Donor Clinical Information

**Hospital: NHI: DOB:**

**Name:**

**Donor Information**

|  |  |  |
| --- | --- | --- |
|  | **Date:** | **Time:** |
| Admission to Hospital |  |  |
| Admission to ICU |  |  |
| Intubation |  |  |
| CPR: Yes / No |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Height in cm (measured): |  | Ethnicity: |  |
| Weight in kg (measured): |  | Build: |  |
| Blood Group: |  | Occupation (if known): |  |

**Observations (daily):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Heart Rate** | **Rhythm** | **BP** | **MAP** | **Temp** | **Urine Output** |
| On Admission |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Please email documentation to the ODNZ on call donor coordinator at: contactus@donor.co.nz

**Physiological Parameters**

**Blood Pressure:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Time/Duration** | **MAP/HR** |
| MAP < 50mmHg |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| MAP >120mmHg |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Heart Rate >140 bpm |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Temperature:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Circle** | **Date** | **Time** | **Temperature** | **Duration** |
| Temperature < 35°C | Yes  No |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Temperature >38°C | Yes  No |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Cultures Taken | Yes  No | Date: Type:  Time: Site: | | | |
| Date: Type:  Time: Site: | | | |

Please email documentation to the ODNZ on call donor coordinator at: contactus@donor.co.nz

**Urine Output:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date** | **Time/Duration** | **Urine output** |
| Oliguria < 20mls/hr or 0.5ml/kg for 4hrs |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Diabetes Insipidus (DI) | Yes  No | DDAVP | Yes  No |
| **If patient has received DDAVP please include details in ‘Donor Support > Medications’ section of this document** | | |

**Respiratory:**

|  |  |  |
| --- | --- | --- |
| Ventilation | Mode: |  |
| FiO2: |  |
| PEEP: |  |
| Other: |  |
| Suctioning | Frequency: | |
| Sputum: | Colour: |
|  | Quantity: |
|  | Consistency: |
| Chest Drain | Yes  No | Location: |
| Location: |

**Donor Support**

**Fluids:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fluid Type** | **Start Date** | **Start Time** | **Bolus volume OR infusion rate** | **Frequency** | **Stop Date** | **Stop Time** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please email documentation to the ODNZ on call donor coordinator at: contactus@donor.co.nz

**Infusions:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Start Date** | **Start Time** | **Concentration** | **Rate ml/hr** | **Rate range** | **Stop Date** | **Stop Time** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Medications:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication** | **Start Date** | **Start Time** | **Dose** | **Frequency** | **Stop Date** | **Stop Time** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Please email documentation to the ODNZ on call donor coordinator at: contactus@donor.co.nz