



Guidelines for Honor Walks

Hospital Name: _____

Donors eligible for Honor Walk (HW): _____ Brain Dead _____ DCD _____ Tissue

Who will initiate conversation with the family: _____ Hospital _____ Lifeline of Ohio staff

- If hospital staff, title or person responsible: _____
 - Phone: _____
 - E-Mail: _____

Does the hospital have a policy/guideline for HW? _____ Yes _____ No

- If so, please attach the policy or guideline in I-Transplant under the hospital profile tab under attachments

Does the hospital require an authorization form (hospital or Lifeline of Ohio's authorization form) for families to sign? _____ Yes _____ No

- If so, please attach the form in I-Transplant under the hospital profile tab under attachments

Huddle Date/Time Details: _____

- The person/group responsible for organizing staff attendance and path to OR for HW:
_____ Hospital _____ Lifeline of Ohio staff
 - If Hospital
 - Person/Group: _____
 - Phone: _____
 - E-Mail: _____
 - If Lifeline of Ohio staff – List steps for alerting of hospital staff and the path to OR:

- Who initiates walk: _____
- Who is responsible to ensure family makes their way back to room or to exit hospital:

- Is there a moment of silence to begin walk? _____ Yes _____ No
 - If so, who initiates: _____