



**1-800-241-4483**

## Organ, Tissue & Eye Screening Information Sheet

### ORGAN SCREENING

**Please call within ONE HOUR after clinical triggers are met.**

1. Is the patient still on the vent? \_\_\_\_\_
2. Is the patient stable? \_\_\_\_\_ What is patient's blood pressure? \_\_\_\_\_
3. Are there any plans? (Is family there waiting to w/d care?) \_\_\_\_\_
4. What does the patient have for brain stem reflexes? \_\_\_\_\_  
Are there plans for brain death testing? \_\_\_\_\_

### TISSUE SCREENING

**Please call within ONE HOUR after Asystole.**

Reason for admission/circumstances surrounding death:

1. DNR? \_\_\_\_\_
2. Comfort measures only? \_\_\_\_\_
3. If arrest not witnessed, last known time alive? \_\_\_\_\_
4. ACLS drugs used and amount if given? \_\_\_\_\_
5. If trauma death, what type of injuries are present? \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Antibiotics given: \_\_\_\_\_ Date started: \_\_\_\_\_

Most recent Labs, CXRs, Culture reports: \_\_\_\_\_

WBC Count with Bands (if available): \_\_\_\_\_ Lab date & time: \_\_\_\_\_

Current Hospital Medications: \_\_\_\_\_ Home Medications: \_\_\_\_\_

IV Fluids, Crystalloids given in the last hour: \_\_\_\_\_

Colloids given in the last 48 hours: \_\_\_\_\_

Blood Products given in the last 48 hours: \_\_\_\_\_

Vital Signs (HR, RR, BP, Temp): \_\_\_\_\_

Height & Weight: \_\_\_\_\_

Medical Examiner Case? \_\_\_\_\_ Funeral Home? \_\_\_\_\_

EMS Service Transported Patient if <48 hours? \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**In order to honor the 1st Person Authorization Process, please DO NOT mention donation to the family.**

Please call the 800# if you or the family have questions about donation.

**Please DO NOT call the funeral home until you have spoken with the On Call Coordinator.**

Thank you. We appreciate your help!