



Thank you in advance for facilitating this opportunity for donation. Your patient's family would like to pursue Donation after Circulatory Death, (DCD). Without your assistance, this donation would not be possible. This letter is intended to give you a brief overview of what you may expect, however the Lifeline of Ohio Coordinator will discuss specific details with you since arrangements vary from case to case.

In order to allow time to assess organ function, find recipients and make team travel arrangements, the time of authorization until the time of extubation case time varies and will depend on many variables. A coordinator from Lifeline of Ohio will be available during the entire process to facilitate allocation of organs and coordination of the recovery process in the event that the patient is eligible to donate. **The clinical care of the patient and all medical decisions will continue to be managed by you or your designee.**

Our goal is to maximize the gifts this patient and family wish to give. In an effort to do so, we will discuss with you what information we will need in order to find appropriate recipients, such as specific lab information and blood cultures etc. In addition, we will need some blood drawn that we will send to an outside lab for serology testing to ensure safety to the recipients. Attached you will find a list of orders we ask that you consider at the time of authorization. If additional medications or information are needed prior to the OR, we will consult with you to facilitate those.

The OR time will be agreed upon to accommodate the donor family as well as your schedule, the operating room schedule, recovery team availability and serology results. At the scheduled time, the patient will be moved to the OR on a monitor. The use of Heparin has been explained to and authorized by the family and an order for 30,000 units of Heparin for an Adult (pediatric dosage will be determined by weight) will need to be written by you or your designee. The Heparin may be administered through an IV by the hospital staff at the time of withdrawal. Death will be determined by you or your designee after which, five minutes of pulselessness will be observed before any incision is made. The patient will be moved from the withdrawal area to the Operating Room during that 5 minute period and we ask that the declaring physician accompany the patient into the OR to confirm asystole prior to incision. The Lifeline Coordinator will discuss this with you. We will also work with your team to plan for a room and care in the event that the patient does not die.

We will huddle with you at the beginning of the process to discuss individual needs for each specific patient/family and we will facilitate another huddle several hours prior to the anticipated time of withdrawal. Both of these will include as many participants in the process as possible. This will allow all questions to be answered and each person will go over what to expect and what is needed from them individually. We very much appreciate your support and welcome any questions you may have.

Thank you!