

Guidelines for Honor Walks

Hospital Name: _____

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

- Who will initiate conversation with the family:
- 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 a copy

Does the hospital require an authorization form for families to sign?

_____ Yes _____ No

- If so, please attach the required form

Huddle Date/Time Details: _____

- The Hospital person/group responsible for organizing staff attendance and path to OR for HW:
 - Person/Group: _____
 - Phone: _____ E-Mail: _____
 - Hospital's Alert method: _____
 - Staff that are to be alerted (physicians, RN's, etc): _____
- 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: _____

Closing: Staff Responsible for ending of walk: _____

- Steps for dismissal of staff from walk: _____