

Referral Criteria: Any critical care patient currently on vent, bipap or ecmo and meets any of the following: considerations to move to comfort care, brain death testing, GSC 5 or less without sedation, family ask about donation

Referral Criteria: ANY pt with cardiac time of death

Referral Criteria: any scheduled C Section

### Brain Death Donation (BD)

Pt is pronounced brain dead by neurological criteria per hospital policy and AAN

Authorization with family, pt is kept in ICU while organ allocation is in progress until OR is scheduled

OR- visiting transplant teams arrive, procurement takes place

OR scheduled, standard recovery includes anesthesia until cross clamp

Organs for research are recovered last by local Recovery team

### Donation after Circulatory Death (DCD)

Terminal diagnosis with decision to remove life sustaining therapies (WDS)

If suitable for donation, family authorization completed, and donation pathway incorporated with comfort measures plan

Allocation in progress prior to coordinated time to withdrawal life sustaining therapies (WDS)

WDS time coordinated with family, transplant teams, attending physician and hospital OR

WDS occurs in designated area. After WDS, time of death must occur in reasonable timeframe for donation for transplant

If patient passes within designated timeframe, pt is declared deceased with time of death. Death is confirmed again after 5 min waiting period. Death note is needed prior to incision. (Requires physician to be at WDS or available by telehealth)

OR- rapid recovery includes transplant teams and anesthesia if thoracic organs are recovered

Organs for research are recovered last by local Recovery team

### Research Exclusive Donation (RED)

Terminal diagnosis with decision to remove life sustaining therapies

If suitable for organs for research only, family authorization completed and recovery occurs within 4 hours of cardiac time of death. HIV and Hep panel are only labs needed prior to WDS.

Family coordinates time of WDS independently, WDS occurs in pt room

After pt is declared with cardiac time of death, nurse updates LifeShare and OR is scheduled within 4 hours for recovery.

OR- standard recovery includes local recovery team

### Tissue Donation

Cardiac time of death reported to LifeShare

If suitable for donation, family is contacted via phone and authorization completed for tissue recovery

Pt is transported to LifeShare and local recovery team recovers tissue

On occasion, if pt is only eligible for corneas, local procurement of corneas can be done in hospital morgue or funeral home prior to embalming

### Birth Tissue Donation (Placentas)

Referral is made based on scheduled C-Sections or mothers request

Information is given to pt in pre-admit packet by hospital staff. LifeShare contacts mother-to-be via phone

If authorization obtained, LifeShare notified LD prior to pt admission

After C-Section and approval from OB attending, placenta is packaged by hospital staff and picked up by LifeShare coordinator

OR Transplant Teams and Recovery Coordinators are credentialed by the OPO. CMS states, "the hospital is not required to perform credentialing reviews for, or grant privileges to, members of the organ recovery teams as long as the OPO sends only "qualified trained individuals" to perform organ recovery."

LifeShare Network ensures, documents and is regulated to send trained individuals for all recoveries.

\*Organs for transplant will be recovered by qualified ACIN credentialed personnel

\* Organs for research will be recovered by trained Surgical Recovery Coordinators