

TIMELY REFERRAL CRITERIA*

VENTILATED Devastating Illness or Injury

REPORT THE FOLLOWING PATIENTS WITHIN ONE HOUR OF MEETING ONE OR MORE OF THESE TRIGGERS:

- GCS \leq 5
OR
- Brain death testing ordered or initiated

- Prior to discussing withdrawal of support on ANY ventilated patient
OR
- Any patient who experiences cardiac death

24-Hour Referral Number: 1-800-241-4483



Oklahoma

*This criteria meets Center for Medicare & Medicaid Services regulations pertaining to organ and tissue donation.

GLASGOW COMA SCALE

EYES	Open	Spontaneously	4
		To verbal stimulus	3
		To pain	2
		No Response	1
BEST MOTOR RESPONSE	To verbal command	Obeys	6
		To painful stimulus	5
BEST VERBAL RESPONSE		Localizes pain	5
		Semi-Purposeful	4
		Decorticates	3
		Decerebrates	2
		No response	1
		Orientated and converses	5
		Disorientated and converses	4
		Inappropriate Words	3
		Incomprehensible Words	2
		No response	1
TOTAL			3-15

- Don't approach the family for donation - CALL.
- First person authorization will be determined by a LifeShare Coordinator.
- ME case does not rule out donation.
- LifeShare will send a coordinator on-site for each organ referral to medically evaluate.

LifeShare