

DOCUMENTATION FOR THE DONATION OF ORGANS AFTER DEATH

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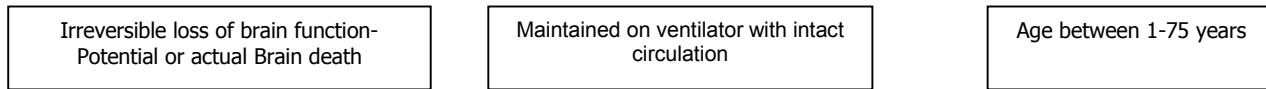
Note- Contact details:

Organ Donor Coordinators : 24 hour paging number : 03 9347 0408

Corneal Donor Coordinator: 24 hour paging number: 03 9625 1265

Donor Tissue Bank Coordinator: 03 9684 4444

Identification of the potential organ donor



Identification of exclusion criteria

Absolute exclusion criteria: Positive serology for HIV
: Creutzfeld-Jacob disease,

Please Note: Past history Malignancies, IV drug use and high-risk behaviour, Hep B & C are not absolute contraindications for organ donation. Please refer these cases to the Donor Transplant Coordinator to determine suitability.



Preconditions for Brain Death Testing

Diagnosis of severe brain injury and coma which is consistent with progression to brain death
 Exclusion of coma caused by drugs or poisoning
 Exclusion of metabolic causes for coma (severe electrolyte or endocrine disturbances)
 Exclusion of hypothermia (active warming may be necessary to raise temperature above 35°C)
 Exclusion of neuromuscular blockade



Certification of Brain Death

Clinical Brain Death tests:

Two separate clinical tests performed by two medical practitioners who have been registered for at least 5 years.

First formal test should only be performed after a minimum of 4 hours observation has passed during which time the preconditions have been met, the patient has been comatose (GCS 3), and the absence of brainstem reflexes.

The second formal test should not be performed until at least 2 hours after the first test, so that the total observation period is no less than 6 hours (if the 6 hours observation period has already elapsed, this interval between the 2 formal tests may be shorter).

Both practitioners may choose to be present at both examinations, but each practitioner must actually perform, and be responsible for, one of the two examinations.

It is best practice to inform family members of the nature of the tests, and invite them to be present when the second series of tests, in particular the apnoea test, is being performed. Surveys of donor families have shown that families appreciate being invited, and that witnessing the tests assists them in understanding brain death.

Brain Death confirmation by medical imaging:

Objective demonstration of absent blood flow is required when the preconditions for clinical confirmation cannot be met. These include situations where; there is no clear cause for the coma, there is a possible metabolic or drug effect, the cranial nerves cannot be adequately tested, or there is cardiovascular or severe hypoxaemic respiratory failure precluding the apnoea test.

Absent blood flow to the vertebro-basilar and supratentorial circulations can be assessed by either 3 or 4 vessel angiography or Tc99 HM-PAO nuclear isotope scanning (spect scan recommended). The six-hour period of observation of absent brain function should proceed testing. Certification of brain death is provided by two medical practitioners with more than 5 years post graduate experience. These must not include the practitioner who performed the imaging investigation.

Surveys have found that families find it beneficial to view results of scans and angiograms to assist in their understanding of brain death.

Time of Death:

The time of death is recorded as the time the certification of brain death is completed (at the completion of the second set of clinical brain death tests, or when the second practitioner examines the patient and is aware of the findings of the medical imaging).



Discussing organ donation with the family

Experience has shown that it is advisable for health professionals to refrain from initiating discussions with the family regarding organ donation until brain death has been diagnosed and the family has been informed of this diagnosis. An appropriate member of staff who is experienced in the issues of brain death and organ donation should then make the request. In most Intensive Care Units this is the responsibility of the treating Intensivist or his/her delegate. It is inappropriate for the Organ Donor Coordinator to initiate the request for organ donation or to support families prior to diagnosis of brain death.

