Physicians Orders for Donation After Circulatory Death

All orders are to be written by the attending physician or their designee.

No member of the organ recovery team or OPO staff may participate in the guidance or administration of palliative care, or the declaration of death.

Maintaining Hemodynamics

Ш	Blood pressure: Systolic >	100,	MAP >60-70					
	Heart Rate: 60 – 140							
	CVP: 4 – 8 or PAWP: 10 – 15, Ideal: 12							
	Temperature: 37 - 38° C							
	Blood Gas Goals: WNL, PO2 >100							
				<u>Nursing</u>				
	NG to LWS							
	Turn patient and suction ETT q2H							
	Maintain body temp at 96.5-99.5 with warming measures / cooling measures.							
	Accurate height and weight							
	<u>Labs</u>							
	Lab tubes for serology and HLA collection. These tubes will be provided by the LOOP coordinator.							
	ABO/Rh Type and Cross (if not already done).							
	Urinalysis Q24 hrs							
	2 Sets of Blood Cultures 8	a U	rine Culture (separa	te from U	A), even if already o	ompleted	this admission	
STA	AT Once, Q 6-8 hrs				•	•		
	T. Bili		ALT		Alk Phos		Ca	
	D. Bili		LDH		Total Protein		Phos	
	AST		GGT		Albumin		Mag	
	Lactic Acid		CBC W/ Diff		PT		PTT	
	INR		CMP		ABG		ABGs PRN	
_	<u>Pharmacy</u>							
	MIV:							- .
	Dopamine (400mg/250ml 0.9%NS) titrate to keep SBP > 100, MAP > 70. May titrate as high as 20 mcg/kg/min to							
_	accomplish the weaning of other pressors if possible.							
	Zosyn 3.375g q6H IVPB (or 4.5g q8 depending on hospital formula)							
	Electrolyte replacement: Include KCL, Calcium Gluconate, Magnesium and Phosphorus.							
	Vasopressin for DI 0.01 U/min (Max 0.05 U/min). UO goal 0.5-4 ml/kg/hr							
	Heparin 30,000 units to be administered in the OR just before withdrawal.							
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	withdrawal.				_			
	Additional Orders:							
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	CT Chest, Abdomen, Pelvis							
☐ W/Contrast, Creat <2.0. Administer 1L LR over 1 hr post CT								
	□ W/O Contrast, Cre	at ≥	2.0					
	COVID Test							
	Bronchoscopy							
	☐ Sputum Gram	Stai	n 🗆 COVID	BAL Test				

Additional orders may be needed. The LOOP coordinator will need to know who to contact for further assistance.