ICU Attending Physician)

- ❑ Assist in arranging time for Donor Coordinator (name and number for future contact) to discuss organ donation after cardiac death and donation process
- ❑ Ensure Consent for donation obtained by Donor Coordinator and placed on front of patient's chart

*******Donor workup can take 24 – 48 hours to complete

Preparation for Withdrawal of Life Sustaining Therapies

- ❑ If Coroner's Case ensure BCT Coordinator obtains consent from Coroner to proceed
- ❑ ICU Attending Physician to negotiate WLST time in relation to tentative OR timeframe with In Charge RN, Donor Coordinator, OR, Bedside RN, RT, Social Work/Pastoral Care and Family

Preferred times to move the patient to comfort care/WLST from the OR's perspective are Monday to Friday 1800 – 2000. All other days = early afternoon

- ❑ ICU Attending Physician to fill out the following forms leaving date and time blank, and place on front of patient's chart:
  - Confirmation of Cardio-Circulatory Death (DCD)
  - Notice of Death (Section Two)
  - Physician's Medical Certification of Death (Vital Statistics Agency): If Coroner's Case, Coroner to complete Certificate of Death
  - ICU Mortality Record
- ❑ Write order in patient's chart for Heparin IV when patient's SBP is 60, if appropriate
- ❑ Call 2nd ICU Attending Physician to be in attendance at designated time of WLST
- ❑ Ensure stethoscope for second declaration of death
- ❑ The family is welcome to be a part of the entire ICU process and can abort the process at **ANY** time.

Withdrawal of Life Sustaining Therapies

- ❑ Two ICU Attending Physicians involved with declaration of death to be present in ICU prior to extubation by RT
- ❑ If patient death does not occur within 120 minutes or, if deemed ineligible by Donor Coordinator for donation based on profile of death prior to the 120 minutes, donation is abandoned and Bedside RN continues with Comfort Care
  - Document DCD cancelled and comfort care continues
- ❑ Document on Physicians Progress Notes time of onset of cardio-circulatory arrest

- ❑ Continually observe patient for 5 minutes ("No Touch Time") to ensure no return of spontaneous circulation
- ❑ After 2 minutes has elapsed:
    - Family will be directed to leave by Bedside RN. In Charge RN, Social Worker or Pastoral Care escort family to room adjacent bed. (**If family does not want to leave DCD is abandoned and comfort care continues**)
    - Donor Coordinator on remote view will make way to outside OR doorway
    - Bedside RN and 2 ICU Attending Physicians wheel patient by stretcher with portable monitor to OR doors. Enter just inside OR doors and park stretcher. (*No interventions apart from monitoring and transport*).
    - Continue to monitor for the full 5 minutes of zero pulse pressure
    - **Restart 5 minute clock for any return of pulse pressure**
- ❑ Two ICU Attending Physicians declare official time of death after 5 min of cardio-circulatory arrest and both document on Confirmation of Cardio-circulatory Death (DCD) form as evidenced by:
    - zero pulse pressure by arterial line waveform
    - absent respiratory effort
    - no response to periodic noxious stimuli
- ❑ Primary ICU Attending Physician to complete documentation on the following:
    - Notice of Death (Section Two)
    - Physician's Medical Certification of Death (Vital Statistics Agency)
    - ICU Mortality Record

(Donor Coordinator will notify OR staff to proceed to patient stretcher and ICU Team)

- ❑ ICU Attending Physicians to return to ICU as OR staff wheel patient into OR.

******Debriefing session to be arranged ASAP with all team members involved.**
******All DCD cases will be reviewed during Critical Care/ICU Morbidity and Mortality Rounds**
******All DCD cases will be reviewed by VGH Organ Donation Committee**

Appendix C: VCH Intensive Care Unit (ICU) Donation after Cardio-Circulatory Death (DCD) Checklist for In Charge RN

VCH ICU DCD Checklist for *In Charge RN*

Communication Re: Comfort Care/Withdrawal of Life Sustaining Therapies

- ❑ Liaise with ICU Attending Physician regarding end of life and withdrawal of life sustaining therapies (WLST) discussion that is to occur with family

Identification and Referral for DCD

- ❑ In Charge RN or ICU Attending Physician to fill out Organ/Tissue Donor Referral Worksheet
  - Call referral line at 1-877-366-6722
  - Donor Coordinator will check ODR for registration
  - Coroner contacted by BCT where necessary for consent
- ❑ Discuss with ICU Attending Physician if criteria fits for DCD
  - ➢ Devastating injury
  - ➢ Ventilated
  - ➢ No medical/surgical interventions planned
  - ➢ Not brain dead
  - ➢ Plan to WLST as discussed with family
  - ➢ ICU Attending Physician and minimum of one other Consultant involved in patient care agree on futility of care (i.e. Neurology OR Neurosurgery OR 2nd ICU Attending Physician)
- ❑ Ensure Bedside RN aware patient fits criteria for potential DCD donation
- ❑ Assist in arranging time for Donor Coordinator (name and number for future contact) to discuss organ donation after cardiac death and donation process
- ❑ Ensure ICU Attending, Bedside RN, RT, Social Work/Spiritual Care aware Consent for DCD signed
- ❑ Ensure Bedside RN agrees to participate in care of patient for DCD. If in conflict of personal, ethical or religious beliefs in relation to DCD process arrange for reassignment of Bedside RN

