TITLE: ORGAN DONATION AFTER CIRCULATORY DEATH

PURPOSE: Donation after circulatory death offers the possibility of organ and tissue donation from potential donors who do not meet brain death criteria. The patients are potential donors secondary to irreversible conditions that will result in death. This policy establishes guidelines and procedures that will allow next of kin and the predeceased the option of organ and tissue donation after death. This supersedes policy dated 01/25/2005. [Key words: Donor, Organs, Tissue, Non-Heart Beating Donor]

POLICY STATEMENT:

The University Health System (Health System), in compliance with Centers for Medicare & Medicaid Services Title 42 Public Health, Chapter IV, Part 482-Conditions of Participation for Hospital, Sec. 482.45 Condition of participation: Organ, Tissue, and Eye Procurement, requires mandatory referral of all deaths and imminent deaths to the appropriate Organ Procurement Organization. The Health System supports the option of organ donation to families of all patients that are either brain dead and/or terminally ill and do not meet brain death criteria and have agreed to withdraw or withhold life-sustaining procedures.

POLICY ELABORATION:

I. DEFINITIONS

A. **Brain Death** – of or relating to the terminal state of an individual who has irreversible cessation of all functions of the entire brain, including the brain stem ([Circulatory Death](#)). [Circulatory Death Heart-Beating Donors/Organ Donors meet this definition.]

B. **Circulatory Death Donor** – an individual who does not meet
criteria for brain death and makes a gift of all or part of his or her body after the decision to withdraw or withhold life-sustaining procedures has been made by the patient's legal guardian and death has occurred

C. **Death** – of or relating to the terminal state of an individual who has sustained irreversible cessation of circulatory and respiratory functions (Non-Heart-Beating Donors meet this definition.)

D. **Donor** – an individual who makes a gift of organs and/or tissue

E. **First Person Consent** – a person who has registered as an organ donor in the Texas Donor Registry (DonateLifeTexas.org) is considered to have given consent to organ donation

F. **Heart-Beating Donor (Organ Donor)** – an individual who is brain dead and makes a gift of all or part of his or her body once pronounced dead by neurological criteria

G. **Organ Procurement Organization (OPO)** – a federally mandated organization responsible for organ procurement and coordination within a specified geographical area

H. **Organs** – either vascular organs, visceral organs, or solid organs. These include, but are not limited to, heart, lungs, liver, kidneys, pancreas, and intestines.

I. **Texas Organ Sharing Alliance (TOSA)** – the designated Organ Procurement Organization for the Health System

J. **Tissue** – includes, but is not limited to, bone, tendons, eyes, cornea, skin, heart for valves, and vascular tissues to include saphenous, femoral and iliac veins
II. PROCEDURE

A. After a decision has been made by the authorized family member to withdraw or withhold life-sustaining procedures for a patient, the physician or physician designee contacts TOSA through the Donor Referral Line to report the imminent death. This process is mandated by CMS. The call is placed prior to discontinuing support. The decision to withdraw or withhold life-sustaining procedures should be discussed and concluded independently of any discussion of organ donation. Initial notification to TOSA will be documented in the accounting of disclosure database in accordance with HIPAA regulations.

B. Health System staff will follow the Donation After Circulatory Death Procedure Checklist (Attachment I) housed with the unit policy and procedures. Any staff not comfortable participating in organ donation may so choose to not participate. Staff members should notify their supervisors in order to have the patient’s care coordinated by other staff.

C. The TOSA on-call coordinator will respond immediately and determine if the patient meets the criteria for potential circulatory death donation. If no obvious exclusions exist then the TOSA coordinator will arrange for an onsite evaluation.

D. During the onsite evaluation the TOSA coordinator will review all existing lab values and data to assess the patient as a potential circulatory death donor.

E. If the patient is deemed a suitable candidate for organ donation by TOSA, it will be the responsibility of TOSA to carry out the following:
1. Contact the attending physician who may not be part of the transplant team to confirm that he/she and the family are in agreement with the withdrawal or withholding of life sustaining procedure, and to request permission to proceed with the consent and recovery of organs for transplantation in accordance with the circulatory death protocol.

