Preserving Organs for Transplant

Do Not Resuscitate (DNR) and Preserving Organs for Transplant
There is a balancing act between honoring the DNR decision and preserving organs of a potential donor for transplant. It needs to be clear what the DNR decision means. DNR and actually withdrawing life-sustaining treatments or setting limits on treatment are usually different situations. To preserve the organs for transplant and to accurately assess brain death, clinical management is needed:

- Maintain as normal of a blood pressure as possible
- Normalize electrolytes and body temperature
- Manage oxygenation and organ perfusion
- Balance intake and output

According to the California Health & Safety Code (section 7151.10.(b) – Uniform Anatomical Gift Act):
“If a prospective donor has a declaration or advance health care directive and the terms of the declaration or directive and the express or implied terms of a potential anatomical gift are in conflict with regard to the administration of measures necessary to ensure the medical suitability of a part for transplantation or therapy... Before resolution of the conflict, measures necessary to ensure the medical suitability of the part shall not be withheld or withdrawn from the prospective donor...”

Traumatic Brain Injury (TBI) Guidelines Recommended
The institution of TBI guidelines (also known as catastrophic head/brain injury guidelines) are recommended to address this balancing act. TBI guidelines:
- allow the critical care teams to provide great critical care, honor the DNR decision, while also preserving organs for the potential of transplant.
- assist in the anticipation and treatment of the pathophysiology of TBI.
- can be implemented to prevent ‘step down’ in clinical management, and preserves the family’s donation decision opportunity if their loved one is a potential donor, or allows for the patient’s own wishes to be honored if they were a registered donor.

How the Critical Care Nurse Can Help
Use the acronym NURSE to remember the different steps:

Normalize patient (normalize the vital signs as best as possible)
Understand policy and process (hospital P&Ps and the donor manual/binder)
Refer early (refer any patients meeting the clinical cues for an early consult)
Support family (maintain good communication and support of the family)
Ensure donor management (once authorization for recovery has been received, support the Procurement Transplant Coordinator from OneLegacy in providing donor management to optimize each organ for transplant)

24-Hour Organ/Tissue Donor Referral: (800) 338-6112

http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=07001-08000&file=7150-7151.40
CTDN/HD/HA/010413