

**\* All BD donor management orders will be placed under Dr. Caleb G. Mackey**

<b>Nursing Orders</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The Organ coordinator will discontinue all previous orders except for pressor and vasoactive medications</li> <li><input type="checkbox"/> Obtain blood for OPO testing: HLA, ABO, and Serology. ORC will provide the tubes.</li> <li><input type="checkbox"/> Obtain an exact height and weight at the start of the case.</li> <li><input type="checkbox"/> Calculate I&amp;O to assess current fluid status</li> <li><input type="checkbox"/> Maintain body temp at 36°C - 38°C with warming / cooling measures as needed.</li> <li><input type="checkbox"/> Record the following hemodynamics' hourly: vitals, pulse oximetry, temp., CVP, I/O (Foley output).</li> <li><input type="checkbox"/> Notify LOOP coordinator if SBP &lt; 100</li> <li><input type="checkbox"/> Notify LOOP coordinator if urine output &lt; 1ml/kg/hr</li> <li><input type="checkbox"/> NG / OG and connect to low intermittent wall suction.</li> <li><input type="checkbox"/> Suction and perform oral care per ICU protocol.</li> <li><input type="checkbox"/> Turn side to side (lateral position) q4H</li> </ul>
<b>Procedures</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 12 Lead EKG, Once</li> <li><input type="checkbox"/> CXR NOW, with wet read which includes: details of the lung fields and R/O of metastatic lesions.</li> <li><input type="checkbox"/> Portable CXR: <input type="checkbox"/> STAT, <input type="checkbox"/> Q8hr, <input type="checkbox"/> DAILY</li> <li><input type="checkbox"/> Insert IV lines: <input type="checkbox"/> Aline, <input type="checkbox"/> Central Line, <input type="checkbox"/> PIV, <input type="checkbox"/> Other:</li> <li><input type="checkbox"/> Chest, Abdomen and Pelvis CT <b>W</b> contrast (Creat &lt; 2) <ul style="list-style-type: none"> <li><input type="checkbox"/> Infuse 1L of LR over 1 hour post CT</li> </ul> </li> <li><input type="checkbox"/> Chest, Abdomen and Pelvis CT <b>W/O</b> contrast (Creat &gt; 2)</li> <li><input type="checkbox"/> Bronchoscopy, Once <ul style="list-style-type: none"> <li><input type="checkbox"/> See Consult section</li> </ul> </li> <li><input type="checkbox"/> Echocardiogram, Once <ul style="list-style-type: none"> <li><input type="checkbox"/> See Consult section</li> </ul> </li> </ul>
<b>Consults</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Request for arterial line placement (radial placement is preferred).</li> <li><input type="checkbox"/> Request for central line placement (internal jugular placement is preferred). <ul style="list-style-type: none"> <li><input type="checkbox"/> Transduce CVP readings Q1H</li> </ul> </li> <li><input type="checkbox"/> Pulmonology: request for bronchoscopy: <ul style="list-style-type: none"> <li><input type="checkbox"/> Indication: lung donor evaluation, assess anatomy. Collects bronchial wash, and clears secretions</li> <li><input type="checkbox"/> Send bronchial washings from each lung for gram stain and C&amp;S (No AFB).</li> <li><input type="checkbox"/> COVID from a Lower Respiratory (BAL) bronchial lavage sample</li> </ul> </li> <li><input type="checkbox"/> Cardiology: request for Echocardiogram. Indication: Cardiac evaluation for heart donation. <ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain echo once the donor is off pressors or at appropriate levels.</li> <li><input type="checkbox"/> Please provide a copy of the echo CD to Lifeline of Ohio coordinator.</li> </ul> </li> </ul>
<b>Laboratory Test Once</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Type &amp; Screen (<i>If not already done</i>)    <input type="checkbox"/> HbgA1C    <input type="checkbox"/> Gamma-glutamyl transferase (GGT)</li> <li><input type="checkbox"/> Blood Cultures from 2 fresh sticks / lines – No AFB    <input type="checkbox"/> Urine C&amp;S – No AFB</li> <li><input type="checkbox"/> COVID</li> </ul>
<b>Laboratory Test STAT, Q6hrs</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CMP    <input type="checkbox"/> Direct Bilirubin    <input type="checkbox"/> CBC w Diff    <input type="checkbox"/> PT/INR    <input type="checkbox"/> PTT    <input type="checkbox"/> Troponin</li> <li><input type="checkbox"/> Arterial Blood Gas    <input type="checkbox"/> Lactate    <input type="checkbox"/> Phosphorus    <input type="checkbox"/> Magnesium    <input type="checkbox"/> Total Calcium    <input type="checkbox"/> Ionized Calcium</li> </ul>
<b>Lab Q24 hrs</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Urinalysis (UA)</li> </ul>
<b>Labs PRN</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Troponin    <input type="checkbox"/> CPK / CKMB    <input type="checkbox"/> Fibrinogen    <input type="checkbox"/> D-dimer    <input type="checkbox"/> Amylase    <input type="checkbox"/> Lipase    <input type="checkbox"/> COVID BAL</li> </ul>
<b>Maintenance IV Fluid</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Initiate LR / 0.45% NaCl Bolus: <ul style="list-style-type: none"> <li><input type="checkbox"/> 250ml over 15 minutes</li> <li><input type="checkbox"/> 500ml over 30 minutes</li> <li><input type="checkbox"/> 1000ml over 60 minutes</li> </ul> </li> <li><input type="checkbox"/> Maintenance IV Fluid: _____</li> <li><input type="checkbox"/> Alternate IVF: _____</li> </ul>