With increased awareness in the community, families are initiating discussion regarding organ donation during the course of a patient's treatment. In these circumstances it maybe appropriate to provide guidance to the family regarding the possibility of brain death and subsequent suitability for organ donation. The possibility of organ donation should only be raised prior to brain death if the doctor is an intensive care specialist who is knowledgeable and skilled in discussions on brain death and organ donation. It is essential that the next-of-kin do not perceive a conflict of interest in the care of the patient.

Enquiring about the stated wishes of the patient and requesting consent to organ donation from the family are professional responsibilities of the intensive care specialist.



Referring to the Victorian Organ Donation Service (VODS)

The Organ Donor Coordinator can be contacted for organ donation enquires and referrals by contacting the VODS 24-hour paging service on 03 9347 0408.

Enquires to the coordinator regarding a patient's suitability to potentially donate can be made prior to the brain death diagnosis.

The formal referral of an organ donor to the Victorian Organ Donation Service should not occur until the family have been informed of the outcome of at least the first set of brain death tests and the potential for organ donation has been discussed.

The donation process will not commence until the brain death diagnosis is made,(ie. at the completion of the second set of tests).



Obtaining consent

The next of kin:

If it is known that the deceased wished to be an organ donor and this is documented (ie. donor card, donor registry) there is no legal requirement to gain the consent of the next of kin. In practice, respecting the deceased's autonomy involves being satisfied about his or her wishes. Consequently, discussion with the senior available next of kin is always desirable, even if the deceased wishes are known. Experience shows that the next of kin rarely disagree with the known wishes of the deceased.

If it is not known what the wishes of the deceased person were in relation to organ donation, the wishes of the senior next of kin should be determined. The Human Tissue Act,(Vic 1982) directs that the order of seniority of next of kin is: spouse, adult offspring, parents, adult brothers and sisters. Although only the senior next of kin's consent is required, it is best practice for all appropriate family members to be informed about organ donation.

Consent documentation from the next of kin can be finalised by either the treating Intensivist/ Physician or the Organ Donor Coordinator.

The Coroner:

Any requirement to report a death to the Coroner does not exclude the possibility of organ donation. Either the treating unit or by the Organ Donor Coordinator can make initial contact with the Coroner to report the death. It is the Organ Donor Coordinator's role to seek consent from the Coroner for organ donation. It is the Coordinator's responsibility to record the Coroner's verbal consent and ensure documentation is filed in the patient's history. A Statement of Identification must be completed by the family and witnessed appropriately.

The Designated Officer:

The Designated Officer's role is to ensure that the processes of brain death testing, and obtaining consent from the next of kin and the Coroner (if applicable) abide by legislation and current guidelines for practice. The Organ Donor Coordinator will make the initial referral to the Designated Officer who may then wish to speak with the treating Intensivist or other relevant staff.

Patient's name:.....

UR No:

DONATION OF TISSUE AFTER DEATH

This documentation complies with the
Human Tissue Act 1982 & Human Tissue (Amendment) Act 1987

Name of Donor:.....

Hospital UR Number:.....

1. Diagnosis of Death

Under section 26 of the Human Tissue Act, a designated officer shall not authorise the removal of tissue from the body of a deceased person unless there is:

1.1 **“Irreversible cessation of circulation of blood in the body of the person”**

Where the respiration or the circulation of the blood of the deceased person is not being maintained by artificial means- a medical practitioner (not being the designated officer or the medical practitioner proposing to remove the tissue) has certified in writing:

1.1.1 that he carried out a clinical examination of the person; and

1.1.2 that, in his opinion, the person has died on the basis of irreversible cessation of the circulation of blood in the body of the person.

OR

1.2 **“Irreversible cessation of all function of the brain of the person”**

Where the respiration or the circulation of the blood of the deceased person is being maintained by artificial means- two medical practitioners (neither of whom is the designated officer or the medical practitioner proposing to remove the tissue) and each of whom has been for a period of not less than five years a medical practitioner, have each certified in writing:

1.2.1 that he has carried out a clinical examination of the person while the respiration or the circulation of the blood of that person was being maintained by artificial means; and

1.2.2 that in his opinion, at the time of examination, irreversible cessation of all function of the brain of the person had already occurred.

