



DCD Physician Order Request

Patient: _____ MRN: _____

DCIDS Coordinator/Contact: _____ Date: _____

The family has decided to withdraw life-sustaining measures for this patient and has subsequently made an important decision to donate organs and tissues through the Donation after Circulatory Death (DCD) approach. An authorization for donation and administration of anti-coagulation medications has been signed by the legal next-of-kin/authorizing party.

This patient remains under your care until circulatory death. Organ recovery and donation may only proceed after death.

CLARIFICATION OF CODE STATUS

- Full Code
- No CPR/No Defibrillation. Full medical management to continue

MEDICAL MANAGEMENT OF THE DONOR

Management of this patient will remain the responsibility of the hospital. Goals below are suggested for optimizing organ function and successful transplant.

Goals of Care

- MAP > 60-110
- Urine Output 1-3ml/kg.hr
- Normalized Electrolytes (Na 135-155)
- Temp 34-37C
- Glucose 75-150
- pH 7.30-7.45
- PaO2 >90
- CVP 4-12



ORGAN EVALUATION

The following tests will assist with determining organ suitability and monitoring of organ function. Some procedures will require informed consent from the provider by the family (Indicated by asterisks*).

Organ Being Evaluated	If Not: Reason Why	Tests/Procedures	Lab Testing
Liver		<input type="checkbox"/> CT Chest/Abd/ Pelvis	<input type="checkbox"/> BMP Q6 H <input type="checkbox"/> Liver panel: AST, ALT, Alk Phos, T Bili, D Bili and GGT Q6H <input type="checkbox"/> Mg/Phos x1 <input type="checkbox"/> PT/PTT/INR Q6H
Kidneys			<input type="checkbox"/> UA Q24H <input type="checkbox"/> BMP Q6H
Pancreas			<input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> A1C
Lungs		<input type="checkbox"/> Chest X-Ray <input type="checkbox"/> Bronchoscopy * <input type="checkbox"/> CT Chest/Abd/Pelvis <input type="checkbox"/> Pulmonary Recruitment <input type="checkbox"/> Respiratory Therapy <ul style="list-style-type: none"> <input type="checkbox"/> Nebs <input type="checkbox"/> IPV 	<input type="checkbox"/> ABG's Q6H <input type="checkbox"/> Challenge ABG's as directed by DCIDS coordinator
Heart		<input type="checkbox"/> 2D Echo <input type="checkbox"/> 12 Lead EKG	<input type="checkbox"/> CK-MB <input type="checkbox"/> Troponin

TESTING AND PROCEDURES FOR ALL POTENTIAL DCD DONORS

- Type and screen x1
- Cultures:
 - Blood x 2
 - Urine
 - Sputum
- Arterial Line Placement*
- Central Line Placement*
- Continuation of appropriate antibiotic coverage

FOR ADMINISTRATION 5 MINUTES PRECEDING WITHDRAWAL OF CARE

- Heparin:
 - 30,000 units IV Push
 - 300 units/kg IV Push

Thank you for helping facilitate the gift of organ and tissue donation for this patient and family.



TransNet Label

UNOS ID: _____

Only if TransNet unavailable