



## CLINICAL POLICY AND PROCEDURE

### Organ and Tissue Donation

**A. EFFECTIVE DATE :**

September 19, 2023

**B. PURPOSE :**

To provide information and define procedures for organ and tissue donation and procurement for patients and/or next-of-kin who have expressed a desire to donate organs and/or tissues and serve as a guide for medical and nursing personnel.

**C. POLICY :**

1. All actual and/or imminent patient deaths will be referred to New England Donor Services (NEDS) in a timely fashion (860-286-3120 or 1-800-874-5215).
2. The nursing unit Charge Nurse or their designee, in consultation with the Attending physician or their designee, will notify NEDS within 1 hour of actual death or recognition that death is imminent.
3. NEDS staff will determine medical suitability of potential donors; no request for donation is required if the patient is deemed not suitable by NEDS.
4. Notification of Death: the attending physician or his/her designee is responsible for informing the next-of-kin or health care representative of the patient's death prior to discussion of organ /tissue donation
5. Planned Withdrawal of Life-Sustaining Support: notification of NEDS and determination of suitability of patient for donation by NEDS must occur prior to withdrawal of life sustaining support. The attending physician or their designee is responsible for documenting the next-of-kin's, or health care representative's shared decision with the physician to withdraw life sustaining support.
6. Organ Perfusion: when a potential organ donor is identified, the attending physician/designee will write orders for interventions that assure organ perfusion pending an organ donation decision. If the patient is brain dead and a confirmed registered organ donor, maintenance of organ perfusion will continue until procurement of organs.
7. A donation option will not be offered until the decision to withdraw life sustaining support has been made.
8. Prior to any donation discussion and in collaboration with NEDS, the patient's donor designation will be reviewed and appropriate course of action determined:

- i. If the patient has not previously documented their wish to be an organ donor, the next-of-kin or designated health care representative of each potential donor is informed of their option to consent or refuse donation of the deceased patient's organs, tissues, and/or eyes;
  - ii. if the patient has previously documented their wish to be an organ donor but the next-of-kin or designated health care representative do not agree, the attending provider or their designee will collaborate with the NEDS donor services representative to:
    1. re- validate the donor designation,
    2. identify the nature of the objection
    3. confirm potential for transplantation, and
    4. determine the next appropriate course of action
9. Documentation of compliance with NEDS notification will be made by the person placing the call. Next-of-kin / designated health care representative contact will be entered in the medical record.

Hospital staff are responsible in all medical-legal cases to contact the State Medical Examiner. If organ and/or tissue donation is a consideration, the NEDS Coordinator will also contact the State Medical Examiner to discuss the option for donation and to obtain permission to proceed with donation. The date and time of contact, the Medical Examiner's name, and stated approval or denial for donation including any limitations will be documented.

**D. SCOPE :**

This policy applies to all Inpatient, ED, and Procedural areas of JDH.

**E. DEFINITIONS :**

1. **Attending Physician Designee:** Senior Resident, Critical Care Fellow or Advanced Practice Registered Nurse (APRN) in charge of the patient's care
2. **Donation after Brain Death:** Organ and tissue donation from a donor who has been declared brain dead according to those brain death criteria defined in John Dempsey Hospital's Determination of Brain death policy.
3. **Donation after Cardiac Death:** Organ and tissue donation from a donor who has been declared dead by cardio respiratory criteria subsequent to withdrawal of life sustaining support.
4. **Tissue Donation:** Tissue donation from a donor who has been declared dead.
5. **Mid-Level Practitioner** (MLP): an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA)
6. **Substituted Judgment Standard:** A decision made by a surrogate decision maker when the patient does not have the capacity to make h/her own decisions; such a decision is based on what the surrogate knows about the patient in terms of what h/she would most likely decide based on h/her values and preferences.
7. **Imminent Death:** "Imminent" death for the purpose of this policy is defined as any ventilated patient for whom withdrawal of life-sustaining support is planned and death is anticipated, or when initiating a brain death examination.
8. **Timely Referral:**  
Referral to NEDS upon recognition that death is imminent, when withdrawal of support discussion with family is planned, within 1 hour of the first brain death examination and within 1 hour after the patient has been declared dead by cardio-respiratory criteria.

**F. MATERIAL(S) NEEDED :**

None

**G. PROCEDURE :**

**Communication with undocumented patient wishes:** offering donation with next-of-kin or health care representative:

1. If the patient meets preliminary medical suitability criteria, the NEDS representative and/or hospital designee shall discuss the option to consent or refuse organ/tissue donation with the next-of- kin or health care representative.
2. The designee must work with NEDS to discuss the options of donation, using communication skills sensitive to the psychological, spiritual and cultural beliefs of the family
3. The timing of the approach is made in collaboration with NEDS and hospital staff.
4. In the event of brain death or withdrawal of life-sustaining support, the NEDS Coordinator will respond on site to obtain informed consent/refusal for organ and/or tissue donation from the legal next-of-kin or health care representative.
5. In the event of cardiac death, the NEDS representative will provide assistance in person or by telephone, including obtaining informed consent or refusal for tissue donation.