2. Certification of Death

2.1 Irreversible cessation of circulation (under 1.1 above, one doctor required)

I..... being a medical practitioner, have carried out a clinical examination on the above donor whose respiration/ blood circulation is not being maintained by artificial means and I certify that he/she is now dead.

Signed:

Status:

Time:hours

Date:

Patient's name:.....

UR No:

**2.2 Irreversible cessation of all function of the brain of the person (under 1.2 above)
"BRAIN DEATH"**

- It is essential that two doctors (minimum 5 years post graduation) must certify death in accordance with Section 26 of the Act. (Note: ANZICS Recommendations suggest two separate clinical examinations, one by each doctor)

Essential criteria for the Diagnosis of Brain Death

Nature of brain injury:

please put true or false below

	Dr A	Dr B
1. Apnoeic Coma NOT due to: - neuro depressant drugs - neuromuscular blocking (relaxant) drugs - hypothermia (<35 C) -metabolic or endocrine disturbances		
2. Absent response to pain in cranial distribution		
3. Absent pupillary light reflex		
4. Absent corneal reflex		
5. Absent oculocephalic reflex- absent doll's eye response (see #)		
6. Absent oculovestibular reflex- cold caloric test		
7. Absent gag reflex		
8. Absent cough reflex		
9. Absent respiratory movement on disconnection from ventilator - PaCO ₂ above 60mmHg and pH < 7.30.		
If all of the above clinical criteria cannot be met: Absent intracranial blood flow on either 4 vessel cerebral angiography or Tc ^{99m} HM-PAO nuclear isotope brain scan.		

Although frequently tested for guidance this is not a requirement of the formal brainstem testing

I certify that there is irreversible cessation of all function of the brain of the above donor

Dr. A Name:

Status:

Time:

Signature:

Date:

Dr. B Name:

Status:

Time:

Signature:

Date:

Note: These criteria are based on requirements of the Human Tissue Act 1982 (amended 1996) of Victoria, Part IX and on Recommendations Concerning Brain Death and Organ Donation, 1998, by Australian and New Zealand Intensive Care Society, Secretariat 233 Rathdowne St, Carlton, Vic 3053. The Recommendations can be found on the website www.anzics.com.au.

Patient's name:.....

UR No:

DONATION OF ORGANS AFTER DEATH

A) CONSENT OF NEXT OF KIN

I,
(Name of Next of Kin)

of,
(Address)

being the of
(Relationship to donor) (Name of deceased)

and at least 18 years old, being the senior available next of kin, consent to the removal of:
(please tick which is appropriate for each tissue)

	Yes	No		Yes	No		Yes	No
Kidneys			Liver/blood			Heart or heart valves		
Lungs			Pancreas			Lymph nodes		
Spleen			Corneas			Blood vessels		

other (name tissue).....

from the body of the above donor for the purposes of : (delete which is inappropriate)

- 1) transplantation into the body of a living person
- 2) therapeutic, medical or scientific purposes

in the belief that he/she had not expressly objected to such donation either in writing or verbally.

Signature of Next of Kin

Time hours Date

Person obtaining consent: Name: Signature:
(Medical Officer/ Transplant Coordinator)

Witnessed by: Name Signature

OR

B) INABILITY TO CONTACT NEXT OF KIN

(To be completed by Medical Officer)

I,..... confirm that I have been unable to
contact any Next of Kin of..... and I have no reason
to believe that the deceased expressed any objection to the removal of tissue after his/her death.

Signed Status

Time hours Date

Patient's name:.....

UR No:

DONATION OF ORGANS AFTER DEATH CORONER'S CONSENT OR DIRECTION

This consent must be obtained if the donor is to be referred to the Coroner for reasons which prevail under the usual guidelines for referral to the Coroner. This coronial consent can only be obtained after death has been certified.