2. Obtain informed consent in accordance with the Texas Anatomical Gift Act. The patient is considered to have given first person consent for donation if the patient is registered on the Texas organ donation registry. TOSA will provide verification of the registry. Obtain informed consent in accordance with the Texas Anatomical Gift Act and attempt to obtain a complete medical and social history from the family to assure the safety of the organs to be removed. At this time the family is to be informed that should the patient not progress to death within one (1) hour from the time the patient’s Systolic Blood Pressure and oxygen saturation reach the age-specific levels (see Attachment II) following withdrawal of life-sustaining procedures, the patient will be transferred to the appropriate level of care approved by administration.

3. Health System-designated personnel request the creation of a deceased donor account from the Admissions office prior to the initiation of any testing and/or procedures. Admissions will enter the patient into the system under a separate visit number utilizing 01000029 as the guarantor number. TOSA will be responsible for all costs incurred for the evaluation and/or recovery of organs. Under no circumstances should the potential donor and/or family incur any costs for donation.

F. TOSA will then proceed with an in-depth medical evaluation to
determine suitability of the organs for transplant, including laboratory testing and consultation services. The primary team retains responsibility for the management of the patient. No members of the primary care team should be involved with the evaluation process.

G. After all serological testing is complete, the surgical recovery team, operating room and physician responsible for pronouncement of death are notified by the TOSA Coordinator for an agreed time of mobilizing patient to the operating room.

H. The family will be provided an opportunity to spend time with the patient prior to and during discontinuance of life-sustaining therapy in the ICU and the OR.

I. During transport to the operating room, the patient will be accompanied by designated staff, appropriately monitored, and ventilated with 100% oxygen.

J. A Health System physician, who is not part of the organ transplant team or involved in the care of any potential organ recipient, will accompany the patient to the surgical suite to assure agreed upon patient comfort measures and to pronounce the impending death.

K. Once in the surgical suite, the patient will be ventilated, monitored and kept comfortable according to preexisting orders, prepped and draped in the usual fashion for the recovery of organs. The use of vasodilators and heparin is to be evaluated on a case by case basis with due concern for cases involving hemorrhaging. Interventions intended to preserve organ function but which harm the patient in anyway or hasten death are prohibited. These medications are used to preserve organ function and are not intended to hasten death.
In Accordance with Health System Policy No. 9.07, Advance Directives, the attending physician or his/her designee not involved with the transplant team and/or organ recipient care will initiate withdrawal of life-sustaining procedures and pronounce death in accordance with Health System Policy No. 9.05, Determination of Death. Once death has been determined and documented, the procurement team will wait five (5) minutes before proceeding with the recovery of organs.

If the patient does not progress to death within one (1) hour of withdrawal of life-sustaining procedures, no organ recovery will be performed. The patient will be transferred to the appropriate level of care approved by administration. The family will be updated by TOSA and Health System hospital staffs as appropriate.

Under no circumstances will chest compressions be performed once death has been pronounced.

Each donation after circulatory death case will be reviewed by the Health System’s Organ Donation PI Team and reported to the QRM Committee via the TOSA report.

REFERENCES/BIBLIOGRAPHY:

Code of Federal Regulations (Revised January 1, 2003)-Title 42-Public Health, Chapter IV-Conditions of Participation for Hospitals, Subpart C-Basic Hospital Functions, Section 482.45 Condition of Participation: Organ, Tissue, and eye procurement.

Health System Policy No. 9.05, Determination of Death

Health System Policy No. 9.07, Advanced Directives
Health System Policy No. 10.07, Organ and Tissue Donation from Cadaveric Donors

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LifeCenter Non-Heartbeating Donor Protocol, Cincinnati, Oh.


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University of Pittsburgh Medical Center Presbyterian, Policy and Procedure Manual, Pittsburgh, Pa.


Planned Asystolic Post-Mortem Organ Donation, Deborah Baruch-Bienen, M.D. Co-Chair, Wilford Hall Medical Center Ethics Committee.
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**OFFICE OF PRIMARY RESPONSIBILITY:**

Executive Vice President/Chief Medical Officer