THE DONATION & TRANSPLANTATION SYMPOSIUM

OneLegacy
saving lives through organ, eye & tissue donation
DCD...A Nursing Perspective

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“I’m afraid the shark got your arms and legs. It’s probably not a good time, but your brother’s here. He needs a kidney.”
Objectives

- Explain DCD vs Brain Death
- Review a Brief History
- Explain the Process
- A Nurses Perspective
- Review Next Steps
- Questions and Your Experiences
DCD is AKA...

- Donation after Cardiac Death
- Donation after Circulatory Death
- Non-heart beating donor (NHBD)
- uDCD – uncontrolled DCD
- cDCD – controlled DCD
DCD is...

- organ donation from a deceased donor who has been declared dead on the basis of cardio-pulmonary criteria (permanent cessation of circulatory and respiratory function) rather than on neurological “brain death” criteria (permanent cessation of brain function)
or in other words...

- BDD – Organ procurement follows death by neuro criteria
- DCD – Organ procurement follows a death that occurs after a planned withdrawal of life-support
Would you like to register to be an organ donor?

I’m afraid I’d be accused of “regifting.”
History of DCD

- Prior to Brain Death Laws – common practice:

<table>
<thead>
<tr>
<th>Organ</th>
<th>Year</th>
</tr>
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<tbody>
<tr>
<td>Skin</td>
<td>1881</td>
</tr>
<tr>
<td>Kidney</td>
<td>1954</td>
</tr>
<tr>
<td>Liver</td>
<td>1967</td>
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<tr>
<td>Pancreas</td>
<td>1967</td>
</tr>
<tr>
<td>Heart</td>
<td>1967</td>
</tr>
<tr>
<td>Heart/Lung</td>
<td>1981</td>
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</tbody>
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the first heart transplanted by Christiaan Barnard was retrieved from a DCD donor
Why DCD?

- > 123,000 people on the waiting list
- Every 12 minutes another name added to the list
- 21 people die daily waiting for an organ
- DCD Organ recovery can positively impact the shortage of transplantable organs
DCD Candidates

Comatose patients for whom a decision has been made to discontinue life-sustaining treatments
Anne’s Story

- RN colleague collapsed while at work
- SAH with extensive bleeding
- Poor prognosis
- Family wishes to donate organs to honor Anne
- Did not progress to brain death
- After 48 hours of waiting, withdrawal of life support occurred and Anne died within about 30 minutes
Important to Remember...

The family should make the decision to withdraw life support prior to and independent of ANY discussion regarding organ donation.
OH... YOU MEAN DONORS HAVE TO BE DECEASED FIRST?
Procedure in a Nutshell

- Huddle with OL and Hospital Staff re: Suitability
- Family Discussion on End-of-Life decisions
- After authorization, families are counseled about what to expect
- Comfort care, sedation and pain meds continue
- Families prepared for the possibility that loved one may not die quickly after ventilator is withdrawn
- Family member can accompany patient to OR
In the OR...

- Patient is prepped and draped
- Chair for Family Member
- Dim Lights, Music of Family Choice
- Sedation continues (Comfort Care), pressors cease
- Extubation
- Can wait up to 60 minutes
- Pronounce after 5 minutes of non-perfusing rhythm
Nurses Perspective

...It’s Complicated

What can Nurses do to assure a seamless donation ???

Huddle
before, after, during & PRN

Excuse those that do not wish to participate
Nurses Perspective

...It’s Complicated

- Keep Patient and Family First
- Primary Nursing Staff to the OR
- Be prepared for patient to *not* progress
- Back to same ICU Room?
Nurse Pronouncement

- Nurse Leader who has been signed off
- MD order for RN to pronounce
- Must be DNR
DCD at Mission

2012 – 2 DCD’s – 5 organs recovered

2013 – 1 DCD – 2 organs recovered

2014 – 2 DCD’s – 3 organs recovered

Mission has a 33% average DCD rate and the National is 10%
St. Joseph’s Core Values

- Dignity
- Excellence
- Service
- Justice

In the foregoing and withholding of life support and donation of organs...
Dignity

Requires that each person be respected as a unique expression of life and a scared member of their and our community
Service

We remember that every interaction with a Patient/Family is a unique opportunity to serve another person with respect, compassion, and professionalism.
Excellent care means we foster accountability, teamwork, and commitment to quality. Our patients are to receive medical, emotional and spiritual care.
Demands that we be passionate in addressing the care issues of the dying, especially the most vulnerable. We must respect their wishes and dignity.
References


References


THE DONATION & TRANSPLANTATION SYMPOSIUM
The Heart Goes On: Donation After Cardiac Death

Grace Oei, MD
Pediatric Critical Care Medicine, LLUCH
Director of Clinical Ethics, LLUH
Objectives

• Describe ways to support staff during DCD

• Identify practices to further support family during DCD

• Examine personal beliefs about withdrawal of support in DCD
Patient AB

- Early adolescent female, victim of bullying
- Found hanging in her closet by her brother
- Pulseless, apneic, CPR started → prolonged down time
- Transported to the PICU
- Neurologic devastation
Decision Making

• Supporting families
  • Tell me about ________
  • What did _______ like?
  • What made ______ laugh?
  • Acknowledge the pain

• Let the patient’s lived and stated values guide decision making
Patient AB

- Family decided on the quality of life that they thought AB needed to have
- Donation after cardiac death
Donation After Cardiac Death

• Supporting families
  • Patient’s value does not depend on getting to the point of donation
• Order of priorities:
  • Patient goals
  • Patient comfort
  • Creation of a “sacred space” for withdrawal of support
Donation After Cardiac Death

• Supporting staff
  • Patient’s value does not depend on getting to the point of donation
  • Address staff discomfort with withdrawal of support or DCD directly
    • Every person wants to do what is right
    • Don’t assume to know others’ feelings
    • Encourage dialogue with curiosity
    • It is okay to have differences
Donation After Cardiac Death

• Supporting staff
  • Interdisciplinary huddle
    • Medical needs / wants / wishes
    • Nursing needs / wants / wishes
    • Respiratory needs / wants / wishes
    • Social needs / wants / wishes
    • Spiritual needs / wants / wishes
  • Assign roles
  • Review script
Donation After Cardiac Death

• Supporting staff
  • Understand that scope of practice is determined by the patient’s needs, not by the place
    • I never do this in the OR
    • I don’t have access to ______
  • Do not ask staff to go beyond their comfort limits
Donation After Cardiac Death

• Supporting staff
  • Palliative medication administration in withdrawal of support
    • Titrate to control symptoms
    • Anticipatory dosing vs reactive dosing
    • Focus on patient, not overall dose of medication
Ethical Considerations

• Is this euthanasia?
  • Euthanasia – bringing about death for the benefit of the patient
  • Voluntary euthanasia – patient with capacity
  • Positive verses negative action
Ethical Considerations

• Medication administration – Principle of Double Effect
  • Two effects (one good and one bad)
  • Intend the good but not the bad
  • Bad cannot cause the good
  • Good must outweigh the bad

• Morphine administration

• Titrate to effect
Summary

• Be direct as possible in all communications
• Approach differences of opinion with curiosity
• Define roles and review / practice
• Above all prioritize patient goals and patient comfort
Summary - AB

• Extubated in the OR
• Family chose not to be present in the OR
• Medications administered by physician and titrated to effect
• Did not meet criteria for irreversible cessation of circulation within one hour
• Brought back up to the unit
• Died shortly after with family present
Questions?