

## Medical Advisor Quality Check

Donor accepted
Comments

## Donor

IDs	
ST-Nr	Status Registered Last update

Detection hospital	Referral Hospital	Responsible HLA Laboratory
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Procurement hospital	Service	Service type
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Local coordinator / Contact	Tel	Email
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National coordinator	Tel	Email
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Last name	First name	Residence
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ABO	Rh	Date of birth	Age	Height	Weight	BMI	Waist circumference	Gender	Ethnicity
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## Comment

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## Admission circumstances to hospital

Admission date and time	Admission to ICU date and time	Transfer date and time	Cause of admission
Cardiac arrest	Duration [min]	Treatment	
Respiratory arrest	Duration [min]	Treatment	
Trauma	Comment		
Glasgow score on admission	REA	Duration [min]	Reanimation by
Comment			
Intubation date and time			

## Death certification and consent

Sedation after admission (only for DBD)	Sedation stopped at
Relaxation after admission	Relaxation stopped at

## Death after persistent circulatory arrest (DCD) / Persistent circulatory arrest (DBD who became DCD)

Date	Date and time for discontinuation of therapy
Brain death	First brain death (Only for children between 28 days and 1 year old)
Date	Method

Cause of death	Comment
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Consent obtained	
Consented by	
Comment	

Judge approval	Comment
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## Transplantation

Incision date	Clamped					
Organ	Status	Part	Recipient or comment	Reperfusion	Eff. ischemic duration	TC
Heart						
Lung						
Liver						
Kidney						
Pancreas						
Small bowel						

## Serology

Serology result expected at				
HIV	Hepatitis B	Hepatitis C	Epstein-Barr	Cytomegalovirus
HIV 1+2 Ab, HIV 1 p24 Ag				
HIV 1 Ab				
HIV 2 Ab				
HIV 1 (p24) Ag				

HIV RNA 1				
HIV RNA 2				
Syphilis	Toxo	HTLV	HZV	HSV
Treponema pallidum Ab (TPHA, TPPA)				
Reagin Ab (VDRL, RPR)				
SARS-CoV-2				
SARS-CoV-2 RNA (RT-PCR)				
SARS-CoV-2 IgG				
SARS-CoV-2 IgM				
Other				

#### HLA typing

HLA result expected at

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#### Infections

Previous history of **MRSA** infections

Date

Comment

**Infections** (after admission)

	Infection	Culture	Date	Result	Comment	Attached doc.
Blood						
Lung						
Urine						
Other						
Type						
Antibiotic						

**Hyperthermia** T°>38.5°C

Temperature

Comments

#### Medical history (before admission)

	Y/N	Comment
Heart disease		
Hypertension		
Lung disease		
Diabetes I or II		
Liver disease		
Pancreatic disease		
Kidney disease		
Kidney stones		
Infectious disease		
Cancer		
Malignant melanoma		
Unidentifiable acute changes in neurological status prior to admission		
Operations		
Medication		
Allergy		
Comments		

#### Personal habits and social risks

Unknown		
	Y/N	Comment
Alcohol		
Drug user		
Tattoos + piercings		
<b>If known</b>		
Travel to high risk countries		
Multiple partners		
Prison		
Comments		

#### Clinical data (after admission)

Cardiac arrest	Duration	[min]		
Treatment				
Respiratory arrest	Duration	[min]		
Treatment				
Hypotension	Duration	[min]	Date and time	at MAP of [mmHg]
Treatment				
Hypertension	Duration	[min]	Date and time	at MAP of [mmHg]
Treatment				
	Y/N	Treatment		
Arrhythmias				

Hypothermia		
Diabetes insipidus		
Oligo anuria		
Coagulation disorders		

<b>Heart</b>		
ECG		Date and time
Rate	Rhythm	
Comments		
Medical report attached <input type="checkbox"/>		

Echocardiography	Date and time -	EF [%]
<i>Please do not effectuate within 3 hours of brain death (instability)</i>		
Contractility	Left ventricle mass index	
Left ventricle function	Left ventricle volume	
Interventricular Septum (IVS d)	Pulse Waved Doppler (PW d)	
Dimension Aortic Root	Dimension Ascending Aorta	
Aortic valve	Mitral valve	
Tricuspid valve	Pulmonary valve	
Right Ventricular (RV) function normal		
Dimension (or volume) of Right Ventricular (RV)		
Dimension Tr. Pulmonalis		
Presence of Atrium-Septum Defect (ASD)	Presence of Persistent Foramen Ovale (PFO)	
Cardiologist		
Comment		
Medical report attached <input type="checkbox"/>		

Coronary angiography (facultative)	Date and time -	EF [%]
Cardiologist		
Comment		
Medical report attached <input type="checkbox"/>		

<b>Abdominal</b>			
Waist circumference [cm]	Abdominal echography	Date	Attached doc. <input type="checkbox"/>
Liver Size [cm]	Steatosis	[%]	
Patent portal vein	Focal lesions (location and size)		
Splenomegaly			
Pancreas			
Left kidney Size: [cm] x [cm]	Nb Arteries :	Right kidney Size: [cm] x [cm]	Nb Arteries :
Focal lesions			
Focal lesions on left kidney	Focal lesions on right kidney		
Specialist			
Comment			