- In Charge and ICU Attending Physician to negotiate WLST time in relation to tentative OR timeframe with Donor Coordinator, OR, bedside RN, RT, Social Work/Pastoral Care and Family

Preferred times to move the patient to comfort care/WLST from the OR's perspective are Monday to Friday 1800 – 1900. All other days = early afternoon

- In Charge to ensure a location is available if specific request from family to view body post organ retrieval (versus morgue)
    - Arrange with OR for location (i.e. OR isolation room, free ICU bed)
    - Arrange with Donor Coordinator to phone once organ retrieval complete
    - Ensure family support available during viewing (Donor Coordinator, Social Work or Spiritual Care, Bedside RN, In Charge)

Preparation for Withdrawal of Life Sustaining Therapies

- Facilitate transfer of patient to designated bedspace
    - Arrange for bed moves as necessary
    - Arrange housekeeping
    - Ensure bedside RN has ordered stretcher via Transport Tracking
- In Charge to verify with ICU Attending Physician that 2nd ICU Attending Physician aware of WLST time and will be present in ICU
- Ensure the following forms are on the front of the patient's chart:
    1. ICU Comfort Care Orders
    2. Organ/Tissue Donor Referral Sheet
    3. Consent for Donation of Organ and/or Tissues
    4. Physician's DCD Progress Note and Consent form
    5. Confirmation of Cardio-Circulatory Death (DCD)
    6. Notice of Death
    7. Physician's Medical Notification of Death (Vital Statistics Agency)
    8. ICU Mortality Record
- **The family is welcome to be a part of the entire ICU process and can abort the process at ANY time.**

Withdrawal of Life Sustaining Therapies

- Assist with placing patient on stretcher as required
- Ensure Donor Coordinator set up on remote view
- If patient death does not occur within 120 minutes, or if patient deemed by Donor Coordinator as ineligible for donation based on profile of death prior to the 120 minutes, donation is abandoned and Bedside RN continues with Comfort Care
    - Tissue donation may be an option, where medically suitable, subject to the patient's and family wishes and consent.
- Ensure family support when directed to leave patient's bedside at the 2 minute observation point
- Arrange for private family space in the ICU as appropriate
- If special request by family to view body post organ retrieval (versus in morgue), ensure family supported in previously arranged location (i.e. OR isolation room, free ICU room)

******Debriefing session to be arranged ASAP with all team members involved**

******All DCD cases will be reviewed during Critical Care/ICU Morbidity and Mortality Rounds**

******All DCD cases will be reviewed by VGH Organ Donation Committee**

Appendix D: VCH Intensive Care Unit (ICU) Donation after Cardio-Circulatory Death (DCD) Checklist for Bedside RN

VCH ICU DCD Checklist for ***Bedside RN***

Communication Re: Comfort Care/Withdrawal of Life Sustaining Therapies

- ❑ Ensure end of life discussion and withdrawal of life sustaining therapies (WLST) occurs with family and ICU Team
- ❑ Pt's family/next of kin agrees to WLST
- ❑ Ensure end of life discussion and WLST documented in:
  - ➢ Dr's history
  - ➢ Nurses' Notes
- ❑ Ensure ICU Comfort Care Orders filled out and on chart

Identification and Referral for DCD

- ❑ Patient fits criteria for potential DCD donation
  - ➢ Devastating injury
  - ➢ Ventilated
  - ➢ No medical/surgical interventions planned
  - ➢ Not brain dead
  - ➢ Plan to WLST as discussed with family
  - ➢ ICU Attending Physician and minimum of one other Consultant involved in pt care agree on futility of care (i.e. Neurology OR Neurosurgery OR 2nd ICU Attending Physician)
- ❑ Ensure Donor Coordinator **OR** ICU Attending Physician document discussion of organ donation after cardiac death and donation process
- ❑ Ensure Consent obtained by Donor Coordinator is placed on front of patient's chart
- ❑ If Bedside RN has conflict with personal, ethical or religious beliefs in relation to DCD process he/she will inform In Charge RN and be reassigned
- ❑ Complete donor workup as per BCT (at VGH use the **Red Box** in Main ICU Area Supply behind blood tubes)

*****This process can take 24 - 48 hours to complete**

Preparation for Withdrawal of Life Sustaining Therapies

- ❑ Patient to be moved to appropriate bed
- ❑ Order stretcher via Transport Tracking
- ❑ Obtain portable monitor and place at bedside
- ❑ Place patient on remote view at nursing desk (Donor Coordinator to view vital signs q1 min)
- ❑ Ensure family set up in room by bed (Kleenex, water, chairs)

