

# Donation After Circulatory Death (DCD)

For Clinical Care Teams



## DCD DONATION CHECKLIST

### Attending Physician

- Maintain IV fluids to ensure organ viability.
- Schedule labs to evaluate and trend organ suitability.
- Place orders for 30K–50K units of heparin and 12.5g mannitol to be given in the OR.
- Initiate comfort care medication orders in accordance with hospital policy.
- Remain in the recovery OR until time of death is pronounced and the observation period has ended.

### ICU Nurse

- Record vital signs.
- Draw labs as ordered by the physician.
- Accompany donor to the OR.
- Administer heparin, mannitol, and comfort care medications in the OR following hospital protocols.
- If the donor does not expire within the DCD timeframe, transport the donor back to the ICU to continue comfort measures.

### Disclosure / Approach

Southern Legacy of Life (SLL) Family Services Coordinator (FSC) discusses donation with the patient's family. If the patient is a registered organ donor, the FSC will explain the donation process since the decision to donate has already been made. If the patient is unregistered, the opportunity for donation is presented to the family.

### Case Start and Donor Management

Following consent for donation and completion of paperwork, a SLL Organ Recovery Coordinator (ORC) will request labs be drawn for various serologies, HLA typing, and cultures to be sent to an outside lab. DCD donors remain under the care of the attending physician, and all orders must be placed under the existing care team. Orders necessary for organ evaluation and maximization will be discussed with the care team.

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## Referral Process

Intubated patients meeting clinical triggers are referred to SLL following hospital policy & CMS regulations.

If medically suitable for donation, SLL follows the patient's admission course in the background until a decision to withdraw treatment is made by the family

## Organ Allocation and Recovery Scheduling

After all transplanted organs have been matched, the ORC coordinates with the following teams to schedule a date and time for organ recovery.

- Transplant centers
- The pronouncing provider
- The donor hospital OR team

## Withdrawal of Treatment

On the day of the scheduled recovery, the donor is transported to the OR and prepared for surgery. After all teams are present and prepared, comfort care measures commence and the donor is extubated following standard hospital protocols. Heparin and mannitol are administered by the care team prior to extubation.

The pronouncing provider must remain in the OR until:

- Time of death is pronounced
- The observation period has ended

Cardiac standstill must be reconfirmed at the end of the observation period.

## Organ Recovery

Following time of death pronouncement, the family is escorted out of the OR and the surgical recovery team enters. After cardiac standstill is reconfirmed, organ recovery may begin.

The patient's physician, RN, and RT may exit the OR at this time. A death note is then entered into the patient's EMR by the pronouncing provider.