

DONATION TOOLS for PHYSICIANS



Clinical Triggers:

Federal Regulations stipulate that every family of every suitable patient should be given the opportunity to make a decision with regards to donation. (42 CFR Part 482)

Donation has a “beneficial effect on the bereavement process” and can provide the grieving family with a sense of purpose and comfort.

Merchant et al (2008): Exploring the psychological effects of deceased organ donations on the families of the organ donors. *Clinical Transplant*, 22:342-347

CMS recommends the following triggers be adopted by hospitals for referring patients for evaluation to their local Organ Procurement Organization (OPO), in this case LAORA.

Ventilated patients with Neuro Insult within 1 hour of meeting any of the following:

- GCS less than or equal to 5 and/or the loss of 2 or more brainstem reflexes; in absence of sedation/paralytics or hypothermia -
 - Pupils fixed and dilated
 - No cough
 - No gag
 - No spontaneous respirations
 - No purposeful movement in response to painful stimuli.
- Consideration for end of life discussion, palliative care/hospice consult
- Consideration for Brain Death Testing
- Any inquiry regarding organ and tissue donation
- **ALL cardiac deaths within one hour of expiration**

Pointers:

Please -

- Do not rule out patients for age or disease, including HIV, HCV or cancer.
- Maintain the option of donation for families by aggressive medical management and optimization of organ function.
- Do not extubate until patient has been evaluated by LAORA for medical suitability.
- Please do not bring up donation, as the patient may not be suitable or it may be too early for the family and patient. It is important to huddle with LAORA prior to any donation discussion.

The Huddle and Effective Requestor

The **huddle** --- is an integral part of the process and signifies a care-planning meeting involving the healthcare team and a member of LAORA with the goals:

- To identify the right time and the right person for each family, to effectively approach the subject of donation, i.e. the effective requestor.
- To find facts, e.g. first person authorization, family dynamics, legal next of kin, designated decision-maker, spiritual & cultural needs of family, etc.
- **The huddle should occur:**
On every single potential donor case—PRIOR to any discussion of donation with patient’s family.

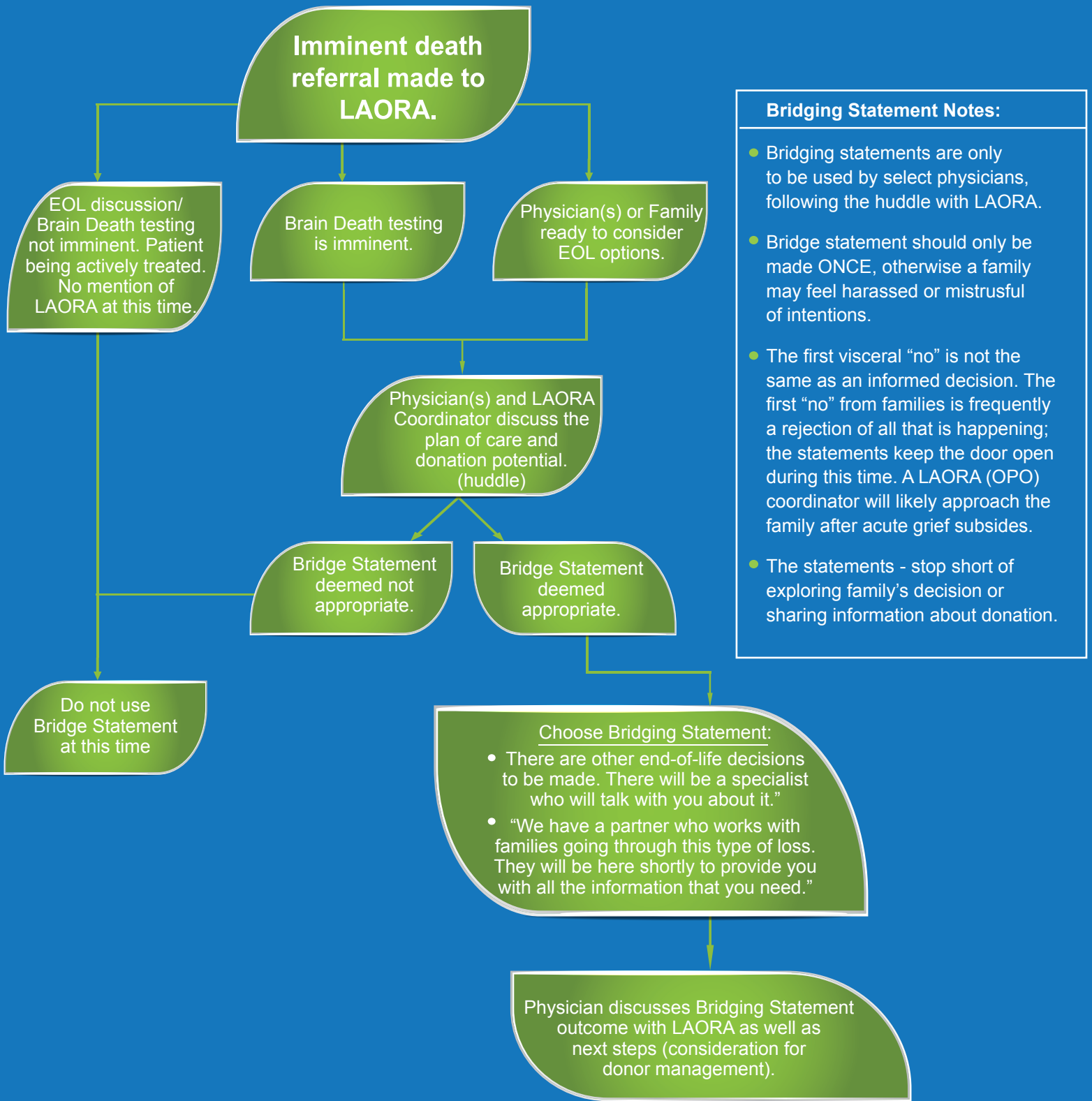
Please Note

- Please do not bring up donation until LAORA has been involved and the huddle has occurred.
- CMS requires that every family be given an opportunity to make a decision about donation if the patient is suitable. (42 CFR Part 482)

Suggested Language

- “We will have someone specialized in helping families going through these situations come to speak with you.”
- “We will have someone specialized in end-of-life decisions come to speak to you, to help you through the next steps.”

DONATION PROCESS



Bridging Statement Notes:

- Bridging statements are only to be used by select physicians, following the huddle with LAORA.
- Bridge statement should only be made ONCE, otherwise a family may feel harassed or mistrustful of intentions.
- The first visceral “no” is not the same as an informed decision. The first “no” from families is frequently a rejection of all that is happening; the statements keep the door open during this time. A LAORA (OPO) coordinator will likely approach the family after acute grief subsides.
- The statements - stop short of exploring family’s decision or sharing information about donation.

Choose Bridging Statement:

- There are other end-of-life decisions to be made. There will be a specialist who will talk with you about it.”
- “We have a partner who works with families going through this type of loss. They will be here shortly to provide you with all the information that you need.”

Physician discusses Bridging Statement outcome with LAORA as well as next steps (consideration for donor management).

