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The Process of DCD Donation: A SNOD Perspective

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Referral

- Scenario based in real time from time of referral to assessment. From assessment onto eventual donation.
- Hospital is a busy non-neurological centre in central London. Intensive care has 30 beds, specialising in Cardiac Surgery and Advanced Respiratory Management (ECMO).

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- Referral made at 1100hrs from Intensive Care Consultant following ward round to embedded SNOD
- Patient A. 52 year old male admitted post OOHCA. Sustained HBI
- Known insulin controlled diabetic and cardiac dysfunction. Nil other pmh

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- Patient day 4 on unit, poor neurological outcome. Patient does not meet criteria for BST as triggering mandatory breaths on ventilator
- Pupils sluggish, GCS 3-4/15
- Decision made to WOLST following BBN conversation with family

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- Following referral, SNOD checks ODR. Patient is not registered
- Discussion had with consultant with plan
- Family meeting had at 1300hrs. Poor prognosis painted. SNOD present to answer any questions family had.

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- Family appeared accepting and had few questions
- Collaborative approach made regarding donation
- Family felt this was something their loved one would have wanted

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- 1430hrs – Formal Consent and Assessment complete. Bloods sent for Virology and Tissue Typing
- Consent for Kidneys, Liver, Lungs Corneas & other tissue
- Consent sought from Coroner
- Further assessment and documentation

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- 1645hrs – Offering commences.
- 1700hrs – Kidneys provisional by local centre – await virology
- 1715hrs – Liver accepted by local centre – await virology
- 1800hrs – Virology results obtained and imputed and centres informed.

- 1810hrs – All centres decline Lungs based on history and function
- 1815hrs – EOS updated duty office informed
- 1830hrs – Local Retrieval Team contacted. Asked to mobilise. Agreed time of arrival at 2100hrs

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- Retrieval Team arrive at 2045hrs
- Handover
- 2115hrs patient transferred to Anaesthetic Room with ITU Registrar, bedside nurse and wife & son

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- 2120hrs – WOLST commences. Comfort measures in place
- 2155hrs – patient becomes asystolic.
- 2200hrs – patient transferred into theatre for rapid laparotomy

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- Bedside nurse present to support family, SNOD in theatres with patient

- Theatre process complete at 2330hrs
- 2 kidneys to local centre
- Liver to local centre
- Tissues organised for next day retrieval

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Donor Management DCD

- ✓ Act in the best interests of the patient
- ✓ Consider person's known wishes, beliefs and that of their family
- ✓ Must not cause the patient harm or distress
- ✓ Dignified end of life care is paramount

D.O.H (2009)Legal issues relevant to non-heartbeating organ donation

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Summary

- DCD Donation is a streamlined process where the interests of the patient and family are paramount
- Dignity and comfort is imperative
- Time delays are minimised through ensuring organisation

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Any Questions?