

Donation after Circulatory Death Process for Physicians

A licensed physician or designee, per hospital policy, must be present with the patient for the entire withdrawal process; from the time of compassionate extubation / initiation of comfort care until patient circulation has ceased and they are pronounced deceased. *NOTE:* Can be as long as 90 minutes.

Should the patient not reach asystole in a time frame that allows for viable organ donation (usually 60-90 minutes), the patient will be transported back to the designated area for ongoing comfort care.

To prepare for the DCD process, the declaring hospital physician should do the following BEFORE compassionate withdrawal of medical support occurs:

1. Draft a progress note outlining family's understanding of patient condition/prognosis, and their intentions to transition to comfort care only (removal of medical and ventilatory support).
2. Draft a death note with the exception of the time of death to expedite the process once patient is pronounced dead.
3. Order all comfort care medications so that administering RN can have access to medications in a timely fashion to avoid unnecessary patient/family discomfort.
4. Order Heparin 300 units/kg (max 30,000u) IVP. The ICU RN will take the Heparin to the withdrawal location to be administered at the designated time. This is usually 5 minutes prior to extubation to allow for circulation.

The declaring MD (or designee), ICU RN, and Respiratory Therapist will be present for the compassionate withdrawal of medical support, including administration of comfort care medications, extubation, and cessation of all enteral and parenteral support. *NOTE:* Heparin should be administered 5 minutes prior to withdrawal to ensure adequate circulation. Extubation should not occur until after the DCI Donor Services organ coordinator has huddled with all staff and all parties including the operating room staff and procuring surgeon(s) are in place and ready to initiate the DCD process. A brief huddle including the compassionate care medical team, the OR staff, and organ recovery/transplant team(s) will be conducted just prior to withdrawal of medical support.

The patient will need to remain on a monitor for the withdrawal process as arterial BP, MAP, heart rate, respiratory rate, and O2 saturation will be monitored closely by the coordinator.

Once the MD (or designee) determines the patient has a cessation of circulatory function there will be an observation period of 2-5 minutes (dictated by hospital policy). The declaring physician (or designee) will need to remain present to observe for any spontaneous return of circulation. At the end of the observation time the patient should be reassessed for absence of circulation, followed by a formal pronouncement of death. A death note to include date and time of death, as well as physician (or designee) signature(s), must be completed prior to leaving.

Family requests comfort care measures to be initiated on:

Date: _____ Time: _____

The plan will be for the compassionate withdrawal of medical support to occur in the:

ICU PACU OR Other: _____