



Coming Together

to Optimize Organ Donation

The number of transplants needed continues to grow faster than organs available for donation.

Let's Fill the Gap!

Referral Onsite Response

EXPECTATIONS:

1. REFERRALS SHOULD BE PLACED WITHIN ONE HOUR OF MEETING THE CLINICAL TRIGGERS:
2. VENTILATED
3. LOSS OF ONE OR MORE BRAIN STEM REFLEX(ES)
4. GCS OF ≤ 5
5. PRIOR TO DISCUSSING WITHDRAWAL OF LIFE SUSTAINING TREATMENT / TERMINAL EXTUBATION
6. **ALL DEATHS IN THE HOSPITAL**

***THIS CRITERIA MEETS THE CMS, JOINT COMMISSION AND DNV REGULATIONS PERTAINING TO ORGAN AND TISSUE DONATION**

After Placing the Referral:

1. **Hospital** maintains patient blood pressure and ventilated support to preserve the option for donation unless instructed otherwise by LifeGift staff to close-out the referral due to no-potential
2. **LifeGift** will access EMR remotely where possible to pre-screen the referral
3. **LifeGift** staff will review available medical information with the LifeGift Administrator-on-Call and Medical Director
4. **LifeGift** staff will respond on-site, if there are no hard rule-outs for donation that include the following:
 - Leukemia, lymphoma, metastatic cancer, melanoma (current or hx)
 - HIV+, age > 55, NBD, and plan to WD within the hour
 - Age > 70, NBD and plan to WD within the hour
 - Pediatric patient <3kg
 - Confirmed viral meningitis/encephalitis
 - Patient with Lung Cancer within the past 5 years
 - COD will be due to known current/active COVID-19 infection (positive test)
5. **LifeGift** Clinical Coordinator will go on-site to huddle with the bedside nurse and attending physician to review goals and plan of care
6. **LifeGift** will monitor referral remotely wherever possible
7. **Hospital** will update LifeGift with changes in neurologic status on plans to decelerate care
8. **LifeGift** Clinical Coordinator will respond on-site; for brain death testing or a plan to withdraw support on the current or immediately following shift
9. **LifeGift** Family Care staff will approach in-person if family is present, or will coordinate with the care team to make a remote approach by phone or video conference