Preferred times to move the patient to comfort care/WLST from the OR's perspective are Monday to Friday 1800 – 2000. All other days = early afternoon

- ❑ Bedside RN to fill in the Notice of Death (Section One and Three) leaving date and time blank. Place at front of patient's chart:
- ❑ Ensure labels and addressograph on chart and ID wristband on patient
- ❑ Two-way tape for chart strip at onset of 5 min observation period
- ❑ Prepare Heparin syringe as ordered, if appropriate(10,000 – 40,000 Units IV**)**
- ❑ Ensure family member contact and phone number on purple sheet for Donor Coordinator to call post organ recovery
- ❑ Begin Phase One of Comfort Care Orders
- ❑ **The family is welcome to be a part of the entire ICU process and can abort the process at ANY time.**

Withdrawal of Life Sustaining Therapies

- ❑ Place patient on stretcher
- ❑ Place portable monitor near patient but on standby for arterial pressure post death (Donor Coordinator monitoring vital signs q1min on remote view)
- ❑ Remove access/primary line from Alaris pump
- ❑ Tuck gown under patient's arms for easy access for OR
- ❑ Family to say goodbyes to patient
- ❑ Ensure Comfort Care medications initiated
- ❑ Ensure 2 ICU Attending Physicians present in ICU prior to extubation
- ❑ RT to extubate patient to room air ONCE OR ready
- ❑ Bedside RN to monitor arterial BP, HR, RR, SaO2 q1h

- Heparin to be given at systolic BP 60, as ordered, if appropriate, and document on MAR and in Nurses' Notes.
    - **If Heparin not given in ICU Bedside RN to notify Donor Coordinator**
- If patient death does not occur within 120 minutes, or if patient deemed by Donor Coordinator as ineligible for donation based on profile of death prior to the 120 minutes, donation is abandoned and Bedside RN continues with Comfort Care
    - Tissue donation may be an option, where medically suitable, subject to the patient's and family wishes and consent.
- At onset of zero pulse pressure by arterial line waveform:
    - Print rhythm strip to document onset of cardio-circulatory arrest in Nurses' Notes
    - With minimal interruption disconnect ECG leads and connect BP and SaO2 only to portable monitor. Continually observe patient for 5 minutes
- After 2 minutes of 5 minute observation has elapsed:
    - Direct family to leave ("It is time to leave now"). In Charge RN, Social Worker or Pastoral Care escort family to room next to bed. (**If family does not want to leave DCD is abandoned and comfort care continues**)
    - Donor Coordinator observing by remote view will make way to OR
    - Bedside RN and 2 ICU Attending Physicians wheel patient by stretcher with portable monitor to OR doors. Enter just inside OR doors and park stretcher. (*No interventions apart from monitoring and transport*).
    - Continue to monitor for the full 5 minutes of zero pulse pressure
    - **Restart 5 minute clock for any return of pulse pressure**
- Ensure official declaration of death documented by 2 ICU Attending Physicians after 5 min of cessation of zero arterial pulse pressure, absent respiratory effort, and no response to periodic noxious stimuli.
- Bedside RN to document official date and time of death as declared by two ICU Attending Physicians on the following documents:
    - Nurses' Notes
    - Notice of Death form (Section one)

(Donor Coordinator will notify OR staff to proceed to patient stretcher and ICU Team)

- Bedside RN will now review the following documentation at front of chart with OR RN
    - ID wristband
    - Consent for DCD signed
    - Confirmation of Circulatory Death form with 2 ICU Attending Physician signatures

- Bedside RN to disconnect SpO_2 probe and arterial line cable from patient and return portable monitor to ICU. OR staff and Donor Coordinator will wheel patient to OR.

******Debriefing session to be arranged ASAP with all team members involved**
******All DCD cases will be reviewed during Critical Care/ICU Morbidity and Mortality Rounds**
******All DCD cases will be reviewed by VGH Organ Donation Committee**

Appendix E: VCH Intensive Care Unit (ICU) Donation after Cardio-Circulatory Death (DCD) Checklist for Social Worker

VCH ICU DCD Checklist for *Social Worker*

Communication Re: Comfort Care/Withdrawal of Life Sustaining Therapies

- ❑ Ensure family supported throughout discussions
    - End of life discussion and withdrawal of life sustaining therapies (WLST) with the family and ICU Team
    - Pt's family/next of kin agrees to WLST

Identification and Referral for DCD

- ❑ Provide support for family during discussion for DCD consent
  *****Process for donor workup can take 10 – 24 hours to complete**
- ❑ If in conflict of personal, ethical or religious beliefs in relation to DCD process arrange for alternate Social Worker
- ❑ Negotiate WLST time in relation to tentative OR timeframe with In Charge and ICU Attending Physician, Bedside RN, RT, Pastoral Care, Family, Donor Coordinator and OR *Preferred times to move the pt to comfort care/WLST from the OR's perspective are Monday to Friday 1800 – 1900. All other days = early afternoon*
- ❑ **The family is welcome to be a part of the entire ICU process and can abort the process at ANY time**.

