



Brain Death versus Donation after Circulatory Death (DCD)

Pathway to Organ Donation

Brain Death

- Brain Death is established/patient's death is pronounced.
- Less than 1% of all patients who die meet brain death criteria.
- Lifeline of Ohio is responsible for donor management after declaration.

DCD Patient that does not meet brain death criteria,

- Patient that does not meet brain death criteria, but has suffered a non-recoverable injury and LNOK is determining end of life decision making.
- Hospital is responsible for patient management until cardiac death.
- A physician need to be present in the OR to declare the patient prior to organ donation.

**DCD increases the number of organs available for transplantation as so few patients meet brain death criteria.



Add this to the above slide under brain death

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Potential Causes of Brain Death:	
Trauma from an open wound or blunt injury	
Anoxia (lack of oxygen)	
Cerebral Vascular (stroke, aneurysm, cardiac arrest)	
Tumor	
Drug overdose	
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Organ Allocation and How it Works:

Allocation is a balance of the following factors:

- Unique scoring system
 - Pediatric vs adults
- Medical need
- Geography
- Appropriate size match
- Blood type
- Length of time the patient has waited
- Other factors unique to each organ





Preparation for OR

- Negotiating OR time (Recovery teams, Hospital OR and Lifeline of Ohio staff
- Arranging transportation for incoming recovery teams
 - Organs are second in the sky to Air Force One and will sometimes take priority to the POTUS
- Communication with surgeons
- Verify with OR supplies needed for recovery are available



Recovery Teams

- Your Hospital
 - Anesthesia, circulating nurse, surgical technician
- Abdominal Transplant Teams
 - Recovery surgeon, assistant/fellow, perfusionist/surgical recovery coordinator
- Cardiothoracic Transplant Teams
 - Recovery surgeon, assistant/fellow, perfusionist/surgical recovery coordinator

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