

The organ recovery procedure may last roughly 2 to 6 hours (on average), however, the obligation needed by anesthesia is approximately 1 to 4 hours from incision to cross clamp. At the time of aortic cross clamp, cold preservation solutions are infused into the organs and subsequently removed for back-table dissection and packaging for transport. Anesthesia support is discontinued at time of cross-clamp or at the time of lung recovery.

Anesthesia support for the brain dead organ donor includes the following:

- Maintain and complete an anesthesia record. This record may need printed and provided to the Organ Recovery Coordinator (ORC).
- For general guidance on donor management, please consult the Lifeline of Ohio Coordinator:

Administration of fluids and or blood:

- Maintain a maintenance IV of LR to 0.9% NS.
- In general, the donors' hematocrit should be maintained at 30 or above. If blood products are needed, please consult the Lifeline of Ohio Coordinator circulating within the room.

Maintaining standard hemodynamic, goals include:

- HR: 60 - 120
- MAP: 70 – 90
- SBP: 90 – 160

Administration of medications:

- ❑ Provide a paralytic (or other non-depolarizing muscle relaxant) of your choice to relax abdominal muscles or neutralize spinal reflexes. Paralytic is given immediately prior to incision.
- ❑ Continue vasopressor drips given in the ICU and titrate to maintain a SBP greater than 90.
- ❑ 500 mg SoluMedrol (IVP / bolus) – Give after incision.
- ❑ 100 gm 20% Mannitol (IV) –Give after SoluMedrol is in and give it over an hour.
- ❑ 30,000 Units Heparin (via Central Line) – Given at the direction of the surgical team. **(dosage is subject to change at the discretion of transplant teams)**

Ventilation / Oxygenation:

- Maintain O2 saturation of 100% throughout the recovery procedure.
- Avoid / minimize disruption of the breathing circuit or pulmonary de-recruitment.
- Periodic recruitment maneuvers may be requested by transplant surgical teams.

Procedure Notes:

- Surgical teams may ask anesthesia to “pull back” on the central line before the aortic cross clamp is applied.
- Ventilation will need to be maintained for Lung donors after cross clamp.
- After cross clamp, the anesthesiologist shall discontinue support: 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.
- After the anesthesia record is completed, the Lifeline of Ohio Coordinator will request a copy.
- After cross clamp (or ventilation is completed for removal on lung donors), the anesthesiologist is free to leave.

Thank you for your assistance with the recovery.