Preparation for Withdrawal of Life Sustaining Therapies

- ❑ Pt to be moved to appropriate bed
- ❑ Assist family to set up in room next to bed (Kleenex, water, chairs)
- ❑ Phase One of Comfort Care begins, which includes discontinuing devices not necessary for comfort (i.e. feeds, NG tube). Medications for comfort started
- ❑ Patient placed on stretcher prior to extubation
- ❑ Family to say goodbyes
- ❑ Pt extubated (At VGH: family can wait in room next to bed #19 for extubation and then return, or if they request, they may be present for extubation).
- ❑ If patient death does not occur within 120 minutes, or if patient deemed by Donor Coordinator as ineligible for donation based on profile of death prior to the 120 minutes, donation is abandoned and Bedside RN continues with Comfort Care.

- At onset of zero pulse pressure by arterial waveform RN will discontinue ECG leads and attach patient to portable monitor. Encourage family to say “last” goodbyes
- Two minutes into zero pulse pressure direct family to leave and escort them to room next to bed (if possible). **If family does not want to leave DCD is abandoned and comfort care continues.** Bedside RN and 2 ICU Attending Physicians wheel patient by stretcher to just inside OR doors.
- Official declaration of death confirmed at end of 5 minute mark just inside OR doors, in hallway. Pt identification will be reviewed by OR staff, BCT and Bedside RN. Pt wheeled into OR and procurement begins immediately
- If special request by family to view body post organ retrieval (versus in morgue) patient will be prepared and taken to previously arranged location (i.e. OR isolation room, free ICU room). Family to be supported by Social Work or Transplant Coordinator as per arrangements organized.

******Debriefing session to be arranged ASAP with all team members involved**
******All DCD cases will be reviewed during Critical Care/ICU Morbidity and Mortality Rounds**

******All DCD cases will be reviewed by VGH Organ Donation Committee**

Appendix F: PHC Organ Donation After Cardio-Circulatory Death (DCD) Process

DEFINITIONS:

- **ICU Team includes:** ICU Physicians, ICU Bedside RN, ICU Clinical Nurse Leader/Supervisor or Charge RN,
  Unit Coordinator, ICU Social Worker and/or ICU Respiratory Therapist.
- **Family is:** *see Regional DCD Policy definitions*
- **Substitute Decision Makers (SDM) is:** *see Regional DCD Policy definitions*
- **ICU Attending Physician:** A staff physician with requisite skills and training and has full, current licensure for independent medical practice in the relevant Canadian jurisdiction.
- **2nd Physician in the role of giving a 2nd opinion in determining suitability for Withdrawal of Life Support Therapy (WLST) and considering (DCD):** Can be another ICU physician/Intensivist, or a staff Neurologist.
- **2nd Physician in the role of declaration of the death of the patient:** Can be an independently licensed
  physician who should not be working under the direct supervision of the staff physician.

EXPECTED PATIENT DEATH

Telephone Referral: Telephone referral for all impending deaths is required ideally prior to the death, to screen
for possible eligibility for Organ Donation. Please see **Human Tissue Gift Act of BC**.

- Organ Donor Referral line at **1-877-366-6722** (See **Organ/Eye/Tissue Referral Worksheet BCHA.0047**).

Criteria for Donation After Cardio-circulatory Death (DCD) are:

- Devastating neurologic injury or any patient with a non-survivable event
- Mechanically Ventilated
- No medical/surgical interventions planned
- Does not meet criteria for neurologically determined death
- Plan for Withdrawal of Life Sustaining Therapies (WLST) as discussed with family
- ICU Attending Physician and a minimum of one other Staff Physician (Neurologist or Intensivist) agree
  that there is no prognosis for functional recovery and palliation is recommended.

AGREEMENT FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

- End of life discussions occur with the patient's family/substitute decision maker (SDM) and the decision is documented in the patient's records by the ICU Attending Physician.
- If this patient is a candidate for DCD:
  - The ICU Attending Physician and the 2nd Physician also documents in the patient's records the agreement that medical intervention is no longer beneficial to the patient and WLST is recommended.
  - Arrangements are made with the Organ Donor Coordinator to discuss organ donation with the family.

CONSENT FOR DONATION OF ORGAN/TISSUES

- Consent for organ donation must be obtained from the patient's family/SDM by a representative NOT involved in the end of life discussion (e.g. Organ Donor Coordinator or 2nd Physician). If consent is obtained and the patient is at MSJ, consider transferring the patient to SPH.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES

This process can take 12 to 48 hours

- Ensure support for patient's family (e.g. ongoing communication & involvement, set up in Comfort Room,
  move patient to private room nearest OR etc.)
- Organ Donation Workup and Preparations (e.g. move patient to Bed 1, scans, blood tests, arrange stretcher).
- Arrange preferred OR time.
- Pre WLST Huddle 1 hour prior to WLST.

WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

- WLST and palliation is performed as per usual ICU protocol using the ICU Comfort Care Order (Regional).
- **Phase One of Comfort Care begins** which includes discontinuing devices not necessary for comfort
  (e.g. feeds, NG tube). Patient is placed on an OR stretcher prior to extubation. Medications for comfort are started by the Bedside RN.
- **Phase Two of Comfort Care begins** in which the patient is extubated. Family can wait in Family Comfort Room and return after extubation or, if they request, be present for the extubation.
- The heparin bolus may be administered during this period to facilitate donation
- Organ Donor Coordinator (ODC) will monitor patient's vital signs Q 1 min at central monitor and communicate patient's profile with the OR Team as required. Termination of the DCD process will usually occur at 120 minutes
  if death had not occurred, but this time may be shortened or extended at the discretion of the ODC, based on the physiological profile of the patient prior to the 120 minutes. If the ODC deems that the patient's organs are ineligible for donation, the donation is abated and the Bedside RN continues with Comfort Care
- **00:00** **At onset of zero pulse pressure** as per arterial line, 5 minute observation period has begun.
- **02:00** **At 2 minutes into 5 minute period** the physicians do a preliminary confirmation of death.
- BOTH Physicians, Organ Donor Coordinator and ICU RN will move patient to the OR corridor.

  If the family does not want patient to leave at the 2 minute mark, DCD is abandoned and Comfort Care continues.
- **05:00** **At 5 minutes into 5 minute period** the two physicians make the declaration of death (legal time of death), and transfers care to the OR Team. This includes completing the **Confirmation of Cardio-Circulatory Death Form** (ODHD-GEN.04019) with the ICU Attending Physician and the 2nd Physician signatures.
- The Unit Coordinator is informed of the Time of Death so it can be entered in SCM. The physician completes the Medical Death Certificate.

AFTER DONATION AND/OR DEATH

- Connect with family and complete any pre-arranged follow-up communication, viewing of the body and
  for family support.
- Debrief with all Team Members Involved.
- All DCD cases will be reviewed by the PHC Organ Donation Committee.

FORMS NEEDED FOR DCD	Form Number
Organ / Eye / Tissue Donor Referral Worksheet	BCHA.0047
ICU Comfort Care Orders (Regional)	PHC-PH225
Options for Care and Resuscitation / DNAR Orders	PHC-PH254
Consent for Donation of Organ and/or Tissues	ODHD-ODS.04.001
BCT Physical Assessment to be Completed by Hospital Staff (MD or RN)	ODHD-ODS.04.007
PHC Organ Donation After Cardio-Circulatory Death (DCD) Process & Checklists	PHC-MR107
PHC Organ Donation Determination of Cardio-Circulatory Death (DCD) Orders (Regional)	PHC-PH592
Confirmation of Cardio-Circulatory Death (DCD)	ODHD-GEN.04019
Assessment of Potential Donation After Cardio-Circulatory Death (DCD)	ODHD-PRE.04.036

Appendix G: PHC Organ Donation After Cardio-Circulatory Death (DCD) - Organ Donor Coordinator (ODC) Checklist

ORGAN DONOR COORDINATOR (ODC) Checklist

IDENTIFICATION AND REFERRAL FOR DCD

☐ Assess preliminary suitability, check BC Organ Registry and Coroner contacted when needed for consent.

COMMUNICATION

☐ Coordinate with ICU Team to arrange a time for Organ Donor Coordinator (ODC) to discuss organ donation and DCD process with family.

☐ Obtain **Consent for Organ and/or Tissue Donation** (ODHD-ODS.04.001) and place signed form on front of
patient's chart.

☐ Arrange time with OR, ICU and Transplant team for huddle 1 hour prior to extubation.

☐ Act as an ongoing resource for family and ICU Team.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

☐ Coordinate WLST time in relation to tentative OR Time, ICU Team and patient's family.

☐ Discuss with ICU CNL/Supervisor or Charge RN to set up at central monitor and have phone available.

☐ Participate/Lead Huddle in ICU Conference Room approximately 1 hour prior to WLST with ICU Team.

WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ **Phase One of Comfort Care begins** Ensure patient is placed on the OR stretcher prior to extubation.

☐ **Phase Two of Comfort Care begins** the patient is extubated. Family can be present or wait in the Comfort
Room during extubation.

☐ On extubation of patient, monitor patient's vital signs Q 1 minute (waveforms viewed at central monitor) and
the ODC communicates with the ICU physician and the RN the timing of the heparin bolus, if given.

☐ Organ Donor Coordinator determines eligibility of patient's organs for donation based on profile of death in the
120 minutes post-extubation and communicates this to the ICU and OR Teams.

☐ **00:00** **At onset of zero pulse pressure** as per arterial line, notify the OR Team, CNL/Supervisor or Charge RN and ICU Attending Physician that 5 minute observation period has begun.

☐ **02:00** **At two minutes into 5 minute period** Organ Donor Coordinator will go to the OR corridor (ahead of patient stretcher and ICU Team). ***If family does not want to let the patient leave, DCD is abandoned and***
Comfort Care continues.