**Communication with documented patient wishes:** offering donation with next-of-kin or health care:

1. The NEDS representative shall inform the next-of-kin or health care representative of the patient's self designation and provide a disclosure form if the patient meets the following criteria:
  - a. NEDS preliminary medical suitability criteria
  - b. has been declared dead
  - c. 18 years of age or older
  - d. documented intent to be an organ / tissue donor by either the Connecticut Dept. of Motor Vehicles donor registry or Advanced Directive.
2. The NEDS and hospital staff will collaborate regarding timing of the approach to the family.
3. If there is opposition to donation presented from the Next of Kin or health care representative, the following will be contacted to facilitate a family meeting to assist the family in understanding the facility's obligation to comply with the donor's intent to make an anatomical gift:
  - a. NEDS administrator on call
  - b. attending physician and /or their designee
  - c. Additional members of the care team may be included as appropriate, including but not limited to the unit manager, primary nurse, social worker, and/or chaplain

**Determination of Authorization for Donation:**

1. If there is no indication that the deceased made or declined to make an anatomical donation, NEDS representative(s) in collaboration with the attending physician will inform the next-of-kin has the legal and moral right to make a substituted judgment decision regarding organ and tissue donation. The legal order of priority to authorize donation is:
  - a. The spouse of the decedent
  - b. a person designated by the decedent pursuant to CT General Statutes, section 1-56r
  - c. an adult son or daughter of the decedent
  - d. either parent of the decedent
  - e. an adult brother/sister of the decedent
  - f. a grandparent of the decedent
  - g. a guardian of the person of the decedent at the time of death
  - h. any person legally authorized to make health care decisions for the decedent prior to death, including, but not limited to, a health care agent appointed under section 19a-576 of CT General Statutes
  - i. a conservator of the person, as defined in section 45a-644 of CT General Statutes

2. Should consensus of available next-of-kin in the same class or a prior class not be obtained, the option of donation will be withdrawn.
3. If the legal next-of-kin authorizes consent for donation, the NEDS's Coordinator will complete a Life Choice Donor services Authorization Form for Organ and Tissue Donation

#### **Organ Procurement Procedure for Donation after Pronouncement of Brain Death - Sequence of Procedure**

1. NEDS staff will arrange the required Operating Room (OR) time with the appropriate staff. Required staff include:
  - a. Transplant Surgeon(s) and assistants
  - b. Organ and Tissue Recovery Specialists
  - c. NEDS Coordinator
  - d. Anesthesia staff
  - e. Scrub Person
  - f. Circulating RN
2. OR transport service, a respiratory therapist and the Intensive Care Unit (ICU) RN in charge of patient's care will transport the patient to the OR.
3. Anesthesiology personnel, responsible for maintaining hemodynamic stability, will receive the patient and place him/her on an OR ventilator and monitors.
4. Transplant Surgeon and/or their designee will prep and drape the patient with the assistance of the OR team.
5. Organ procurement will proceed at the direction of the transplant surgeon.
6. Anesthesia personnel will discontinue ventilatory and pharmacological support once the aorta is cross clamped by transplant surgeon.
7. Post-mortem care will be performed by NEDS and OR staff.
8. Upon family request, the NEDS coordinator will arrange for the family to view the body in a predetermined private area following the donation.

#### **Organ Procurement Procedure for Donation After Pronouncement of Cardiac Death – Sequence of Procedure**

##### **Location of Withdrawal**

1. withdrawal of life-sustaining support must occur in the OR, not in the ICU. This will require the presence of the Attending MD or designee, and the ICU RN in the OR. Anesthesia personnel do not need to be present or participate in the process but may be consulted for equipment and technical guidance in the OR.
2. Offer family presence in the OR for the withdrawal of life-sustaining support and death. Instruct the family present that they will have to leave the OR immediately after the pronouncement of death or the donation will be cancelled. A maximum of four family members will be permitted to be present in the OR accompanied by any of the following:
  - designated OR representative
  - staff member from social services
  - staff member from nursing services
  - staff member from chaplaincy

##### **Sequence of Procedure**

1. NEDS staff will arrange the required operating room time with the appropriate surgical and OR staffs.
2. The OR transport service, a Respiratory Therapist, and the ICU RN in charge of patient's care will transport the patient to the OR. The attending physician/designee will also accompany the patient to the OR.
3. Palliative medications should be ordered by the attending MD/designee and administered by the ICU RN.
4. Devices to monitor the patient's blood pressure, SpO2, and heart rhythm will accompany the patient to the OR.
5. Ventilatory support must be continued by the Respiratory Therapist while the patient is being transported to the OR, prepped for surgery and until extubation is performed.

