

	Department: Respiratory Services	Date Originated: May 2012 Date Reviewed/Revised:
CLINICAL GUIDELINE	Topic: <u>Critical Care</u> – Organ Donor Management: Respiratory Therapy Number: B-00-12-12076 (RTD5213)	Related Links: B-00-12-12031 - Apnea Test for the Assessment of Brain Death in Adults

PRINTED copies of Clinical Practice Standards and Procedures may not be the most recent version. The **OFFICIAL** version is available on the PHC Shared Health Organizations Portal (SHOP).

APPLICABLE SITES:

- ☒ St. Paul's Hospital
- ☒ Mount Saint Joseph Hospital

GENERAL INFORMATION:

After brain death has been declared, the following respiratory management strategy and testing will be employed:

1. Oxygen Challenge:

- Follow protocol as per *Organ Donor Management Orders*
- Repeat Challenge PRN according to physician's orders

2. Lung Protective Strategy:

- Continue to ventilate using low tidal volume strategy (Vt 6 to 8 mL/kg), according to targets in *Organ Donor Management Orders*

3. Recruitment Maneuvers:

- Perform recruitment maneuvers (30 cmH₂O for 30-60 sec) with each ventilator disconnect, or as ordered by the physician (see also [B-00-12-12046](#) - Recruitment Maneuvers)

All procedures performed should be documented on the Respiratory Therapy Flowsheet.

REFERENCES:

1. Mascia L., Pasero D, Slutsky A, et al. *Effect of a lung protective strategy for organ donors on eligibility and availability of lungs for transplantation.* JAMA Dec 2010; 304(23): 2620-2627.