☐ **05:00** **At 5 minutes into 5 minute period** the Physicians makes the Declaration of Death.

☐ Assist OR RN to review the documentation at front of chart with ICU bedside RN (e.g. patient ID wristband, ***Consent for Donation of Organs and/or Tissues,*** and ***Confirmation of Cardio-Circulatory Death Forms)***

☐ Organ Donor Coordinator and OR Team will wheel patient to OR.

☐ Once organ procurement complete, follow up with family as arranged (e.g. phone call or visit).

☐ Accompany patient on stretcher to arranged location (e.g. ICU Bed 1) for family support, if family requested
viewing the body after organ procurement.

☐ **DCD debriefing session to be arranged in coordination with the CNL/Supervisor or Charge RN ASAP with all team members involved.**

Appendix H: PHC Organ Donation After Cardio-Circulatory Death (DCD) - Attending Physician Checklist

ATTENDING PHYSICIAN Checklist

COMMUNICATION RE: COMFORT CARE/WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

- ☐ Lead end of life discussion with the family and the ICU Team.
- ☐ Ensure patient's family/next of kin agrees to WLST and document discussion in progress notes.
- ☐ Complete ***Options for Care and Resuscitation / DNAR Orders*** *(PHC-PH284)* and ***ICU Comfort Care Orders (Regional)*** *(PHC-PH225)* placed on chart.

IDENTIFICATION AND REFERRAL FOR DCD

- ☐ Review criteria for potential DCD donation, complete ***Organ / Eye / Tissue Donor Referral Worksheet*** (BCHA.0047) and call Referral Line (1-877-366-6722).
- ☐ ICU Attending Physician to contact another physician who is NOT involved with organ transplant (2nd Physician or staff Neurologist) to provide second opinion regarding prognosis for recovery, recommendation for WLST and suitability for consideration for DCD.
- ☐ If ICU Attending Physician has conflict of personal, ethical or religious beliefs in relation to the DCD process he/she may hand over patient care to another ICU Attending Physician.
- ☐ Assist in arranging time for Organ Donor Coordinator to discuss organ donation and DCD process**.** Consent for Organ and/or Tissue Donation obtained by Organ Donor Coordinator.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES

- ☐ Complete the ***Organ Donor Management Orders (DCD) (Regional)*** (PHC-PH592).
- ☐ If Coroner's Case, obtain consent from the Coroner to proceed.
- ☐ Communicate the tentative WLST time with the 2nd Physician to ensure presence in ICU.
- ☐ Participate in Huddle in ICU Conference Room approximately 1 hour prior to WLST.

WITHDRAWAL OF LIFE SUSTAINING THERAPIES

- ☐ **Phase Two of Comfort Care begins** The patient is extubated. Vital signs are continuously monitored at the central monitor.
- ☐ The Physician may order the heparin bolus to facilitate donation.
- ☐ Organ Donor Coordinator determines eligibility of patient's organs for donation based on the physiological profile of the patient in the 120 minutes post-extubation and communicates this to the ICU and OR Teams.
- ☐ **00:00** **At onset of zero pulse pressure** as per arterial line, 5 minute observation period has begun.

☐ **02:00** **At two minutes into 5 minute period** ICU team informs the family the patient is leaving for the OR
***If family does not want the patient to leave, DCD is aborted and patient continues with Comfort Care*.**
BOTH Physicians make way to the OR corridor with the patient stretcher.

☐ **05:00** **At 5 minutes** the ICU Attending Physician and the 2nd Physician complete the ***Confirmation of Cardio-Circulatory Death (DCD)*** **form** (ODHD-GEN.04019) (legal time of death) and hand over care to the OR Team.

☐ Complete Medical Death Certificate except in a coroner's case.

☐ **Participate in the DCD Debriefing session, arranged by the CNL/Supervisor or Charge RN.**

Appendix I: PHC Organ Donation After Cardio-Circulatory Death (DCD) - Clinical Nurse Leader/Supervisor or Charge RN Checklist

CLINICAL NURSE LEADER/SUPERVISOR OR CHARGE RN Checklist

COMMUNICATION RE: COMFORT CARE/WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

☐ Liaise with ICU Team and the family regarding end if life and withdrawal of life sustaining therapies.

IDENTIFICATION AND REFERRAL FOR DCD

☐ ICU CNL/Supervisor or Charge RN and will share the ***PHC Organ Donation After Cardio-Circulatory Death (DCD) Process & Checklists*** (PHC-MR107) with the each member of the ICU team to guide the DCD process.

☐ Print DCD Chart Pack (**SPH ICU Organ Donation After Cardio-Circulatory Death (DCD)** from Chart Scan in SCM if not already done by the Unit Coordinator.

☐ Ensure the Bedside RN agrees to participate in the care for patient for DCD. If there is a conflict of personal, ethical or religious beliefs in relation to DCD process, arrange for reassignment of the Bedside RN.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ Facilitate transfer of the patient to ICU Bed #1.

☐ Ensure the Bedside RN has ordered the OR stretcher.

