LIFELINE OF OHIO
ANESTHESIA DONOR MANAGEMENT GUIDELINES

1. The donor should have at least one central and/or two large bore peripheral IV lines for rapid fluid replacement. The central and arterial lines needs to be inserted above **waist** the whenever possible**.**
2. Maintain systolic BP > 100 mmHg and CVP 5-12 with crystalloids and colloids; heart rate between 70-120 bpm. Dopamine may be used if fluids fail to maintain adequate pressures. MAP should be maintained >70. Avoid the use of Hespan.
3. Maintain urine output > 100 cc per hour and replace cc/cc/hour until cross clamp.
4. Maintain O_2 saturation at 100% for maximum oxygenation unless otherwise indicated by donor surgeons.
5. LOOP Organ Recovery coordinator may ask you to draw several tubes of blood before Heparin is given. (Heparin 10,000 units to 30,000 units, see below.)
6. Maintain and complete anesthesia record.
7. Esophageal temperature probe may be used to monitor body temperature.
8. Routinely a paralytic of your choice is given to relax abdominal muscles or neutralize spinal reflexes (or other non-depolarizing muscle relaxant) Paralytic is given immediately prior to the incision.
9. Routine preoperative drugs that are supplied by LOOP include: 500 mg SoluMedrol (bolus) and 100 gm-20% Mannitol over 1-2 hours. Give SoluMedrol bolus followed by Mannitol at beginning of case.
10. With pancreas donor and as requested by surgeon, Betadine 120 cc will be given via nasogastric (NG) tube; then the NG will be clamped.
11. All donors receive Heparin 10,000 to 30,000 units three minutes prior to cross clamp, preferably through the central line; the recovery surgeon will indicate the time to administer.

Have available:

- 8-15 liters lactated ringers crystalloids:
- Pavulon or vecuronium
- Heparin
- Dopamine
- Blood on hold; LOOP Organ Recovery Coordinator is responsible for ascertaining the availability of blood
- Other medication as ordered

Sequence of events during multiple organ recovery procedures:

1. Usually the abdominal team begins the dissection with the heart/lung team present to do an initial gross examination. The abdominal team may begin initial dissection prior to arrival of thoracic teams.
2. Some lung teams may need to perform limited special procedures specific to their individual protocols (i.e. bronchoscopy, etc.)
3. After abdominal dissection is complete, the other teams are invited back to the field to complete their dissections, and all is readied for the aortic cross clamp to be applied. The anesthesiologist will give Heparin, and the aorta will be cannulated.
4. The anesthesiologist will "pull back" any central lines before the aortic cross clamp is applied. (*lung donors need to maintain ventilation after cross clamp*) At the appropriate time after the cross clamp is applied, the anesthesiologist shall discontinue support. The anesthesiologist shall turn off the ventilator and the anesthesia machine**,** unless the lungs are being procured. Disconnect the lines to the endotracheal tube and turn off all drips and monitors.
5. After the anesthesia record is completed, the LOOP Organ Recovery Coordinator will request a copy. After cross clamp or ventilation is completed for removal on lung donors, the anesthesiologist will be free to leave.