<b>Lung history and chest</b>			
<b>Lung history</b>			
Medical report attached			
Smoker	Lifelong nonsmoker	Packs/Years	Stop date
<b>Type of examination</b>	<b>Date</b>	<b>Medical Report Attached</b>	
Chest X-Ray	Date and time		
CT	Date and time		
Bronchoscopy	Date and time		
<b>Chest</b>	Normal		
Atelectasis	Left and Right	Pneumonia	Right
Pleural effusion	No	Pneumothorax	No
Infiltration	Right	Contusion	No
Nodule/mass	Right		
<b>CT-scan</b>			
Main Findings			
<b>Chest examination</b>	Intubation since <input type="text"/>		
Tracheal secretion	Quantity		
	Colour		
Suspected bronchial-aspiration	when?	Chest drains	
Medical report attached			
<b>Bronchoscopy (facultative)</b>			
Secretion	Purulent	Hemorrhagic	Other
Mucosa	Inflammatory	Hemorrhagic	Ulceration
			Bronchial rupture
Cytology	Bacteriology		
Anomalies			
Pneumologist/radiologist			
Comment			
Examination by (Doctor in charge)			
Phone number / BIP			

<b>Blood laboratory results</b>							
	Unit	On admission	Most revents				
Date Time							
Hb	g/l						
Hct	%						

Leucocytes	x 10 <sup>9</sup> /l						
Platelets	x 10 <sup>9</sup> /l						
Glucose	mmol/l						
HbA1C	%						
Na	mmol/l						
K	mmol/l						
Calcium	mmol/l						
Magnesium	mmol/l						
Phosphate	mmol/l						
Urea	mmol/l						
Creatinine	μmol/l						
Osmolality	mOsm/kg						
CPK	U/l						
CK-MB	μg/l						
Troponine	μg/l						
Myoglobin	μg/l						
ASAT (SGOT)	U/l						
ALAT (SGPT)	U/l						
LDH	U/l						
yGT	U/l						
Alc. phos.	U/l						
Bilirubine tot.	μmol/l						
Bilirubine dir.	μmol/l						
Pancreatic amylase	U/l						
Lipase	U/l						
Total Protein	g/l						
Albumin	g/l						
Ammonium	mmol/l						
CRP	mg/l						
Quick PT	%						
INR							
aPTT	s						
Fibrinogen	g/l						
Facteur V	%						
Date							
Time							
Hb	g/l						
Hct	%						
Leucocytes	x 10 <sup>9</sup> /l						
Platelets	x 10 <sup>9</sup> /l						
Glucose	mmol/l						
HbA1C	%						
Na	mmol/l						
K	mmol/l						
Calcium	mmol/l						
Magnesium	mmol/l						
Phosphate	mmol/l						
Urea	mmol/l						
Creatinine	μmol/l						
Osmolality	mOsm/kg						
CPK	U/l						
CK-MB	μg/l						
Troponine	μg/l						
Myoglobin	μg/l						
ASAT (SGOT)	U/l						
ALAT (SGPT)	U/l						
LDH	U/l						
yGT	U/l						
Alc. phos.	U/l						
Bilirubine tot.	μmol/l						
Bilirubine dir.	μmol/l						
Pancreatic amylase	U/l						
Lipase	U/l						
Total Protein	g/l						
Albumin	g/l						
Ammonium	mmol/l						
CRP	mg/l						



Medication							

Diuretics, anti-diuretics, haemodilution							
Product	Unit						
Date							
Time							

Transfusions							
Date							
Time							
Blood	ml						
Fresh frozen plasma	ml						
Platelets	ml						

Ventilation settings							
Date							
Time							
Tidal volume	ml						
Rate							
Inspiratory pressure	mbar						
PEEP	mbar						
FiO <sub>2</sub>	%						
Date							
Time							
Tidal volume	ml						
Rate							
Inspiratory pressure	mbar						
PEEP	mbar						
FiO <sub>2</sub>	%						

Blood gases							
Date							
Time							
pH							
PaCO <sub>2</sub>	mmHG kPa						
PaO <sub>2</sub>	mmHG kPa						
pH (T. adj.)							
PaCO <sub>2</sub> (T. adj.)	mmHG kPa						
PaO <sub>2</sub> (T. adj.)	mmHG kPa						
HCO <sub>3</sub>	mmol/l						
BE	mmol/l						
Sat.	%						
Date							
Time							
pH							
PaCO <sub>2</sub>	mmHG kPa						
PaO <sub>2</sub>	mmHG kPa						
pH (T. adj.)							
PaCO <sub>2</sub> (T. adj.)	mmHG kPa						
PaO <sub>2</sub> (T. adj.)	mmHG kPa						
HCO <sub>3</sub>	mmol/l						
BE	mmol/l						
Sat.	%						

Tissues and Cells	
Tissue donor	Destination
<input type="checkbox"/> Cornea (globe, Cornea, Cornea/sclera)	
<input type="checkbox"/> Heart valves	
<input type="checkbox"/> Blood vessels	
<input type="checkbox"/> Bones	
<input type="checkbox"/> Tendons, ligaments	
<input type="checkbox"/> Skin	
<input type="checkbox"/> Other Tissues (please specify)	
Cell donor	Destination
<input type="checkbox"/> Cell (please specify)	

Laboratory Reports
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