6. The patient will be prepped for surgery by the transplant surgeon and scrub without the use of staples.
7. The Transplant team will then leave the OR suite until death is declared.
8. Administer broad spectrum antibiotic if not already administered in the ICU upon the patient's arrival in the OR. (Administration is to be done by the ICU RN, as directed by the attending MD or designee).
9. Discontinue vasopressors and intravenous fluids (To be done by the ICU RN, as directed by the attending MD or designee).
10. Ventilatory support will be discontinued and the patient extubated by the respiratory therapist as directed by the attending physician or designee.
11. The NEDS donation coordinator will document the donor's blood pressure, heart rate, respiratory rate and oxygen saturation every 2-5 minutes beginning with the time of extubation to the time of death.
12. Transplant related medications (vasodilators/anticoagulants) may be administered by the ICU RN, per order of the attending MD/designee.

### **Declaration and Determination of Death**

1. The attending physician or designee declaring death must not be directly affiliated with the organ procurement team.
2. The time of death will be determined by the attending MD or designee (Senior Resident, Critical Care Fellow or APRN in charge of the patient's care) and communicated to all participating staff members.
3. The physician or designee will make the determination of death based on:
  - a. observation of ventricular fibrillation or asystole on the electrocardiogram
  - b. no palpable pulses and
  - c. lack of any spontaneous respiratory effort on physical examination.

4. Patient monitors will be discontinued.
5. The time of death will be recorded; if arterial line is in place, pulseless electrical activity (PEA) is acceptable.
6. The NEDS Coordinator, immediately following declaration of death will begin timing a five minute period of observation during which time no operative interventions are to be started. The transplant surgeon will ensure a moment of silence is observed in honor of the decedent during this five minute period.
7. Family members, if present will be escorted out of the OR by the same staff member who escorted them into the OR.

— **No incision will be made until procedural steps listed above are completed.** —

8. The physician pronouncing death must write a progress note in the patient's chart and complete any hospital-specific paperwork confirming the time of death.
9. Organ procurement will proceed with same staff as listed in preceding section 4 except no anesthesia personnel are required.
10. Post-mortem care will proceed with as described in preceding section 4 above

### **If Cardiac Death does not occur in the Operating Room**

1. If the patient does not expire within the time required to permit donation per NEDS policy as outlined above, the patient will be transferred back to a predetermined nursing unit by the ICU RN.
2. The transfer and patient's care will be guided by the attending physician or designee.

### **Operative procedure for Tissue Donation:**

1. Procurement of tissues must be initiated within 24 hours postmortem.
2. Upon arrival, the nursing supervisor will be contacted by the recovery staff from either NEDS or Connecticut Eye Bank

3. When procurement is performed by the NEDS/Connecticut Eye Bank staff, the donor will be transported to the OR by the NEDS/Connecticut Eye Bank staff and a hospital staff escort.
4. All recovery equipment and surgical instruments will be provided by the NEDS/Connecticut Eye Bank staff
5. Upon completion of procurement, appropriate documentation in the patient's record will be made and an operative note will be mailed to the Health Information Management Department by the appropriate recovery.

**H. ATTACHMENTS :**

None

**I. REFERENCES :**

CT General Statutes, section 19a-576  
CT General Statutes, section 45a-644  
CT General Statutes, section 1-56r

**J. SEARCH WORDS :**

Organ procurement, organ donation, tissue donation, pronouncement, Connecticut Eye Bank, Life Choice Donor Service, LCDS, death, decedent, CT General Statues]

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS :**

On File

**M. COMMITTEE APPROVALS :**

None

**N. FINAL APPROVAL :**

1. Bruce T. Liang, MD (Signed) 10/02/2023  
Bruce T. Liang, MD Date  
**Interim Chief Executive Officer & EVP for Health Affairs**  
**Dean, School of Medicine**
  
2. Anne Horbatuck (Signed) 09/20/2023  
Anne D. Horbatuck, RN, BSN, MBA Date  
**Clinical Policy Committee Co-Chair**
  
3. Scott Allen, MD (Signed) 09/27/2023  
Scott Allen, MD Date  
**Clinical Policy Committee Co-Chair**
  
4. Caryl Ryan (Signed) 09/27/2023  
Caryl Ryan, MS, BSN, RN Date  
**Chief Operating Officer, JDH**  
**VP Quality and Patient Services & Chief Nursing Officer**

**O. REVISION HISTORY :**

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