

Donation After Cardiac Death vs. Brain Death



For Nursing Professionals

VS

DONATION AFTER CARDIAC DEATH DONOR (DCD)

A patient whose family has elected for comfort extubation and has been deemed medically suitable for donation. Authorization for donation has been obtained by Southern Legacy of Life (SLL).

DCD OR

The patient is terminally extubated in the OR following procedure preparation and pronouncing physician arrival. An RN must accompany the donor to the OR to administer comfort medications. Comfort medications are ordered by the pronouncing physician.

DCD DONOR MANAGEMENT

RN will need to enter appropriate orders into hospital EMR system.

There is typically a 24–72 hour period after authorization in which organ function is maximized for transplant. The donor remains under the care of the attending physician. Recommendations for management are made by SLL Organ Recovery Coordinators (ORCs).

DCD RN HELPFUL TIPS

- Serial labs and imaging studies (ECHO, CT CAP, bronch, etc.) are needed to further evaluate organ function.
- Huddle with the SLL ORC at the start of the case and as needed.



BRAIN DEAD DONOR (DBD)

A patient who has been declared legally brain dead and deemed medically suitable for donation. Authorization for donation has been obtained by SLL.

DBD OR

The patient is transported to the OR and handed off to the anesthesia provider. In some cases, anesthesia will assist with transport to the OR. The patient remains on the ventilator until cross clamp. The RN does not need to accompany the donor.

DBD DONOR MANAGEMENT

RN will need to enter appropriate orders into hospital EMR system.

There is typically a 24–72 hour period after authorization in which organ function is maximized for transplant. The admitting provider is updated to reflect the SLL Medical Director. Care is directed by SLL and orders are placed under the SLL physician.

DBD RN HELPFUL TIPS

- Serial labs and imaging studies (ECHO, CT CAP, bronch, etc.) are needed to further evaluate organ function.
- Huddle with the SLL ORC at the start of the case and as needed.

Questions?

Please contact your Hospital Development Coordinator.

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