



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							



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	Date:		Type:	
		Time:		Site:	
	No	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

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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

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