DONATION AFTER CARDIAC DEATH

POLICY:

It is the policy of Lancaster General Hospital (“LGH”) to strive to provide an ethically justifiable and editable policy that respects the rights of patients to have life support removed and to donate organs if they wish to do so.

SCOPE:

All employees and patients.

PURPOSE:

The purpose of this Policy is to assure adult patients or their surrogates that they can decide to forego life-sustaining treatment. Furthermore, all patients and their next of kin, have the right to elect organ donation in the event of death. The great majority of organ donors have been persons declared dead by brain death criteria. However, donation by persons who die from cardiac or respiratory failure is legal and was a commonly accepted practice before brain death criteria were established. LGH believes that it is ethically appropriate to consider organ procurement from donors after cardiac death. This Policy is for organ recovery from asystolic donors and is intended to provide patients and/or families with an additional option of donation that complies with patient or authorized family directives after a patient or other authorized family member has chosen to remove life support.

PRINCIPLES:

This Policy only applies to patients 18 yrs of age or over.

1. Decisions concerning the treatment and management of patients (including but not limited to the decisions to withdraw life support) must be made separately from and prior to discussions of organ donations. This means that appropriate candidates for withdrawal of life support shall be identified independently of donor status. Consideration of organ donation shall occur only after decision has been made by the patient through an advanced directive, surrogate, or family and physicians that withdrawal of life support and provision of comfort measures only is an ethically and medically appropriate decision. Once the decision has been made to withdraw life support, a
GIFT OF LIFE DONOR PROGRAM (GIFT OF LIFE)
coordinator may initiate discussions relevant to organ donation.

2. It is the health care professional’s primary responsibility to optimize the patient’s care. The process of removing life support shall be done primarily to promote patient comfort and/or to respect patient autonomy with regard to removal of life support. It is an essential objective of this policy that the interest in procuring organs does not interfere with optimal patient management.

3. Appropriate candidates for asystolic organ donation shall be limited to those patients who meet the following criteria:
   
a. The patient has a non-recoverable illness or injury that has caused neurologic devastation or other system failure resulting in ventilator dependency.

b. The family initiates discussion of or is offered and agrees to the option of life support withdrawal.

c. Gift of Life Donor Program determines the patient meets the medical criteria for donation.

d. In the opinion of the health care team, in collaboration with Gift of Life Donor Program, cardiopulmonary arrest will likely occur within approximately 60 minutes but no greater than two hours following withdrawal of life support.

4. This Policy explicitly prohibits any intervention whose primary intention is to shorten the patient’s life. Any act that intentionally causes the death of a patient is forbidden.

5. Assuring patient comfort is the only indication for using medications during withdrawal of life support. The dose of medication should be carefully titrated to this purpose.

6. Utmost attention and caution shall be taken to protect the dignity and rights of donors.
7. Health care professionals shall not be required to participate in the procedures described below if such participation is against their personal, ethical, or religious beliefs.

**PROCEDURE:**

1. **GIFT OF LIFE** will be notified in order to evaluate the patient as a potential organ donor candidate and prior to withdrawal of support in order to facilitate organ procurement and to provide family support.
   
a. Organ procurement may proceed only if the patient’s surrogate agrees to organ procurement upon death of the patient and signs the appropriate consent form or the patient has evidence of first person consent, such as a living will, donor card, or driver’s license donor designation. Consent for donation can be withdrawn at any time. No pressure or coercion shall be used to maintain consent.
   
b. Patients who are not competent and are without surrogates shall not be considered for organ donation.
   
c. Ethics consultation is not required, However, if any member of the health care team perceives an ethical problem, he or she is encouraged to request an ethics consultation. Under those circumstances, life support will not be withdrawn until the ethical consultation is completed.

2. Appropriate pastoral care and social service staff will be consulted to provide support to surrogate and family members. Refer to the Checklist for the Pastoral Care.

3. The responsible OR charge nurse will be informed of the planned terminal management in the OR and the possibility of organ procurement. (Refer to the Donation after Cardiac Death, The Operating Room Process attachment.)

4. The health care team, in collaboration with the Gift of Life coordinator will be responsible for the management of the donor patient after a request has been made for organ procurement from a donor after cardiac death.
5. The **GIFT OF LIFE** coordinator will arrange for availability of the transplant team to procure organs and will coordinate with the health care team and OR charge nurse to schedule an operating room and time.

6. After confirming that the surgical team is ready to proceed, the patient will be transferred to the operating room by the ICU nurse, respiratory therapist and Gift of Life coordinator while being ventilated and monitored.

7. The surgical recovery team will prepare the body by prepping and draping in a sterile fashion. Once the body is prepped and all necessary recovery equipment and preservation solutions are in place, the surgical recovery team will remain sterile but leave the room. It is up to the discretion of the hospital operating room personnel if they wish to remain present during removal of life support. The operating room RN shall collaborate with the ICU RN to have all additional supplies available.

8. The attending physician, or 2nd or 3rd year resident, will remove life support. (Refer to the Donation After Cardiac Death Operating Room Guidelines for Residents attachment.) At this time, Heparin should be administered as detailed on the consent form for organ donation. The dosage will be determined by the recovery surgeon. The typical dose of Heparin is 300Units/kg. (If recovery is discontinued and the patient returned to the ICU, he/she should be placed on anticoagulation precautions).

9. For certification of death, the prompt and accurate diagnosis of cardiac arrest is extremely important. Utilize sterile cover for stethoscope for auscultation as needed. Procurement of organs cannot begin until the patient meets the Cardiopulmonary criteria for death, (i.e., irreversible cessation of cardiac function is recognized by persistent cessation of function during an appropriate period of observation). In view of the previously made decision to withdraw life support, no attempt will be made to resuscitate cardiopulmonary function after termination of ventilatory and pharmacologic support per protocol.
10. The diagnosis of death by the pronouncing physician should be based on accepted hospital criteria. The pronouncing physician is the physician present and in charge of extubation and comfort care.

Any of the following EKG criteria shall be sufficient for the determination of death per this Policy. The prompt and accurate diagnosis of cardiac arrest is extremely important:

> 2 minutes of ventricular fibrillation;

> 2 minutes of electrical asystole (i.e., no complexes, agonal baseline drift only); and

> 2 minutes of pulseless electrical activity.

11. The physician certifying death must not be involved in procuring organs. The time of death is charted in the Medical Records and the death certificate is completed.

12. Following the certification of death, there must be a five minute time period before organ procurement begins. After the five minute period, organ procurement shall proceed following GIFT OF LIFE protocol.

**Audience:** All employees

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