I,
(Name of Medical Officer/ Organ Donor Coordinator)

being a Medical Officer/ Organ Donor Coordinator

have discussed the death of.....
(Name of deceased)

with.....who has consulted with
(Name of Deputy) (Name of Coroner)

who is the Coroner, and has given consent to the removal of:
(please tick which is appropriate for each tissue)

	Yes	No		Yes	No		Yes	No
Kidneys			Liver/blood			Heart or heart valves		
Lungs			Pancreas			Lymph nodes		
Spleen			Corneas			Blood vessels		

other (name tissue).....

from the body of.....
(Name of deceased)

with the following conditions.....

.....

Signed

Status

Timehours

Date

Patient's name:.....

UR No:

DONATION OF ORGANS AFTER DEATH AUTHORISATION BY DESIGNATED OFFICER

I,

Being the Designated Officer of
(Name of Hospital)

under the authority of the Human Tissue Act of Victoria 1982 & Human Tissue (Amendment)
Act 1987 hereby authorise the removal from
(name of deceased)
of tissue as indicated below and overleaf.

I give this authority, having assured myself that the following have been ascertained:

- | | Yes | No |
|--|--------------------------|--------------------------|
| • Death has been verified according to the Human Tissue Act 1982 | <input type="checkbox"/> | |
| • Coroner's referral of donor is required | <input type="checkbox"/> | <input type="checkbox"/> |
| And if required, the Coroner's Consent has been obtained | <input type="checkbox"/> | |
| • Donor did not object to organ donation in writing, or orally during his/her last illness in the presence of two witnesses. | <input type="checkbox"/> | |
| • Legal consent for organ donation has been obtained, as indicated overleaf | | |

Patient's name:.....

UR No:

Legal consent has been obtained, either by A), B) or C) below:

A) That
(Name of Medical Officer/ Organ Donor Coordinator Obtaining Consent)

has discussed the matter with
(Next of kin)

who is the Of the deceased.
(Relationship)

and who consented to the removal of tissue as recorded by consent of next of kin (page 3).

Or B) That has witnessed a recorded statement
(Name of Medical Officer/ Organ Donor Coordinator)

by the deceased as per AODR/ Medical Record/ other
in which the deceased expressed a wish for , or consented to,
the removal after his/her death of tissue from his/her body
for such a purpose or use.

***Note** It is a requirement of the Human Tissue Act of Victoria that the Designated Officer who has given an authority for tissue to be removed from the body of a person, where the deceased person has expressed a wish for, or consented to organ donation and consent has not been obtained from the next of kin, undertake to inform the next of kin of the removal of tissue forthwith.*

Or C) Having noted that
(Name of Medical officer)

has confirmed in writing that he/she has been unable to contact
any Next of Kin of the above donor, and furthermore, I am unable
to ascertain the existence or whereabouts of the Next of Kin
of the deceased and I have no reason to believe that the deceased
expressed an objection to the removal of tissue after his/her death
I hereby consent to the removal of:

Yes No

(please tick which is appropriate for each tissue)

	Yes	No		Yes	No		Yes	No
Kidneys			Liver/blood			Heart or heart valves		
Lungs			Pancreas			Lymph nodes		
Spleen			Corneas			Blood vessels		

other (name tissue).....

from the body of the above donor for the purposes of : (delete which is inappropriate)

- 3) transplantation into the body of a living person
- 4) therapeutic, medical or scientific purposes

Signed Status

Time hours Date

Patient's name:.....

UR No:

RECORD OF SURGEON/ AUTHORISED PERSON REMOVING TISSUE

**This documentation complies with the
Human Tissue Act 1982 & Human Tissue (Amendment) Act 1987**

In undertaking the removal of tissue from the donor named below, I have ascertained that all appropriate certification has been completed, and that authorisation for the removal of the tissue concerned has been given by the Hospital's "Designated Officer" prior to removal.

Donor Name: Date of Donation:.....

Heart/ Lung Surgeon

Name: 1)

Signature 1)

Liver/Kidney/ Pancreas Surgeon

Name 1).....

Signature 2).....

Corneal Transplant Coordinator

Name: 1)

Signature 1)