

Medical Advisor Quality Check

Donor accepted
Comments

Donor

IDs		
ST-Nr	Status Registered Last update	
Detection hospital	Referral Hospital	Responsible HLA Laboratory

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**Admission circumstances to hospital**

Admission date and time	Admission to ICU date and time	Transfer date and time	Cause of admission
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Cardiac arrest	Duration	[min]	Treatment
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Respiratory arrest	Duration	[min]	Treatment
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Trauma	Comment
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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
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Relaxation after admission	Relaxation stopped at
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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	Date

Cause of death	Comment
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Consent obtained	
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Consented by	
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Comment	
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Judge approval	Comment
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Transplantation

Organ	Status	Part	Recipient or comment	Reperfusion	Clamped	
					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					

Infections					
Previous history of MRSA infections					Date
Comment					
Infections (after admission)					
	Infection	Culture	Date	Result	Comment
Blood					
Lung					
Urine					
Other					
Type					
Antibiotic					
Hyperthermia T°>38.5°C					
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		
If known		
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		

Heart

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

Echocardiography	Date and time	EF [%]
Please do not effectuate within 3 hours of brain death (instability)		
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"/>	

Abdominal

Waist circumference [cm]	Abdominal echography	Date	Attached doc.	CT	Date	Attached doc. <input checked="" 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						

Lung history and chest

Lung history

Medical report attached					
Smoker	Lifelong nonsmoker	Packs/Years	Stop date		
Type of examination	Date	Medical Report Attached			
Chest X-Ray	Date and time				
CT	Date and time				
Bronchoscopy	Date and time				
Chest	Normal				
Atelectasis	Left and Right	Pneumonia	Right	Pneumothorax	No
Pleural effusion	No			Contusion	No
Infiltration	Right				
Nodule/mass	Right				

CT-scan

Main Findings	Intubation since
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Chest examination

Tracheal secretion	Quantity	
	Colour	
Suspected bronchial-aspiration	when?	Chest drains
Medical report attached		

Bronchoscopy (facultative)

Secretion	Purulent	Hemorrhagic	Other	
Mucosa	Inflammatory	Hemorrhagic	Ulceration	Bronchial rupture
Cytology	Bacteriology			

Anomalies

Pneumologist/radiologist

Comment

Examination by (Doctor in charge)

Phone number / BIP

Blood laboratory results

	Unit	On admission	Most recent				
Date							
Time							
Hb	g/l						
Hct	%						

Quick PT	%						
INR							
aPTT	s						
Fibrinogen	g/l						
Facteur V	%						

Urine laboratory results

Urine laboratory results at

Vital signs

To be filled in at the **time of brain death** diagnosis and **every four hours afterwards**

To be filled in at the time of brain death diagnosis and every four hours afterwards	
Date	
Time	
Heart rate	/min
Heart rhythm	
Blood pressure sys	mmHg
Blood pressure dias	mmHg
Blood pressure mean	mmHg
CVP	mmHg
PAP systolic	mmHg
PAP diastolic	mmHg
PAP mean	mmHg
PCWP	mmHg
RAP	mmHg
LV vol	ml/systole
LVESVI	ml/m ² /systole
CO	l/min
CI	l/min/m ²
Cv O ₂	%
SVR	dynes*sec/cm ⁵
PVR	dynes*sec/cm ⁵
Temperature (central)	°C
Urine output	ml/h
Balance	ml/24h

Therapy

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 ₂	%							
Date								
Time								
Tidal volume	ml							
Rate								
Inspiratory pressure	mbar							
PEEP	mbar							
FiO ₂	%							
Blood gases								
Date								
Time								
pH								
PaCO ₂	mmHG kPa							
PaO ₂	mmHG kPa							
pH (T. adj.)								
PaCO ₂ (T. adj.)	mmHG kPa							
PaO ₂ (T. adj.)	mmHG kPa							
HCO ₃	mmol/l							
BE	mmol/l							
Sat.	%							
Date								
Time								
pH								
PaCO ₂	mmHG kPa							
PaO ₂	mmHG kPa							
pH (T. adj.)								
PaCO ₂ (T. adj.)	mmHG kPa							
PaO ₂ (T. adj.)	mmHG kPa							
HCO ₃	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								

St... Sent	Sender	Donor/Recipient	Act...				
Documents							
Type	Name	Size	Description	Created by	Created on	Deleted by	Deleted on