POLICY:

The need for organ donation remains acute. In recognition of this need, the Emergency Department staff will notify the New York Organ Donor Network to acquire anatomical gifts (i.e., cornea, skin and bone donations) from families of patients who expire in the Emergency Department, and, in the event of a patient with irreversible brain injury, will initiate Solid Organ Donor Management Guidelines.

IMPLEMENTATION:

1. The Emergency Department staff will notify the New York Organ Donor Network of all deaths, 1-800-GIFT-4NY (443-8469).

2. The Network personnel will determine if the patient is a candidate for organ donation.

3. Please see attached Solid Organ Donor Management Guidelines.

4. Contact the Business office for instructional materials and administrative questions at 646 291-4444.
Solid Organ Donor Management Guidelines

A. Upon referral, if not done in the last 12 hours the following tests should be ordered:

BUN/Creatine
Electrolytes including glucose
ABG
ABO
Urinalysis
Sputum, Blood, and Urine C&S
Liver Functions including GGTP and Alkaline Phosphatase

B. Chemistries should be repeated every 8-12 hours, as indicated by the Transplant Coordinator.

C. The goal for hydration is to maintain a urine output of 100cc/hr, and a systolic blood pressure (SBP) of 100mm Hg.

D. If the urine output is greater than 300 cc/hr for 2 consecutive hours increase IVF to cc/cc plus 100 cc/hr of D5.45NS or RL. If urine output continues to be greater than 300 cc/hr consider Aqueous Pitressin 5-10U IV, IM, or SQ. If no response, consult the NYRTP Transplant Coordinator.

E. If SBP drops below 90mmHg consider starting Dopamine 400mg/250ml D5W at 3mcg/kg/min titrating to maintain a SBP 100mmHg.

The above are guidelines, each individual organ donor is different. Consult NYRTP for any questions. 24 HOUR HOTLINE: 1-800-GIFT-4-NY.