**Policy Statement**

In compliance with State and Federal Laws, it is the policy of <*<Name of your Hospital*>> to recognize the right of every individual to determine the disposition of his/her organs and tissues upon death. <*<Name of your Hospital*>> recognizes LifeCenter Northwest as the designated regional organ, tissue and eye donation agencies.

Prior to family approach, the Donor Referral Line must be contacted on ALL deaths and imminent deaths, regardless of age or medical/social history, to determine medical suitability for donation.

**Imminent death** is defined as a severely brain injured, ventilation dependent patient, with either clinical findings consistent with a Glascow Coma Scale (GCS) of 5 or less, or a plan to discontinue mechanical or pharmacological support.

<*<Name of your Hospital*>> works cooperatively with the donation agencies in reviewing death records to improve identification of potential donors. In addition, <*<Name of your Hospital*>> works with these agencies to maintain potential donors while the necessary testing and placement of potential donated organs, tissue and eyes take place.

<*<Name of your Hospital*>> works cooperatively with the donation agencies in educating staff on donation issues.

**Policy Interpretation and Implementation**

1. **Deaths To Be Reported:** All deaths and imminent deaths in the ER and CAH/Swing, regardless of age or medical/social history, will be reported to the RN in charge. It is her/his responsibility to assure that the Donor Referral Line has been contacted.
2. **Reporting a Death:** The RN in charge or designee will call the LifeCenter Northwest Donor Referral Line **prior** to family approach to evaluate medical suitability for donation, *regardless of age or medical/social history.*

## Non-ventilated Patients: PH. 1 - (888) 266 – 4466

## Ventilated Patients: PH. 1 - (888) 543 – 3287

1. **Coroner’s Cases:** If the patient is a Coroner's case, the hospital will notify the Coroner's office of the death. The donation agency will place a follow-up call to the Coroner's office for release specific to donation.
2. **Approaching the Family: If medical suitability is determined**, then the provider will introduce the topic of donation to the potential donor family and then connect the family to the donor coordinator over the phone.
3. **Providing Info to Family:** The donor coordinator is then responsible for providing donation information and gaining consent if the family wishes to donate.

**Consent for Organ Donation:**

1. **Consent for Donation:** In the event of the patient’s registration in the donor registry, LifeCenter Northwest will contact the patient’s next-of-kin and explain the donation process and provide family support. *A listing in the donor registry is a legal consent for donation and the next-of-kin will not be approached with donation as optional.* The LifeCenter coordinator will place a confirmation of the donor registration in the patient chart.
2. In the absence of registration for donation, LifeCenter Northwest will approach the legal next-of-kin with organ donation options.
3. The document that is to be signed by the legal next-of-kin for donation is called the **'Consent for Organ and Tissue Donation'** form. This form is supplied by the donation coordinator. ALL organs and tissues donated are to be specified. The original signed consent is placed in the patient’s chart and the last copy is given to the legal next-of-kin.
4. **Charges:** There are no charges incurred to the consenting donor family once the patient has been declared brain dead. LifeCenter Northwest assumes all charges related to donor management and organ recovery.
5. **Documentation:** Document outcomes of the referral call, medical suitability and request (if applicable) on the ORGAN DONOR INQUIRY/FUNERAL HOME FORM.

**Tissue and Eye Donation:**

1. **Consent:** LifeCenter Northwest coordinator can approach the legal next-of-kin with tissue and eye donation options.
2. The document that is to be signed by the legal next-of-kin for donation is called the Consent for Organ and Tissue Donation form. The donation coordinator supplies this form. Specify all the tissues the legal next-of-kin consented to. The original signed consent is placed in the patient’s chart and the last copy is given to the legal next-of-kin.
3. If the legal next-of-kin is not present at the hospital the donation agency will approach the family regarding their options of donation by telephone. The donation agency coordinator may obtain witnessed telephone consent when the legal next-of-kin is not present to sign the Consent for Organ and Tissue Donation form. Families that are unable to make a decision about tissue or eye donation while at the hospital are encouraged to go home (i.e. to discuss donation with additional family members, search for written documentation, etc.). Explain to them that a donation agency coordinator will contact them by phone to further discuss their options. Obtain a phone number of where the legal next-of-kin may be reached within the next few hours. If the legal next-of-kin is not present at the hospital the donation agency will approach the family regarding their options of donation by telephone. If the family wishes to donate, witnessed telephone consent will be obtained by the donation agency. The LifeCenter Northwest will transport the donor to the LifeCenter Northwest 's operating room facility. Eye only recovery either occurs in the patient room, funeral home or the morgue.
4. **Care of the Tissue and Eye Donor:**

* Tissue: cool body as soon as possible
* Eyes: **S.E.E.**

**S**aline irrigation to eyes

**E**yelids completely closed

**E**levate HOB

1. **Charges:** The LifeCenter Northwest assumes all charges related to tissue and eye donation.
2. **Documentation:** Document outcomes of the referral call, medical suitability and request (if applicable) on the ORGAN DONOR INQUIRY/FUNERAL HOME FORM.

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| **Regulatory Reference Sources and Revision Dates** | |
| **Survey Tag Numbers** | C345, 485.643(a) |
| **Date Issued** | 08/2004 |
| **Policy/Procedures**  **Reviewed/Revised** | Date: By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |