



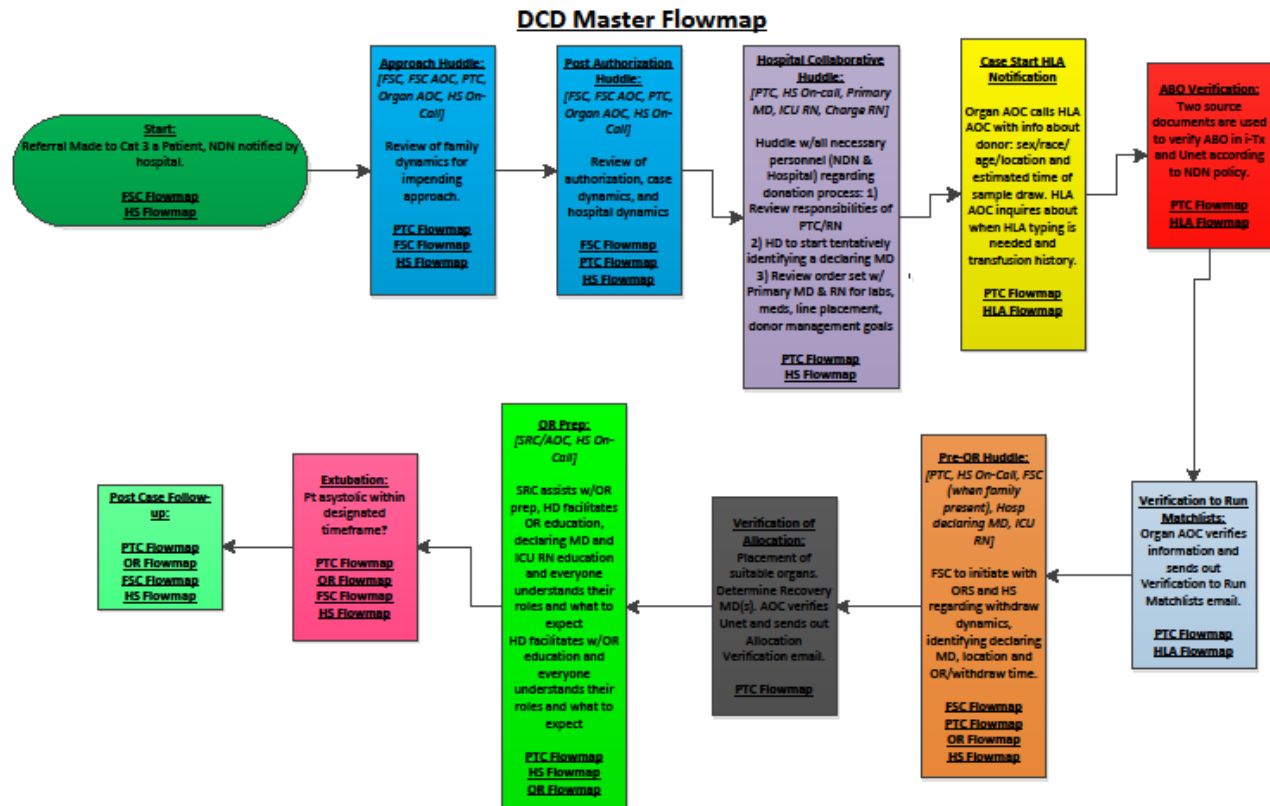
# Nevada Donor Network

## Donation After Circulatory Death



Accountability • Quality • Excellence

# DCD – Everyone Plays a Role



# Hospital Policy Challenges

- Extubation only allowed in PACU
- 8-5 Monday – Friday
- DCD not permitted, must transfer patient



# Impact on Hospital Staff

- Impact on Unit Staff
  - Bedside Nurse accompanies patient, unit staff must cover for additional patients
  - Patient may not have cardiac standstill within 60-90 minutes and may return to unit
- Impact on OR and PACU Staff
  - OR staff is not accustomed to having patients pass
  - Can be tense in PACU with everyone, sometimes including family, waiting for cardiac standstill

# Education Provided

To aid with education of DCD process Hospital Services provides an educational piece on the DCD Process

- Patient Evaluation and Management Guidelines
- DCD Procedural Items



## Donation After Circulatory Death (DCD)

Donation after Circulatory Death (DCD) describes the organ recovery process that may occur following death by irreversible cessation of circulatory and respiratory functions. Potential DCD donors are limited to patients who have died, or whose death is imminent, and whose medical treatment no longer offers a medical benefit to the patient as determined by the patient, the patient's authorized surrogate, or the patient's advance directive if applicable. In consultation with the healthcare team. Any planned withdrawal of life sustaining medical treatment/support will be carried out in accordance with hospital policy. Prior to the OPO initiating any discussion with the legal next-of-kin about organ donation for a potential DCD donor, the OPO must confirm that the legal next-of-kin has elected to withdraw life sustaining medical treatment. The timing of a potential DCD donor evaluation and donation discussion shall be coordinated with the OPO and the patient's healthcare team, in accordance with hospital policy. Death is declared by a healthcare team member in accordance with hospital policy and applicable state and local statutes or regulation. A DCD donor may also be called a non-heartbeating, asystolic, or donation after cardiac death donor.

### Candidate Selection:

- Patient must be a newborn to 60 years of age, with severe injury who is not expected to survive. Potential DCD candidates who fall outside of the established criteria will be considered on a case by case basis. Final acceptance shall be determined by the transplant center accepting the organ.
- The family, in conjunction with the attending physician, has decided to discontinue life support.
- There is no evidence of contraindicated infectious or transmissible disease or malignancy.
- Organ function normal or correctable.
- Based on the best information available, there is a high probability that cardiac arrest will occur within 60 -- 90 minutes after life support is withdrawn.

### DCD Patient Evaluation and Management Guidelines:

Donor evaluation and support can only proceed with the cooperation of the attending physician and, as applicable, other consulting physicians deemed by the attending physician as being integral to the DCD process. All orders will be authorized and written under the name of the attending physician or a consulting physician (e.g. neurology, anesthesiology, trauma surgeon) to whom care has been delegated by the attending physician. Alternatively, the attending physician may elect to transfer care to another physician to oversee the DCD process.

In general, donor evaluation and management will follow these guidelines in collaboration with the hospital staff:

- Maintain hemodynamic stability.
- Establish and maintain normothermia.
- Correct fluid and electrolyte imbalance and blood gas abnormalities.
- Insert an arterial line and a central line if needed.

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