☐ Ensure the Organ Donor Coordinator (ODC) is able to set up by the Central ICU monitor with access to a phone.

☐ Coordinate WLST time in relation to tentative OR Time, ICU Team and the patient's family.

☐ CNL/Supervisor or Charge RN arranges with the Organ Donor Coordinator time of Huddle (1 hour prior to WLST in Gazebo or Nurses' Station). CNL/Supervisor or Charge RN to attend huddle.

☐ Monitor and notify Post Anesthetic Care Unit (PACU) CNL/Supervisor or Charge RN, OR Team as well as other units where workload may be impacted, of WLST progress as required.

WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ **Phase One of Comfort Care begins** provide support to the ICU team, ODC, OR team and family.

☐ **Phase Two of Comfort Care begins** provide support to the ICU team, ODC , OR team and family.

☐ **00:00** **At onset of zero pulse pressure** ensure teams are aware the observation 5 min period has begun.

☐ **02:00** **At two minutes into 5 minute period** inform and support the family as the patient is transferred to
the OR corridor. Accompany the family to the Comfort room.
If family does not want the patient to leave, DCD is abandoned and Comfort Care continues.

☐ **05:00** **At 5 minutes into 5 minute** ensure that the family is receiving comfort and support.

☐ **Arrange the DCD Debriefing session ASAP with all team members involved.**

Appendix J: PHC Organ Donation After Cardio-Circulatory Death (DCD) - Beside RN Checklist

BEDSIDE RN Checklist

COMMUNICATION RE: COMFORT CARE/WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

☐ Participate in end of life discussion and withdrawal of life sustaining therapies with family and ensure Patient's family/next of kin agrees to WLST discussion is documented in chart.

☐ Ensure ***Options for Care and Resuscitation / DNAR Orders*** and ***ICU Comfort Care Orders (Regional)***
have been completed.

IDENTIFICATION AND REFERRAL FOR DCD

☐ If ICU Bedside RN has conflict of personal, ethical or religious beliefs in relation to DCD process he/she will inform the ICU CNL/Supervisor or Charge RN and hand over patient care to another ICU RN.

☐ Ensure the ***Consent for Organ and/or Tissue Donation*** is completed and on the front of patient's chart.

☐ Complete Donor workup as per BCT (Red Box above Charge RN Desk at SPH or from the Lab at MSJ).

☐ Ensure ***Organ Donor Management Orders- Determination of Cardio-Circulatory Death (DCD)(Regional)***
are completed and initiated.

☐ Complete the ***BCT Physical Assessment*** to be completed by Hospital Staff (MD or RN) and fax.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ If the patient is a DCD donor:

- Move the patient to Bed #1 and set-up the Family in nearest Comfort Room (Kleenex, water, chairs).
- Obtain a portable transport monitor and place it at the bedside.
- Shave the patient's chest (clippers).
- Order OR stretcher.

☐ Ensure labels are on chart and ID wristband on patient.

☐ If ordered, prepare the heparin syringe as ordered.

☐ Ensure family member contact and phone numbers are clearly documented for the Organ Donor Coordinator (ODC).

☐ Participate in Huddle (1 hour prior to WLST).

WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ **Phase One of Comfort Care begins** the Bedside RN will discontinue devices not necessary to comfort
(e.g. feeds, NG tube) and start medications for comfort.

☐ Bedside RN will place the patient on the OR stretcher prior to extubation with a long flat sheet placed horizontally under the patient's torso for transport to the OR.

☐ Collaborate with the family regarding next phase of WLST.

☐ **Phase Two of Comfort Care begins** in which the patient is extubated. Family can be present or can wait in Comfort Room during extubation.

☐ If the patient's death does not occur within 120 minutes or if the patient is deemed by the ODC as ineligible for donation based on the patient's physiological profile prior to the 120 minutes, donation is abandoned and the Bedside RN continues with Comfort Care.

☐ Communicate with the ODC if Heparin is, or is not given.

☐ **00:00** **At onset of zero pulse pressure** by arterial waveform, the RN will inform the family that the patient
has died and then transfer the module from bedside monitor to portable transport monitor.

☐ **02:00** **Two minutes into zero pulse pressure** ICU team will inform the family the patient is going to the OR. Social worker/ CNL/Supervisor or Charge RN will stay with family. ***If the family does not want the patient***
to leave, DCD is abandoned and Comfort Care continues. Bedside RN and the 2 Physicians wheel the patient by stretcher to the OR corridor.

☐ **05:00** Official declaration of death is confirmed at the end of the 5 minute mark in the OR corridor by two Physicians. The patient identification is reviewed by OR staff and Bedside RN. The patient is wheeled to
the OR and procurement begins immediately.

☐ If the family requests to view the body after organ retrieval, the patient will be prepared and taken to previously arranged location (e.g. ICU Bed 1). The family is supported by Social Worker or the Organ Donor Coordinator as per arrangements organized.

