Organ Donation
the “Gift of Life”

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Why Transplantation?

- Ideal treatment to correct underlying pathology caused by *End Stage Organ Disease*
- Restoration of *Normal Physiology*
- *Life saving* procedure
- Improvement of *Quality of Life*
- Achievement of *Productive Life* (socioeconomic)
Transplant Waiting List
September 1, 2016

133,925 Candidates for a Solid Organ Transplant

- Kidney 109,136
- Liver 16,601
- Heart 4,240
- Kidney-Pancreas 2016
- Lung, 1,560
- Intestines, 276

133,925 Candidates for a Solid Organ Transplant
Requiring *hospitals to establish relationship with* their federally designated OPO (Organ Procurement Organization)

As a condition of eligibility to receive Medicare and Medicaid funding:

Directing *hospitals to establish protocols for identifying and referring potential donors* and for informing families of their opportunity to donate
An anatomical gift made by a qualified donor and not revoked by the donor, as provided in s. 765.516, is irrevocable after the donor's death. A family member, guardian, representative ad litem, or health care surrogate may not modify, deny, or prevent a donor's wish or intent to make an anatomical gift after the donor's death.
Who can Donate?

- **Brain Dead Donor:** Organs, Eyes & Tissue

- **Donation after Cardiac Death (DCD) -** after cardiac arrest upon WLS: Abdominal Organs, Eyes & Tissue

- **Cardiac Death Donor (post cardiac arrest):** Eyes & Tissue
Using discretion does not mean that certain families should not be approached about donation.

- Hospital staff’s perception that a family’s grief, race, ethnicity, religion or socioeconomic background would prevent donation should never be used as a reason not to approach a family.

- Donation is not to be discussed with families until patient is evaluated for medical suitability to avoid giving families false hope for donation.
Collaborative Approach

- Approach for consent performed by trained personnel
- **Do not mention** organ donation to families
  - Families need time to process information
  - Perceived conflict of interest
  - Improved consent rates with trained approach
Transition & Decoupling

How to respond to “What’s Next?” “Someone will talk with you about end of life decisions and next steps…”

How to Introduce LAORA
“*A member of the extended care team...”*

Donation consent rates have shown:
- 43% success, hospital only
- 62% success, OPO only
- 72% success, Hospital and OPO
Clinical Triggers

Organ/Tissue Donation Clinical Triggers

ORGAN DONATION
- GCS Equal to or Less than 5 and Ventilator-Dependent
- Brain Death Testing to be Initiated
- Any discussion concerning end of life options (comfort care measures, no escalation of care, or withdrawal of Life Sustaining Therapies)
- Family initiates discussion regarding donation

TISSUE DONATION
- Upon Cardiac Death/Asystole

1-800-255-GIVE (4483)
Donation is not to be discussed with families until patient 
is evaluated for medical suitability to avoid giving families 
false hope for donation.

To ensure families are not given false hope of saving lives through 
donation, and in accordance with CMS/TJC regulations, 
please refrain from mentioning donation. 
If family asks, "what is next," the best transitional phrase is 
“*There are end of care decisions that need to be made.* 
A member of our healthcare team will be speaking to you shortly.”
CERNER CBIG order set
Preserving the Option for Donation

OPO: Organ Procurement Organization/Life Alliance

- Implement Organ Preservation Orders/Donor Management Goals (See Reverse).
- Support the family through their understanding of Brain Death/Poor prognosis.
- Conduct "Team Huddle" with Life Alliance Team to collaborate on the family approach.

LIFE ALLIANCE
ORGAN RECOVERY AGENT
UNIVERSITY OF MIAMI

1-800-255-GIVE (4483)
Preserving the Option for Donation

Donor Management Goals

- (MAP) 60 - 100 mmHg
- (CVP) 4 - 10 mmHg
- (EF) > 50%
- Vasopressor use ≤ 1 and low dose
- Ph on ABG 7.3 - 7.45
- PaO2:FiO2 (P:F) > 300 on PEEP = 5
- Serum Na 135 - 160 mEq/L
- Blood Glucose < 150 mg/dl
- Urine output 0.5-1 ml/kg/hr
PURPOSE: This policy establishes guidelines for the determination of death by brain criteria. Brain death is a clinical diagnosis. For legal and medical purposes, where respiratory and circulatory functions are maintained by artificial means of support so as to preclude a determination that these functions have ceased, the occurrence of death may be determined where there is the irreversible cessation of the functioning of the entire brain, including the brain stem. Defining characteristics include apnea, coma and absence of brain stem reflexes.

