Hospital Guidelines for Potential Organ Donor Management

TO:____ DATE: ____________________________

RE: HOSPITAL GUIDELINES FOR POTENTIAL ORGAN DONOR MANAGEMENT

Purpose: To offer management guidelines for a patient where brain death is pending to sustain organ function while giving the family time to consider the option of organ donation. A Lifeline of Ohio Organ Recovery Coordinator is available to assist the Healthcare provider in the evaluation of the patient with reference to implementing clinical guidelines.

*These suggestions must **ONLY** be instituted when the physician has given permission to use all or part of these suggested clinical interventions.*

HYPOTENSION *(sustained systolic BP less than 85 mmHg)*

- Start Vasopressin infusion at 0.04 units/min.
- Start Dopamine infusion and titrate to maintain SBP between 85 and 110 mmHg, (maximum 20 mcg/kg/hr)
- Maintenance IV fluid
- For hypovolemia: bolus with 500 cc lactated ringers solution until SBP sustains >85 mmHg.

HYPOTHERMIA/HYPERTHERMIA

- Warming/cooling blanket to maintain core body temperature between 36.5 and 37.2 Celsius.

DIABETES INSIPIDUS

- Start Vasopressin infusion at 0.04 units/min.
- For urinary output greater than 10 cc/kg/hr for 2 or more hours treat with DDAVP 1 amp IVP and repeat in 1 hour if necessary. May repeat with 2 amps DDAVP IVP if necessary.

HYPOXEMIA

- Titrate FiO2 to maintain SaO2 of greater than 96%
- Rate adjustment to maintain normal pCO2

HYPOKALEMIA

- Monitor serum K^+, of less than 3.5 mmol/L give KCL 40 mEq IV rider. If less than 3.0 mmol/L give KCL 40 mEq IV rider x 2

LABS

- Suggest daily electrolytes: Chem 7, Mag, Phos, Cal, Lactic Acid, and LFT's
- Electrolyte replacements when needed according to hospital protocol.

1-877-B-A-DONOR
Phone: 1-800-525-5667