<p><b>Medications</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Initiate hospital-based electrolyte replacement protocol</li> <li><input type="checkbox"/> Initiate hospital-based blood glucose management protocol. Deliver Insulin IV, not SQ or IM.</li> <li><input type="checkbox"/> Albumin 5% 500ml, Once</li> <li><input type="checkbox"/> Albumin 25% 1ml/kg followed by Lasix</li> <li><input type="checkbox"/> DuoNeb treatment Q4H</li> <li><input type="checkbox"/> KCL 40 mEq IV over 1Hr.</li> <li><input type="checkbox"/> Lasix 20mg IV, Once</li> <li><input type="checkbox"/> Lasix 40mg IV, Once</li> <li><input type="checkbox"/> Soluortef 300mg IV, Once</li> <li><input type="checkbox"/> Soluortef 100mg IV, Q8H</li> <li><input type="checkbox"/> Vasopressin (continuous infusion) 0.04Units/min. to maintain SBP &gt;100, MAP &gt;65</li> <li><input type="checkbox"/> Vitamin K 10mg IVPB</li> <li><input type="checkbox"/> Zosyn 4.5gm IV Q8H</li> <li><input type="checkbox"/> Zosyn 3.375gm IV Q6H</li> <li><input type="checkbox"/> Penicillin Allergy: (*Consult pharmacy)             <ul style="list-style-type: none"> <li><input type="checkbox"/> Clindamycin 600mg IV Q8H</li> <li><input type="checkbox"/> Cefepime 2gm IV Q8H</li> </ul> </li> </ul>														
<p><b>Levothyroxine Protocol</b></p>	<ul style="list-style-type: none"> <li>* <i>If the donor is a candidate for T4 hormone replacement therapy:</i></li> <li><input type="checkbox"/> If Potassium &lt;4, treat hypokalemia prior to beginning thyroxine protocol</li> <li><input type="checkbox"/> Administer the following medications in rapid sequential order:             <ol style="list-style-type: none"> <li>1. Give D50 1 amp / 50ml, IVP</li> <li>2. Regular Insulin 20 units IVP</li> <li>3. Methylprednisolone (Solu-Medrol) 1g, IVP</li> <li>4. Levothyroxine 20mcg IVP bolus</li> <li>5. Start Levothyroxine infusion ( T4 ) at 10 mcg/hr (25ml) in 0.9 NaCl (NS)                 <ul style="list-style-type: none"> <li>* If no response after 20 minutes, double the rate: 20mcg/ hr (50mls)</li> <li>* If the donor becomes hypertensive, reduce rate to 5mcg/hr or D/C</li> </ul> </li> </ol> </li> </ul>														
<p><b>Respiratory &amp; Vent Orders</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If the donor had an apnea test as part of their BDT, please increase the PEEP to 10 for 60 minutes.</li> <li><input type="checkbox"/> Maintain aggressive pulmonary toilet</li> <li><input type="checkbox"/> Head of the bed elevated to 30°</li> <li><input type="checkbox"/> Endotracheal tube (ETT) cuff hyper-inflated to prevent aspiration</li> <li><input type="checkbox"/> Vent Settings →</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #333; color: white;"> <th>Mode:</th> <th>Tidal Volume:</th> <th>FiO2 / SpO2:</th> <th>PEEP:</th> <th>Rate:</th> <th>I : E</th> <th>PIP</th> </tr> </thead> <tbody> <tr> <td>A/C</td> <td>7 ml/kg of *IBW</td> <td>40% / &lt;92%</td> <td>*Ideal PEEP</td> <td>&lt;10 BPM</td> <td>1 : 1</td> <td>Less than 30</td> </tr> </tbody> </table> <p style="text-align: center; font-size: small; margin-top: 5px;">*Utilize RRT to calculate the donors' ideal body weight and optimal PEEP</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inspiratory time of 1.0 seconds to reduce risk of atelectasis</li> <li><input type="checkbox"/> Oxygen Challenge: increase the FiO2 to 100% for 30 minutes. Draw an ABG, then decrease the FiO2 to 40% or back to original vent settings.</li> </ul>	Mode:	Tidal Volume:	FiO2 / SpO2:	PEEP:	Rate:	I : E	PIP	A/C	7 ml/kg of *IBW	40% / <92%	*Ideal PEEP	<10 BPM	1 : 1	Less than 30
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