POLICY: This policy is not intended to alter the treatment of patients at the Jackson Health System but to ensure compliance with the State of Florida through FS 382.009. This process must be medically supported and promote the dignity of the patient and sensitivity towards family members. However, death by brain criteria, "brain death" is a medical and legal definition. It does not require consent or participation by family or surrogate decision makers. Family/surrogate will be informed of determination.

PROCEDURE:

1. Two physicians licensed in the state of Florida shall make the determination of brain death.

   KEYPONT: One physician shall be the attending physician, and the other physician shall be a board-eligible or board-certified neurologist, neurosurgeon, internist, pediatrician, surgeon or anesthesiologist.

   KEYPONT: The physicians making the determination of brain death shall not participate in the procedure for organ/tissue procurement or transplantation.

2. Two separate clinical examinations must be performed to make a determination of brain death.

3. The next of kin/surrogate of the patient shall be notified as soon as practicable of the procedures to determine death under this policy. The medical records shall reflect such notice; if such notice has not been given, the medical records shall reflect the attempts to identify and notify.
I. **POLICY STATEMENT**

This policy is intended to provide every medically suitable deceased adult patient and their legal next-of-kin with the opportunity to give an altruistic gift of organ/tissue donation in compliance with Section 765.610 et seq. of the Florida Statutes. This policy is not intended as a means to solicit such organ/tissue donations, but rather is intended to provide an ethically appropriate and suitable procedure that respects the rights of adult patients who die in Public Health Trust (PHT) facilities and to provide those patients and their families a mechanism for those desiring to donate organs and/or tissue.

II. **PRINCIPLES**

It is the clear intent of the PHT that this policy is meant to deal solely and discretely with the issue of organ/tissue donation from donation after cardiac death (DCD) donors. It is not in any way intended to alter the treatment or management of patients in any PHT facility. Decisions concerning the treatment and management of patients must be made separately from decisions regarding the possibility of organ/tissue donation. More particularly, any decisions involving the withholding or withdrawal of mechanical life support or other life-prolonging procedures must be made separately from and prior to any discussion of organ/tissue donation with patients or families. Consideration of organ/tissue donation with regard to a particular patient shall occur only after the patient or the patient’s authorized representative, together with the patient’s physician, have reached agreement to terminate life-support treatments, in accordance with PHT policy and applicable law.

A patient can be an organ and/or tissue donor pursuant to this policy only after death. Legally sufficient evidence of the deceased patient’s intent to make an organ or tissue donation must be available or consent for the donation must be obtained from the patient’s legal next-of-kin. Provided there is such evidence of the intent to make the donation, a family member, guardian, representative ad litem, or health care surrogate may not modify, deny, or prevent a donor’s wish or intent to make an anatomical gift after the donor’s death.

It is the health care professional’s primary responsibility to optimize the patient’s care and this policy explicitly prohibits any intervention which primarily intends to shorten the patient’s life for the purpose of procuring organs or tissue. Utmest attention and caution shall be taken to protect the dignity and rights of the donors and donor candidates.

The following mandatory criteria must be met for proper application of this policy:

A. The patient must receive all appropriate procedures and treatments, in accordance with standard medical practice, until such time as agreement has
Responsibilities of LAORA

- Evaluate potential organ donors
- Coordinate all procurement activities
- Obtain family consent
- Maintain donor after brain death declaration
- Recovery, preservation, allocation of organs
- Provide donor education programs
- Support services to the donor family
Once Brain Death is Declared, Interventions Switch From Life Saving to Optimizing Organ AND Tissue Perfusion
Focus of Management

- Maintain Cardiac Output
- Maintain Tissue Perfusion
- Maintain Fluid & Electrolyte Balances
- Maintain Adequate Ventilation
- Control Hormonal Abnormalities like Diabetes Insipidus
- Regulate Body Temperature
- Prevent Infection