

Donation After Brain Death vs. Donation After Circulatory Death

	Donation After Brain Death (DBD)	Donation After Circulatory Death (DCD)
TYPE	Beating heart donor	Deceased donor
ANESTHESIA	Anesthesia required	No anesthesia required - in most cases
TIME FRAME	Scheduled OR time - goes to OR on the vent	Scheduled WDS time - OR staff available to help transport. Patient has a specified time frame to expire. After CTOD, rapid transport to OR for recovery. Hospital physician pronounces final time of death (5 minutes after initial CTOD) in the OR and recovery begins.
OR EQUIPMENT NEEDED	Slush Machine x 2 Sternal Saw (test) Neptune or Dornoch Extra Back Tables Cautery Machine x 2 10" Long Vascular Clamp	Slush Machine x 2 Sternal Saw (test) Neptune or Dornoch Extra Back Tables No Cautery 10" Long Vascular Clamp
ORGANS RECOVERED	Heart, lungs, liver, pancreas, kidneys and intestines	Lungs, liver, pancreas and kidneys

Operating Room

- Surgical Recovery Coordinator (SRC) will arrive no less than 1 hour before case to help set up and answer questions
- OR needs to be open and ready to go for all DCD's prior to WDS/extubation
- Circulator and anesthesia will assist in transporting donor to OR
- Prep and drape
- Time out performed by circulator
- LifeShare staff will perform a Moment of Silence for the donor

After Cross Clamp

- SRC will start flushing organs to start preservation process
- Anesthesia will turn off the anesthesia machine
- Order of operation: Heart, Lungs, Liver, Kidneys, Pancreas, Intestines
- SRCs are responsible for identifying anatomy, dissecting, cannulating renal arteries, and placing on kidney pump

