Checklist for care of the potential donor

GENERAL

- Q1hr vital signs
- Temperature 36-38°C
- Q6hr ABG inc Hb
- Minimum q12hr Cr, U&E∞
- Min. daily LFTs, FBC, Coags
- Prevent & Rx infection

Insert arterial line & CVL

Prevent hypothermia & actively rewarm as required

Prevent infections
Investigate fevers & take samples (CSU,BC,TA)
Start antibiotics for infection

Use DVT prophylaxis

Continue eye & mouth cares

Do not offer donation until family understand death inevitable

Patient dignity is paramount

Support staff to understand why active therapies are continuing

HAEMODYNAMICS*

- Maintain euvolaemia
- Avoid +ve fluid balance
- MAP 65-90mmHg
- HR 90-120
- UO 0.5-2mL/kg/hr

Review fluid status & correct hypovolaemia

Treat sympathetic hyperactivity with short acting agents e.g. GTN, esmolol, low dose metoprolol

Prevent & Rx arrhythmias in usual manner

Prepare for hypotension post-coning with resus fluids hanging
Noradrenaline 1st line vasopressor +/-Vasopressin
Add an inotrope as required & investigate cause of shock

CONSULT WITH ODNZ SMO
If escalating shock

RESPIRATORY

- Use lung protective ventilation
- Sats 92-95%
- Aim for normocarbia
- Avoid pulmonary oedema & volume overload

Lung protective ventilation
- Vt 6-8mL/kg
- Plateau pressure <30 cmH_20
- PEEP 5-10+cmH_20

Diurese if volume overload or pulmonary oedema
Prevent/Rx atelectasis
- Q2hr turns
- Regular suctioning

CXR if clinical change
Chest Physiotherapy#
Antibiotics for VAP
Consider: ▪Lung recruitment
▪Bronchoscopy
▪Proning

CONSULT WITH ODNZ SMO
if P:F <300mmHg (40kPa)
or oxygenation deteriorating

METABOLIC & FLUIDS

- Na 140-150mmol/L
- Glucose <12mmol/L
- K 4-4.9mmol/L
- Hb >70g/L
- INR <1.5
- UO 0.5-2mL/kg/hr

Don't use isotonic fluids (PL148, 0.9NaCl) as maintenance
Use 1mL/kg/hr 5% dextrose once hypovolaemia corrected (unless hypoNa)

Measure UO hourly

Rx Diabetes Insipidus DDAVP® 4-8mcg q6-12hr *(don't wait for serum/urine osmo)* Q6hr Cr&E∞

Insulin as per local protocol

Treat coagulopathy as you would in any ICU patient

CONSULT WITH ODNZ SMO
Na>150mmol/L or
UO>3mL/kg/hr despite above Rx

Donation SMO available 24/7 for advice. Contact via Donor Coordinator 09 630 0935

More detailed guidelines available on www.odnz.co.nz #See physio guidelines. ∞Patients with DI & confirmed donors need more frequent bloods