☐ **Participate in the DCD Debriefing session with all team members involved arranged by the CNL/Supervisor or Charge RN.**

Appendix K: PHC Organ Donation After Cardio-Circulatory Death (DCD) - Social Worker Checklist

SOCIAL WORKER Checklist

COMMUNICATION RE: COMFORT CARE/WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

☐ Ensure the family is supported throughout discussions about End of Life and withdrawal of life sustaining therapies.

IDENTIFICATION AND REFERRAL TO DCD

☐ Provide support for the family during discussion for Consent for Organ Donation and DCD process.

☐ If in conflict of personal, ethical or religious beliefs with the DCD process, arrange for alternate Social Worker.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ Assist the family to set up in the Comfort Room nearest Bed #1.

☐ Ensure that the family is supported throughout the process by the Organ Donor Coordinator, Social Worker and/or the ICU CNL/Supervisor or Charge RN.

WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ **Phase One of Comfort Care begins** *(period where devices not necessary to comfort for the patient are discontinued by the bedside nurse)* SW remains with the family providing support.

☐ **Phase Two of Comfort Care begins** *(Patient is extubated)*

- The family can be present or wait in the Comfort Room during extubation. SW accompanies the family and gives ongoing support.
- If the patient's death does not occur within 120 minutes, donation is abandoned, the bedside RN continues with Comfort Care. SW continues to provide ongoing support.

☐ **00:00** **At onset of zero pulse pressure**

- If the family is still present with the patient, they are asked to prepare to return to the Comfort Room. SW assists them.

☐ **02:00** **Two minutes into zero pulse pressure** CNL/Supervisor or Charge RN or Social Worker will inform the family that the patient is going to the OR.

If the family does not want the patient to leave, DCD is abandoned and Comfort Care continues.

☐ **05:00** (*The patient is wheeled to the OR and procurement begins immediately)* SW is aware of the process and keeps the family informed and provides support.

☐ **Participate in the DCD Debriefing session arranged by the CNL/Supervisor or Charge RN, with all team members involved.**

Appendix L: PHC Organ Donation After Cardio-Circulatory Death (DCD) - Unit Coordinator Checklist

UNIT COORDINATOR Checklist

COMMUNICATION RE: COMFORT CARE/WITHDRAWAL OF LIFE SUSTAINING THERAPIES (WLST)

☐ If the patient is coming from a different hospital for Donation after Cardio-circulatory Death (DCD) then process the admission as you would any other patient admission. Unlike Donation after Neurologic Death (NDD), the potential DCD patient has not been declared as dead and is NOT admitted as an organ donor.

☐ If the patient is already in the hospital and meets the criteria for DCD then continue as outlined.

IDENTIFICATION AND REFERRAL FOR DCD

☐ Once ICU Team determines the patient is eligible for DCD, print DCD Chart Pack **SPH ICU Organ Donation**
After Cardio-Circulatory Death (DCD) from Chart Scan in SCM if not already done.

☐ Process orders for a variety of lab tests and medications for the Organ Donation Workup. Assist in organizing the time for withdrawal of life support.

PREPARATION FOR WITHDRAWAL OF LIFE SUSTAINING THERAPIES

☐ Process the ***Options for Care and Resuscitation / DNAR Orders*** and ***ICU Comfort Care Orders (Regional).***

- The patient will be moved to Bed #1 and the family set up in nearest Comfort Room.
- The patient will be put on an OR stretcher.
- The Organ Donor Coordinator will set up at the central monitor with telephone access.

☐ Combine all the patient's charts into the Black chart and give it to the Bedside RN so it is ready to go to the OR before the patient is taken off of life support. If the patient does not die within 120 minutes or the patient does not proceed to DCD then the Bedside RN will continue the Comfort Care Orders. You may leave the patient chart combined.

WITHDRAWAL OF LIFE SUSTAINING THERAPIES

- **Comfort Care begins**
- **00:00** **At onset of zero pulse pressure**
- **02:00** **Two minutes into zero pulse pressure** ICU Team to transfer patient to the OR.
- **05:00** Official declaration of death is confirmed at the end of the 5 minute mark in the OR corridor
  (legal time of death). The Beside Nurse or Organ Donor Coordinator will come back to tell the Unit
  Coordinator the exact time of death

☐ Once the time of death is given, the Unit Coordinator will put the notification of death in SCM. Under the
'Organ Donor' section, click 'YES – Organ Donor (Cardiac Death)'.

- ☐ NEXT, Patient Placement will admit the patient as an “ORGAN” visit type.
- ☐ AFTER THAT, the Unit Coordinator can transfer the patient to the ‘OR’ in SCM. **The UC must backdate the transfer time to ONE MINUTE after the ORGAN visit admission time.** IMPORTANT: Do not transfer the patient to OR in SCM until AFTER the patient is readmitted as a ‘ORGAN VISIT’ as this creates problems in SCM.
- ☐ Ensure the Physician completes the Medical Death Certificate if there is no coroner involvement.
- ☐ For Coroners case, inform morgue staff that the coroner will issue the death certificate.